

# Journey Elite Academy Enrollment Agreement

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

<b>Child's Information</b>					
Child's first name	Child's middle name	Child's last name	Child's nickname		
Age	Sex	Child's primary language	Parent/guardian/sponsor primary language		
Child's home address	City	State	Zip		
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	School name	Grade	School phone		
School address	Drop off time	Pick up time			
<b>Family Information</b>					
List family members & pets your child lives with – include first names, relation and ages of siblings					
Parent/guardian/sponsor	Relationship to child	Home phone	Cell phone		
Home address if different from above	City	State	Zip		
Home email	Work email	Work phone			
Employer	Employer address	City	State	Zip	Work hours
<b>Other</b> parent/guardian/sponsor	Relationship to child	Home phone	Cell phone		
Home address if different from above	City	State	Zip		
Home email	Work email	Work phone			
Employer	Employer address	City	State	Zip	Work hours
<b>Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)</b>					
Please notify the center if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]					
<b>Person #1</b>	Relationship to child	Home phone	Cell phone		
Home address	City	State	Zip		
Home email	Work email	Work Phone			
Employer	Employer address	City	State	Zip	Work hours
<b>Person #2</b>	Relationship to child	Home phone	Cell phone		
Home address	City	State	Zip		
Home email	Work email	Work Phone			
Employer	Employer address	City	State	Zip	Work hours
<b>Person #3</b>	Relationship to child	Home phone	Cell phone		
Home address	City	State	Zip		
Home email	Work email	Work Phone			
Employer	Employer address	City	State	Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

# Journey Elite Academy Enrollment Agreement

Child's name	Birth date	Height	Weight	Hair color	Eye color
Distinguishing marks					
<b>Child's Medical &amp; Developmental History</b>					
1.Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
2.Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
3.Please list a brief history of your child's serious injuries and hospitalizations.					
4.Does your child have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
5.Does your child have asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
6.Will medication be administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i>					
7.Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
8.Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain					
9.Does your child have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
10.Does your child function at the level of other children in his/her age group? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain					
11.Is your child able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No					
12.Can your child communicate his/her needs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13.Does your child need assistance at meal time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
14.Does your child rest during the day? <input type="checkbox"/> No <input type="checkbox"/> Yes					
15.Is your child toilet trained? <input type="checkbox"/> No <input type="checkbox"/> Yes					
16.Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
17.Does your child require one-to-one care/supervision on a regular basis for a significant period of time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
18.Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain					
<b>Illness History (please check all that apply)</b>					
<input type="checkbox"/> Vision problems	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Seizures			
<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Skin rashes	<input type="checkbox"/> Mouth sores			
<input type="checkbox"/> Constipation	<input type="checkbox"/> Sore throats	<input type="checkbox"/> Fainting			
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Persistent cough			
<input type="checkbox"/> Asthma/breathing problems	<input type="checkbox"/> Urinary tract infections	<input type="checkbox"/> Other			
<i>Please attach care instructions from your physician for any of these illnesses.</i>					

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<b>Disease History</b> (please check all that apply and add the date)							
<input type="checkbox"/> Chicken Pox (Varicella)		<input type="checkbox"/> Bronchiolitis		<input type="checkbox"/> Botulism			
<input type="checkbox"/> Measles Rubeola		<input type="checkbox"/> Pneumonia		<input type="checkbox"/> Haemophilus Influenza			
<input type="checkbox"/> Rubella (German Measles)		<input type="checkbox"/> Pertussis (Whooping cough)		<input type="checkbox"/> Meningococcal Infection			
<input type="checkbox"/> Mumps		<input type="checkbox"/> Tetanus		<input type="checkbox"/> Rabies			
<input type="checkbox"/> Scarlet Fever		<input type="checkbox"/> Diphtheria		<input type="checkbox"/> Bacterial Meningitis			
<b>Allergies</b> (please list)							
<b>Medication Allergies</b>		Reaction		<b>Food Allergies</b>		Reaction	
<b>Bee Stings Allergies</b>		Reaction		<b>Respiratory Allergies</b>		Reaction	
<b>Other Allergies</b>		Reaction		<b>Are any of these allergies life-threatening?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Please attach care instructions from your physician for any life-threatening allergies.</i>							
<b>Miscellaneous Screenings and Tests</b> (please check all that apply and add the date of last screening)							
<input type="checkbox"/> Vision		<input type="checkbox"/> Developmental		<input type="checkbox"/> Tuberculosis (PPD)			
<input type="checkbox"/> Hearing		<input type="checkbox"/> Aptitude		<input type="checkbox"/> Sickle Cell Anemia			
<input type="checkbox"/> Speech		<input type="checkbox"/> Educational		<input type="checkbox"/> Other			

To the best of my knowledge the information contained above is accurate.  
 Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

# Journey Elite Academy Enrollment Agreement

## Enrollment Agreement **Early Childhood Education Program**

Child's name		Birth date	
<b>Child's Medical Care Provider</b>			
Primary physician's name	Primary physician's practice name	Phone	
Physician's practice address	City	State	Zip
Preferred hospital/clinic for emergency care	City	State	
Dentist's name	Dentist's practice name	Phone	
Dentist's practice address	City	State	Zip
<b>Child's Insurance Provider</b>			
Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
<b>Child's Immunization History</b> <i>(please attach a copy of your child's immunization records)</i>			
Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. <b>[Check with your state requirements. You may do this at <a href="http://www.immunize.org/states/">http://www.immunize.org/states/</a> Bold any immunization below that is a requirement.]</b>			
Anthrax	Influenza	<b>Pneumococcal disease</b>	Smallpox
<b>Diphtheria</b>	Lyme Disease	<b>Polio</b>	<b>Tetanus</b>
<b>Haemophilus Influenzae type b (Hib)</b>	<b>Measles</b>	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
<b>Hepatitis B</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Varicella (Chickenpox)</b>
Human Papillomavirus (HPV)	<b>Pertussis (Whooping Cough)</b>	Shingles (Herpes Zoster)	Yellow Fever
<b>Additional Medical Policies</b>			
1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.	<b>Initial</b>		
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.			
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.			
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .			
<b>Emergency Medical Authorization &amp; Consent</b>			
In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician.	<b>Initial</b>		
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.			
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.			
In case of a medical emergency, I will be responsible for the emergency medical expenses.			
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.			
I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which products you will permit.</i>	<b>Initial</b>		
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.			

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I <input type="checkbox"/> have <input type="checkbox"/> do not have special instructions for the application process.	

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

## Enrollment Agreement **Early Childhood Education Program**

Child's name _____	Birth date _____
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### Hours of Operation

Regular operating hours are \_\_\_\_\_ except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on \_\_\_\_\_. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

### Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments on a _____	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly	_____ basis.
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### Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

- Starting on _____ a fee of \$ _____ is due	<input type="checkbox"/> weekly. <input type="checkbox"/> bi-weekly. <input type="checkbox"/> monthly.	Initial _____
<ul style="list-style-type: none"> <li>Tuition is due and payable by _____</li> </ul>	<input type="checkbox"/> Every . <input type="checkbox"/> the 1 <sup>st</sup> and 15 <sup>th</sup> of the month or next business day. <input type="checkbox"/> first business day of the month.	<ul style="list-style-type: none"> <li>_____</li> </ul>
<ul style="list-style-type: none"> <li>Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit).</li> </ul>		
<ul style="list-style-type: none"> <li>I agree to pay the full tuition in advance of services rendered.</li> </ul>		

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<ul style="list-style-type: none"> <li>I agree to pay the full tuition fee even if my child is absent for one or more days.</li> </ul>	
<ul style="list-style-type: none"> <li>A late fee of \$ is due if tuition is not received on time.</li> </ul>	
<ul style="list-style-type: none"> <li>A non-refundable registration fee of \$ is due yearly.</li> </ul>	
<ul style="list-style-type: none"> <li>A late pick up fee of \$ per minute per child (not to exceed \$ per child) is due if my child is not picked up before closing.</li> </ul>	
<ul style="list-style-type: none"> <li>Accounts two weeks in arrears may result in immediate termination of service.</li> </ul>	
<ul style="list-style-type: none"> <li>My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.</li> </ul>	
<ul style="list-style-type: none"> <li>All returned checks or ACH transactions (automatic debits) will be charged a fee of \$. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.</li> </ul>	
<ul style="list-style-type: none"> <li>A -week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in forfeiture of deposit.</li> </ul>	
<ul style="list-style-type: none"> <li>A receipt for income tax purposes <input type="checkbox"/> will <input type="checkbox"/> will not be provided.</li> </ul>	

To the best of my knowledge the information contained above is accurate.

Parent Signature

Date

\_\_\_\_\_

\_\_\_\_\_