



## Enrollment Packet

Thanks for your interest in Growing Kids Learning Centers. The Enrollment Process is as easy as...

- 1) Complete the Enrollment forms  
Bring them with you when you tour or before your child's first day.
  
- 2) Call or Meet with the Center Director to coordinate an enrollment opening and schedule a start date.  
Availability is limited and changes frequently. Children are enrolled on an as-available basis.

This Packet Includes the following forms to complete:

- o Tuition Agreement
- o Enrollment Form
- o Authorized Pick Up List & Emergency Contacts
- o Parent Questionnaire
- o Verification of Age and Consent to Report
- o Health Record (must be completed within 30 days of enrollment)
- o USDA/CACFP Food Program (for all families)

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

**Thank you for choosing Growing Kids Learning Center.**



# Tuition Agreement

<b>Programs Available</b> (Please circle one. Ask the Director if more options are needed.)			
Infant Care (6 weeks – Walking)	5 Full Days (7:00 am - 6:00 pm)		
Toddler Care (Walking - 24 Months)	5 Full Days		
Young Preschool (24mo. - 3 years)	5 Full Days	5 Half Days	3 Full Days
Preschool (3 yrs & Potty Trained - 5 years)	5 Full Days	5 Half Days	3 Full Days
Kindergarten (5 yrs. by September 1)	5 Full Days	5 Half Days	
After School Care (Elem. Grades)	5 Days	Additional charges apply for extra ½ and full days.	
Evening Care (2 yrs and older)	Care available until 11:30 p.m. weekly or as needed. <b>Prior sign-up required.</b>		

For the Program Selected,  
Your Weekly Tuition Rate Is:

\$\_\_\_\_\_ If Paid In FULL on  
 Monday with **PrePay**  
**Discount**

\$\_\_\_\_\_ Regular Tuition Rate  
 (no PrePay Discount)

This amount can change if  
 your child's program changes.

### Payments and Due Dates

All Payments are due in advance weekly on Mon. morning.  
 Advanced payments are accepted.  
 All payments are non-refundable.  
 The annual registration fee of \$50 is charged upon enrollment and every August thereafter.  
 A Service fee of \$25 is charged for all returned checks.  
 Non-Payment of Tuition can terminate enrollment.  
 Forms of payment accepted: Debit Cards, Checks, Visa / MasterCard, AutoPay from Checking.

**Parent(s) signing below are responsible for paying any balance due, including any balances remaining after payments from childcare voucher, 3<sup>rd</sup> party reimbursement, or other outside source.**

### Late Pick Up Fees

A fee of \$5 is charged for every 15 minutes a child is picked up after the scheduled pick-up time. Payment is due immediately. See the Parent Handbook for more info.

### Holiday Schedule

The center will be closed on the following holidays (or closest weekday). The regular tuition is still due these weeks. Evening Care schedule may be adjusted as well.

- New Year's Day
- Memorial Day
- July 4<sup>th</sup>
- Labor Day
- Thanksgiving
- Christmas Day

### Schedule or Program Changes

If your child's schedule or program changes, your tuition will change accordingly. To request a schedule change, please notify the director in writing.

To qualify for the PrePayment Discount, your balance must be paid in full by Monday of each week.

Your tuition is due in full each week regardless of illness or other absence. The center does provide 2 weeks "Vacation" per calendar year where tuition is waived when your child does not attend. Vacation requests should be in writing -- Please see the Parent Handbook for details. Overdue accounts will be charged a service fee. The parent understands that he/she assumes all responsibility for interest charges, collection agency, legal or court fees associated with the collection of this account, if that becomes necessary. Parents electing to withdraw their child must provide two weeks written notice to the center. Any issue under this agreement or relating to the service provided shall be subject to mediation and, if not resolved by mediation, arbitration under the rules of the American Arbitration Association.

Child: \_\_\_\_\_

Parents' Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

Director: \_\_\_\_\_

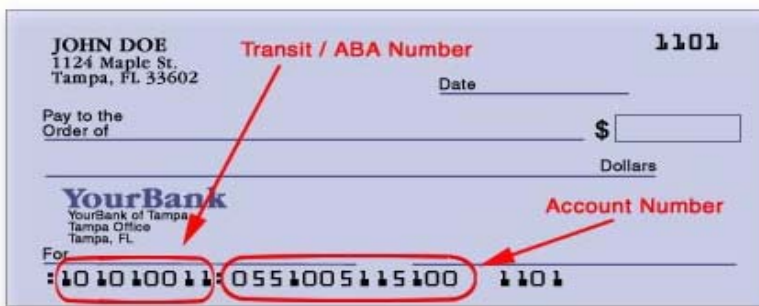
Thank you for agreeing to pay your bill using Automatic Payment. Electronic payment is a time saver for us and I trust you will find the convenience equally as satisfying. Banking rules require that you give your approval to pay your bill in this way. The approval is active until you notify us that you want to stop using Automatic Payment.

Automatic Payment is safe, efficient, and consumer friendly. Banking law protects consumers from ever having to worry about someone taking money from their account using Automatic Payment in an unauthorized manner.

Please complete this form and return it to us so we can get you set up for Automatic Payment.

<b>DIRECT PAYMENT AUTHORIZATION</b>			
I hereby authorize _____ to initiate entries to my checking or savings account at the financial institution listed below. This authority will remain in effect until five days after I provide written notice to cancel it.			
_____ Your Name <i>(please print)</i>		_____ Bank or Credit Union Name	
_____ Your Address		_____ Bank or Credit Union Address	
_____ City	_____ State	_____ Zip	_____ City
_____ <b>Account Number</b> <i>(see sample below)</i>		_____ <b>Transit / ABA Number</b> <i>(see sample below)</i>	
_____ Your Signature		_____ Today's Date	
<i>(Please attach a copy of or a void check- deposit slips don't work)</i>			

*Sample Check*



<b>For Office Use Only</b>	
<b>Center:</b>	<b>Child's Name:</b>
<b>Tuition:</b>	<b>ReliaFund Start Date:</b>



### Student Information

Name: \_\_\_\_\_  
 Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
 Child Lives With: \_\_\_ Mother \_\_\_ Father  
 \_\_\_ Other: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_\_\_

Start of Care: \_\_\_/\_\_\_/\_\_\_\_\_

Gender: \_\_\_ Boy \_\_\_ Girl

Parents are: \_\_\_ Married \_\_\_ Single

\_\_\_ Other \_\_\_\_\_

In the chart below, please indicate the normal **days and hours** your child is in care, and the **meals received** while in care.

	MON	TUE	WED	THUR	FRI
Please enter the normal hours your child is in care (e.g. 7:30 – 5:30pm)					
Please check (✓) the meals your child normally receives while in care	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack

This information is required by CACFP federal regulations at §226.15(e)(2) and (3) for each enrolled child and must be updated **annually**.

- Check if your child's schedule may vary
- Check if your school aged child might attend before/after school care and school holidays during the school year.

### Parent (Guardian) Information

	First Parent	Second Parent
Relationship	___ Mother ___ Father	___ Mother ___ Father
Name:	_____	_____
Home Address:	_____	_____
City/State/Zip Code:	_____	_____
Home Phone:	_____	_____
Employer Name:	_____	_____
Employer Address:	_____	_____
City/State/Zip Code:	_____	_____
Employer Phone:	_____	_____
Work Hours:	_____	_____
Soc.Sec.# / D.L.:	_____	_____
Email Address:	_____	_____



**Authorization and Consent**

I/We state that we are the legal parent/guardian of the minor child listed below.

Please Initial

\_\_\_\_\_ **Authorization for Medical Treatment of a Minor** – I authorize, for emergency purposes only, Growing Kids Learning Center to consent to any necessary examination, medical diagnosis, surgery or treatment, and / or hospital care to be rendered to the minor child listed below, under the general or special supervision and on the advice of any physician licensed to practice in the state of Indiana.

\_\_\_\_\_ **Liability Release for Services Provided Outside of Growing Kids Learning Center** – I release and hold harmless Growing Kids Learning Center, its owners, and its employees from any liability or accident that may occur should I retain the services of any Growing Kids employee for services **outside** the learning center. I also agree not to solicit Growing Kids employees away from the learning center for alternate employment opportunities.

\_\_\_\_\_ **Photo Release** – Growing Kids, its affiliates and agents, may use photographs, reproductions, images, and sound recordings of my child for advertising, publicity, or other lawful use.

\_\_\_\_\_ **Authorized Pick Up** - Children will be released only to a parent or a person named by the parent. Parents or persons named by the parent must make sure that a staff member is aware of the child’s arrival and departure. Parents shall sign the child in and out by name and time of arrival and departure. Parents cannot share access codes, computer passwords, and other security measures with unauthorized people.

\_\_\_\_\_ **Receipt of Growing Kids Parent Handbook** – I have read and understand the Growing Kids Parent Handbook that was given to me upon enrollment.

\_\_\_\_\_ **Agreement to Pay Tuition** – I have read and signed a Tuition Agreement form that specifies the tuition amount and the frequency of payments to Growing Kids for services rendered.

Name of Child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You for Choosing Growing Kids Learning Center**

We are dedicated to providing the highest quality child care. Please feel free to speak with your child’s teacher or the center director regarding any question or concern you may have. We welcome your comments and involvement in the center.

Office Use Only –	Center:
Enrollment Offer Date:	Expected Start Date:
Enrollment Offered by:	Offer Expiration Date:
Classroom / Schedule:	



# Authorized Pick Up List & Emergency Contact List

This form designates what adults are able to pick-up your child from the Growing Kids Learning Center and what adults to contact in the event of an emergency. Please list the adults in the order you would like us to contact them in the event of an emergency or, more likely, a student illness.

Student Name: \_\_\_\_\_

Computer Password: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Order	Name	Relationship	Phone Number		
1	Mother or Father		Home: _____	Work: _____	Cell: _____
2	Mother or Father		Home: _____	Work: _____	Cell: _____
3			Home: _____	Work: _____	Cell: _____
4			Home: _____	Work: _____	Cell: _____
5			Home: _____	Work: _____	Cell: _____
6			Home: _____	Work: _____	Cell: _____

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Allergies or Other Restrictions: \_\_\_\_\_

Pick Up Restrictions (legal documentation generally required): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of this form to accompany the child on all field trips.**



Child Information

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_
Name Child is Called \_\_\_\_\_ (circle gender) Male Female

Please Fill Out the Following Information

List all persons living in the household

Table with 3 columns: Name, Relationship to child, Age. Includes three blank rows for data entry.

Describe child's previous child care experience

Two blank lines for describing previous child care experience.

Developmental History

Type of Birth Normal Premature Complications \_\_\_\_\_

Languages spoken in the home \_\_\_\_\_ Primary Language \_\_\_\_\_

Any difficulties in speaking? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Circle if child can:

- Crawl Walk (more than 5 steps on own) Put on shoe Button
Tie shoe Buckle Zip zipper Dress self Feed self

Explain any difficulties in physical development \_\_\_\_\_

Toilet Training (circle)

- Child is in a Diaper Pull-up Training Pant Underwear
Child is successful on the toilet Always Urine BM
Child stays dry All Day Through Nap Through Night
Child will go to toilet By Self When Asked

Sleep Habits

When is child's bedtime? \_\_\_\_\_ When does he awaken? \_\_\_\_\_ Does he/she share a room? \_\_\_\_\_

With whom? \_\_\_\_\_ Own bed? \_\_\_\_\_ Shared with whom? \_\_\_\_\_

What is child's general mood upon awakening? \_\_\_\_\_

Nap Schedule \_\_\_\_\_



**Eating Habits**

Favorite foods \_\_\_\_\_

Foods disliked \_\_\_\_\_

List any foods child can not eat (Must have a Doctor's note) \_\_\_\_\_

Is child on (circle)      Breast Milk      Formula      2% milk      Other \_\_\_\_\_

Does child drink from a bottle? \_\_\_\_\_ Use a sippie cup? \_\_\_\_\_ Open cup? \_\_\_\_\_

Eat table food? \_\_\_\_\_ Use a pacifier? \_\_\_\_\_ Suck Thumb? \_\_\_\_\_

\* **Parents of infants must complete the enclosed *Feeding Plan* and have it signed by child's doctor.**

**Social and Emotional Behavior/Experience**

Does child have temper tantrums? \_\_\_\_\_ Explain \_\_\_\_\_

Does child pick up toys after playing? \_\_\_\_\_

With what age group does child usually play? \_\_\_\_\_ Favorite Toy? \_\_\_\_\_

How does child relate to new people? \_\_\_\_\_

What upsets your child? \_\_\_\_\_

What makes child happy? \_\_\_\_\_

How does child demonstrate anger? \_\_\_\_\_

How do you discipline at home? \_\_\_\_\_

How best would you describe your child's disposition? \_\_\_\_\_

Child is frightened by (circle)

Animals      Loud noises      Sirens      Darkness      Water      Other \_\_\_\_\_

Concerns or Comments?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent Signature

Date

Parent Signature

Date



# Verification of Age and Consent to Report

Pursuant to Indiana law, Growing Kids must verify each child's birth date. As part of that law, we must also report the names of the children that enroll or withdraw from the center.

**1. Proof of Age** – Required of all children.

Please present to the Growing Kids office a documented copy of your child's birth certificate or any other documentable record. We only have to see it and make a copy. We will not keep the original.

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**2. Consent -** Please choose whether or not to provide permission for the center to include your child's name in the enrollment report to the Division of Family and Children. While the center is required by law to submit the report, participation is voluntary for parents.

***Please Choose One***

**Yes, I give my permission** for Growing Kids to report the name and birth date of my child to the Division of Family and Children, pursuant to IC 12-17.2-2-1.5

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**No, I do not give my permission** for Growing Kids to report the name and birth date of my child to the Division of Family and Children, pursuant to IC 12-17.2-2-1.5

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**For Office Use Only** -----

Proof of Birth Date Provided:                      Yes                      No

Copy Put in Child's File                              Yes                      No

Completed by: \_\_\_\_\_  
Staff Member / Date



# Child Care Center Health Record

Child's Name (last, first)		Date of Birth	Admission Date
Address			
Child lives with (relationship)	Name		Telephone Number

Medical History		
Communicable Disease	Month / Year	Condition / Explain if Present
Measles		Allergies:
Rubella (German Measles)		
Chicken Pox		Handicapping Conditions:
Mumps		
Scarlet Fever		Other:
Whooping Cough		
Hepatitis B		
Other: _____		

Physical Examination	
Date of Exam:	Age of child:
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	
<p>Does this child have any health condition that would be hazardous to the child or to other children in a group setting as a result of participation in normal activities (including sports)? If yes, what modifications of normal activities would be necessary to protect the child and the child's classmates?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	
<p>Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> NO</p>	

(Over)



**History of Immunizations and Tests** (*indicate month/day/year*)

	1	2	3	4	5
DTP/DT/Td					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV					

	1	2
Measles		

	1	2
Mumps		

	1	2
Rubella		

	1	2
Varicella		

	1	2	3	4
Pneumococcal (PCV)				

	1	2	3
HBV			

Note: To be considered adequately immunized, a child of age 24 months should have received four DTP inoculations, three polio inoculations, one inoculation against measles, mumps, and rubella, and at least 3 Hib vaccinations.

Name of physician completing form (please print)	Telephone Number
Signature of physician	

<b>Additional Notes and Instructions</b>
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