

# Enrollment Agreement

# TIES TOTS

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.

Enrollment Information					
<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
Essential Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Other parent/guardian/sponsor</b>		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
Essential Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<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	
<b>Person #2</b>		Relationship to child		Home phone	Cell phone
Home address			City	State	Zip
Home email		Work email		Work Phone	
<b>Person #3</b>		Relationship to child		Home phone	Cell phone
Home address			City	State	Zip
Home email		Work email		Work Phone	

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. Your child will not be released without prior authorization.

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

Six Month Review: Parent initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

# Enrollment Agreement

TIES TOTS

## Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
Distinguishing marks					

### Child's Medical & Developmental History

1. Does your child have any special medical conditions?  No  Yes Explain \_\_\_\_\_
2. Does your child have any chronic illnesses?  No  Yes Explain \_\_\_\_\_
3. Please list a brief history of your child's serious injuries and hospitalizations. \_\_\_\_\_
4. Does your child have diabetes?  No  Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma?  No  Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly?  No  Yes *If yes, please attach care instructions from your physician.*
7. Does your child have any special dietary needs?  No  Yes Explain \_\_\_\_\_
8. Is your child able to fully participate in all activities?  Yes  No Explain \_\_\_\_\_
9. Does your child have any physical restrictions?  No  Yes Explain \_\_\_\_\_
10. Does your child function at the level of other children in his/her age group?  Yes  No Explain \_\_\_\_\_
11. Is your child able to walk  Yes  No
12. Can your child communicate his/her needs?  Yes  No
13. Does your child need assistance at meal time?  No  Yes Explain \_\_\_\_\_
14. Does your child rest during the day?  No  Yes
15. Is your child toilet trained?  No  Yes
16. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.?  No  Yes Explain \_\_\_\_\_
17. Does your child require one-to-one care/supervision on a regular basis for a significant period of time?  No  Yes Explain \_\_\_\_\_
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?  
 No  Yes Explain \_\_\_\_\_

**Illness History** *(please check all that apply)*

<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 _____

*Please attach care instructions from your physician for any of these illnesses.*

**Disease History** *(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"/> Bacterial Meningitis _____
<input type="checkbox"/> Scarlet Fever _____	<input type="checkbox"/> Diphtheria _____	<input type="checkbox"/> Covid-19 _____

**Allergies** *(please list)*

<b>Medication Allergies</b>	<b>Food Allergies</b>
Reaction _____	Reaction _____
_____	_____
<b>Bee Stings Allergies</b>	<b>Respiratory Allergies</b>
Reaction _____	Reaction _____
_____	_____
<b>Other Allergies</b>	<b>Are any of these allergies life-threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Reaction _____	<b>Does your child require an EPI pen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	

*Please attach care instructions from your physician for any life-threatening allergies.*

**Miscellaneous Screenings and Tests** *(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 \_\_\_\_\_

Six Month Review: Parent initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

# Enrollment Agreement

TIES TOTS

**Medical Information (continued)**

Child's name	Birth date
--------------	------------

**Child's Medical Care Provider**

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address		City
		State
Preferred hospital/clinic for emergency care		City
		State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address		City
		State
		Zip

**Child's Insurance Provider**

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
--	---------------	--	---------------

**Child's Immunization History** *(please attach a copy of your child's immunization records)*

Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. Medical or religious exemptions must be submitted in writing (Title 28 Chapter 23).

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

**Additional Medical Policies**

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. Immunization exemptions must be provided in writing. **Initial**  
\_\_\_\_\_
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 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. \_\_\_\_\_
5. If I, my child, or anyone in our household become exposed to or ill with Covid-19, I agree to follow all school Covid-19 policies. \_\_\_\_\_

**Emergency Medical Authorization & Consent**

- In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician. **Initial**  
\_\_\_\_\_
- 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 by paramedics or other emergency personnel. I understand that a TIES TOTS staff member will accompany my child until my child is release to one of those listed in the *Child Emergency Contact and Release*. \_\_\_\_\_
- 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. \_\_\_\_\_

**Medication Authorization**

- I give my permission to TIES TOTS to apply  diaper rash cream  sunscreen  lotion  insect repellent to my child. *Please check which products you will permit.* **Initial**  
\_\_\_\_\_
- I understand that I must supply my own products with a valid expiration date, and they will be labeled with my child's name. I understand that I must fill out a medication log form for each product. \_\_\_\_\_
- I  have  do not have special instructions for the application process. \_\_\_\_\_

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

Six Month Review: Parent initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_

# Enrollment Agreement

TIES TOTS

## Rate Agreement and Contract

Child's name _____	Birth date _____
--------------------	------------------

### Hours of Operation

Regular operating hours are **7 a.m. – 6 p.m. M-R, 7 a.m. – 5 p.m. F** except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for closings. There is no reduction in tuition as a result of center closures, extended or otherwise.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced via email, text, and on NBC 10. 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  weekly  bi-weekly  monthly  basis.

### Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

-Tuition rate: _____ per <input type="checkbox"/> week <input type="checkbox"/> month - Starting on _____ a fee of \$ _____ is due	<input type="checkbox"/> weekly. <input type="checkbox"/> bi-weekly. <input type="checkbox"/> monthly.	<input type="checkbox"/> CCIS _____ <input type="checkbox"/> Scholarship _____ <input type="checkbox"/> Other funding _____ <input type="checkbox"/> Discount _____	<b>Initial</b> _____
- Tuition is due and payable by the 5 p.m. <input type="checkbox"/> Every Monday for the week the child will be in care. <input type="checkbox"/> the 1 <sup>st</sup> and 15 <sup>th</sup> of the month or next business day. <input type="checkbox"/> first of the month.			
- 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).			
- I agree to pay the full tuition in advance of services rendered.			
- I agree to pay the full tuition fee even if my child is absent for one or more days.			
- A %50 discount of out of pocket fee per week will be applied with advanced written notice (1 week advance) of planned extended absence.			
- A late fee of \$5 per day is due if tuition is not received on time.			
- A non-refundable registration fee of \$25 is due yearly.			
- A late pick-up fee of \$1 per minute per child is due if my child is not picked up before closing. Chronic late pick ups may result in dismissal.			
- Accounts two weeks in arrears may result in immediate termination of service.			
- 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.			
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$30. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.			
- A 2-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.			

## Other Agreements

### Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of TIES TOTS (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by TIES TOTS. TIES TOTS shall remain harmless from any such arrangement.	<b>Initial</b> _____ _____
---	----------------------------------

### Media Release

Occasionally, photos & videos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs & videos of your child in conjunction with the program.	<b>Initial</b> _____ _____
--	----------------------------------

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

Six Month Review: Parent initial: \_\_\_\_\_ Date: \_\_\_\_\_ Notes:

# Enrollment Agreement

TIES TOTS

**Other Agreements (continued)**

Child's name	Birth date
--------------	------------

**Walking Excursions**

I give my permission for my child to participate in supervised walking excursions near and around the center. **Initial**  
\_\_\_\_\_

**Family Engagement**

I understand that at TIES TOTS, 5 hours of volunteer time is required from each family unit. I agree to work with the center director and staff to complete the required annual 5 hours of family engagement. **Initial**  
\_\_\_\_\_

**Handbook Acknowledgement**

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. **Initial**  
\_\_\_\_\_

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. **Initial**  
\_\_\_\_\_

Information contained in the Family Handbook may be subject to change. **Initial**  
\_\_\_\_\_

**Other Informaton**

Are there any custody issues we should be aware of?  Yes  No Please explain. *(Please provide all necessary custody documentation.)*

  
  

**Significant Events & Resources**

Have you, your child, or your family experience a recent significant event that we should be aware of? (Ex: death of relative, loss of a pet, birth of a sibling, marriage of a parent/guardian, new *shahadah*, etc.) Please explain. **Initial**  
\_\_\_\_\_

  
  

Would you like us to reach out with resources?  Yes  No If yes, which mode of contact would you prefer? **Initial**  
\_\_\_\_\_

Phone Call  Email  In-Person Appointment

  

Are you interested in receiving resources on Islamic knowledge? Pease check all that apply: **Initial**  
\_\_\_\_\_

Class  Private Class / Tutor  Printed Material  Religious Events

**Contract Approval**

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

  
  

Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date
---	------	------------------------	------

# School Age Child Care Supplemental Enrollment Form

**TIES TOTS**

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.

Enrollment Information					
<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			Drop off time		Pick up time
Child will be attending: <input type="checkbox"/> Morning Care <input type="checkbox"/> Afternoon Care					
I understand that my child must be signed in & signed out for each day of attendance					<b>Initial</b>
My Child is allowed to <input type="checkbox"/> self-sign in <input type="checkbox"/> self-dismiss (4 <sup>th</sup> grade and older*) at the agreed upon drop off & pick-up times.					<b>Initial</b>
*Note: TIES TOTS is not liable for the child until he/she arrives at the program or after the child has left the program to walk to/from school.					

## After School Activities Information

Complete the information below to provide us with details about after school activities your child is participating in. Please complete a separate Transportation and School Activity form for each activity.

Transportation and Non-TIES Related After School Activity				
My child is transported to school via:		My child is transported from school via:		Bus #:
Parents are responsible for informing TIES TOTS in writing if your child(ren) will be participating in an afterschool activity:				
Child participates in the following after school activities (list all):				
Type of Activity:				
Day of the week child is attending activities (circle all that apply): M Tu W Th F				
Time period of activity:	Day:	Day:	Day:	Day:
Start Time:	Start Time:	Start Time:	Start Time:	Start Time:
End Time:	End Time:	End Time:	End Time:	End Time:
Name of authorized person to pick up / drop off your child for the extracurricular activity:				

Your child's safety is our number one priority. TIES TOTS will not release children from the program without the above information **in writing**.

\_\_\_\_\_  
 Primary Parent/Guardian/Sponsor Signature                      Center Staff Signature                      Date