



Enrollment Agreement

Welcome to Embassy Row Child Development Center (ERCDC)! You've made a great choice for your child. We're honored to become a part of your child's early learning experiences, and we're excited to get to know you, your family, and the other important people in your child's life.

We would like to have the best start possible. We need this information to comply with child care licensing regulations (please don't hesitate to request a copy of those regulations). We'll also set up a time to review our Family Handbook with you very soon.

Here is the most important thing we want you to know: We're committed to making your time with us a positive one. Please call us any time no matter how small your question may seem, especially in the first few weeks as your family gets used to a new routine.

TELL US ABOUT YOUR CHILD

Start Date (mm/dd/yyyy): _____ Is this your child's first time in a daycare setting? Yes No

First Name	Middle	Last Name	Nickname
Date of Birth (mm/dd/yyyy)	Gender	Language(s) Spoken at Home	
Home Phone	Child's Home Address		
Please list family members your child lives with, including the names and ages of siblings			
1.		3.	
2.		4.	

TELL US ABOUT YOU

Your child's safety in our center is our top priority. Center staff will release your child only to the parents and guardians listed, or to the other emergency contacts you authorize below.

If you need to authorize a new pickup person by phone, it must be followed by an email. For your child's safety, we will ask for a valid photo ID of the alternate caregiver upon arrival.

Parent/Guardian	Relationship to Child	Cell Phone
Home Address	Email Address	Home Phone
Employer and Address	DL No. & State	Work Phone
Parent/Guardian	Relationship to Child	Cell Phone

Home Address	Email Address	Home Phone
Employer and Address	DL No. & State	Work Phone

EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD (must be 18 years or older)

The people named here are authorized to pick up my child. I will notify the center on days when an authorized "Emergency Contact" will pick up my child.

Authorized Emergency Contact #1	Authorized Emergency Contact #2	Authorized Emergency Contact #3
Name	Name	Name
Relationship	Relationship	Relationship
Address	Address	Address
Phone	Phone	Phone
Alternate Phone	Alternate Phone	Alternate Phone

CARE INFORMATION

Height	Weight	Hair Color	Eye Color
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Our goal is to provide excellent education and care to your child. We have a few questions that will help us better prepare to meet your child's individual needs. Does your child receive any of the following? (Check all that apply)

- Physical Therapy
 Speech Therapy
 Occupational Therapy
 Applied Behavior Analysis
 Mobility Device
 Communication Device
 Feeding Tube
 Visual Support
 Auditory Support

Would you like your child's therapist(s) to deliver services at the center? Yes No N/A

Is there anything else we need to know about your child so he or she can be well supported by our staff?

MY CHILD'S MEDICAL CARE PROVIDERS

Medical Care Provider Name	Practice/Clinic Name	
Provider Address	Phone	
Preferred Hospital/Clinic		

Dentist Name	Practice/Clinic Name	
Address		Phone

MY CHILD'S ALLERGIES

Check here if No Known Allergies: []

Medication(s): 1.	Reaction(s): 1.
2.	2.
3.	3.
Food(s): 1.	Reaction(s): 1.
2.	2.
3.	3.
Respiratory:	Reaction(s):
Bee sting:	Reaction(s):
Other:	Reaction(s):

Does your child have any diet restrictions or follow a food program (e.g. vegetarian)? _____

MEDICAL ACKNOWLEDGEMENTS

1. **Medication** – I will provide written permission for center staff to administer medication with written instructions from me or the child's health care provider as permitted by local child care licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's instructions for prescriptions).
2. **Immunizations** – I will provide the center with updated immunization information or an exemption for my child.
3. **Nurse/Health Consultant** - Child care centers in some states are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. I agree my child's records may be reviewed by the Nurse/Health Consultant.
4. **Illness** – If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he or she is well as described in the Family Handbook.
5. **Emergencies** – In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:
 - a. Consult the physician or dentist named above
 - b. Administer first aid and/or CPR
 - c. Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility
 - d. Obtain any emergency medical, surgical, or dental treatment deemed necessary by medical authorities.
 - e. Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

CENTER HOURS

The center is open from **8:00 a.m.** to **5:00 p.m.**, **Monday** through **Friday**. **Before care** is open from **7:30 a.m.** to **8:00 a.m.** and **after care** is open 5:00 p.m. to 6 p.m., **Monday** through **Friday**. **Before care and after care** are available with an

additional fee to cover staffing and overhead. Children must be enrolled in before or after care to utilize the service. Any child who is not enrolled in before or after care who arrive before 8 a.m. or are picked up after 5 p.m. will be subject to a late fee.

We will provide you with a holiday calendar of closures. We also dedicate time every year for professional development and seminars. The Center Director will inform you when the center will be closed for these training days. The center will be open whenever possible on a regularly scheduled day, except in the case of severe weather or other emergency. Tuition is **NOT** reduced as a result of center closures.

FINANCIAL ACKNOWLEDGEMENTS

1. **Payment Authorizations** – I authorize Embassy Row Child Development Center to:
 - a. Use my tuition and fee payment checks to initiate electronic debits to my checking account.
 - b. Attempt to collect returned checks up to two additional times.
 - c. Electronically debit my account for the amount of any returned item and returned item fee in the maximum amount allowed by state law.
 - d. Initiate one-time ACH debits to my checking account for any amounts owed that become past due (upon written notice from the center).

My payment authorizations will remain in effect until I give the center written notification to terminate the authorization.

2. **Financial Obligations** – As the parent/guardian signing the Enrollment Agreement, all amounts due are ultimately my responsibility. Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account. Payments from families with prior unpaid returned checks must be in the form of a money order or cashier's check. Families with returned check activity may be subject to immediate termination of services. Sufficient written notice is required prior to the last day of attendance (please refer to the Parent Handbook). If I do not give sufficient written notice of withdrawal, I agree to pay full tuition and fees due for the final month regardless of my child's attendance, and my deposit will be forfeited.

PHOTOGRAPHY OF CHILDREN

I give permission for my child to be photographed and videoed in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as the center website, social media, communication with families, and internal business communications.

Parent/Guardian Initials _____

OTHER TERMS

Assessments and Screenings – I give permission for my child to participate in early learning assessments and screenings administered by ERCDC.

Stroller/Car Seat/ Bike Storage –We **do not** allow the storage of strollers, car seats, or bicycles on the premises. Unfortunately, we do not have the space or surveillance necessary to safely accommodate these items.

Babysitting/Nannyng – We **do not** allow private babysitting by staff for ERCDC families. ERCDC staff may not work for ERCDC families in any capacity.

Communications – I give ERCDC permission to communicate with me by telephone, text, e-mail, or other means. I understand ERCDC’s privacy policy applies to the information I provide.

I have read, understand, and accept all of the terms in this Agreement. I will promptly update any information provided in this Agreement if any information changes. Center management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be disenrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interest of the child or the center. We reserve the right to alter policies and/or programs at any time. The terms of this Agreement, including the tuition and fees are subject to change in whole or in part by the center with 30 days’ notice.

Parent/Guardian Signature

Date

ERCDC Director Signature

Date