



ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Family Handbook with each family member. Be sure that all forms are filled out completely with appropriate signatures. Review the child’s health records and immunizations for state compliance to ensure the physicians has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed Enrollment Registration Information Packet
- Family Handbook Acknowledgement
- Emergency Contact Form
- Permission to use topical cream
- Permission to Photograph
- Food Program
- Subsidy Child Care Agreement Addendum (If Applicable)

REVIEW WITH FAMILY

- | | |
|---|--|
| <input type="checkbox"/> The child’s first day | <input type="checkbox"/> Annual Registration fee |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy) | <input type="checkbox"/> Late fee |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Parent Conference and other communications, what to expect daily and/or weekly | <input type="checkbox"/> IEP Plan |
| <input type="checkbox"/> Authorized pick up, late pick up policy and emergency procedures. | <input type="checkbox"/> Infant/Toddler Needs Service Plan |
| <input type="checkbox"/> Child Care Subsidy Agreement Addendum | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Pick up restrictions | <input type="checkbox"/> Sick policy |
| <input type="checkbox"/> Field Trip Restrictions | <input type="checkbox"/> Meal |
| <input type="checkbox"/> Any phot restriction | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Immunization/ Health Information | <input type="checkbox"/> Security Policy |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Medication Policy |
| | <input type="checkbox"/> Review Disaster Plan |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Westview Early Learning Academy’s policies.

Name of Parent/Guardian: _____ Signature: _____

Child’s Name: _____ Relationship: _____ Date: _____

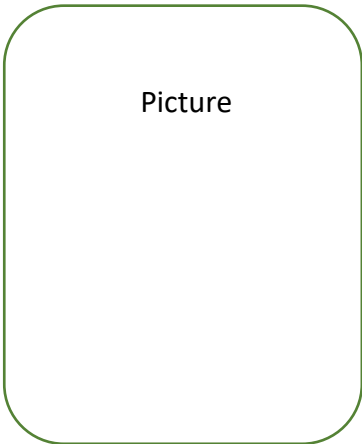
Name of Director: _____ Signature: _____

Date: _____



ENROLLMENT REGISTRATION INFORMATION

(Page 1 and 2 must be updated every January and July)



Westview Early Learning Academy
Date of Registration: _____
Date of Termination (Status): _____

Parent Update _____ (signature) (Date)
Parent Update _____ (signature) (Date)
Parent Update _____ (signature) (Date)

CHILD INFORMATION

Name of Child:	Nickname:	Age:	Sex:	DOB:
Child's Primary Language:		Parent/Guardian's Primary Language		Home Email Address:
Home Phone:		Child's Home Address:		
Parent/Guardian Martial Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Primary Residence: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian		
List the family members your child lives with include names & ages of siblings				

Check Days to Attend: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Arrival Time: _____ Departure Time: _____

SCHOOL-AGE INFORMATION NON APPLICABLE

Does your child attend school? <input type="checkbox"/> yes <input type="checkbox"/> no	Elementary School Name:	Grade:
School Address:	School Phone:	
School Start Time:	School End Time:	
School Transportation provided by: <input type="checkbox"/> Elementary School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/>		
Check Days to Attend: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Arrival Time: _____	Departure Time: _____	
Meals While in Care: <input type="checkbox"/> Breakfast. <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack		

PRIMARY CONTACT AND RELEASE PERSON

Parent/Guardian #1	Relationship to Child
Home Phone:	Cell Phone:
Home Address	Email Address
Driver License Number/State	
Employer:	Employer's Address
Work Phone:	Work Hours:

Parent/Guardian #2	Relationship to Child
Home Phone:	Cell Phone:
Home Address	Email Address
Driver License Number/State	
Employer:	Employer's Address
Work Phone:	Work Hours:

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child: _____ Date of Birth: _____
Parent/Guardian Name: _____

Please Initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **REGISTRATION FEE:** I Understand that an annual, non-refundable, Registration Fee of \$ _____ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than _____ each year.

_____ **TUITION and MODIFICATIONS CONDITIONS:** \$ _____ Per week is the current tuition rate. I understand that rates are subject to change with reasonable notice as conditions require.

Classroom: Explorers Pathfinder Globetrotters groundbreakers Trailblazer
Days: (check all that apply) Monday Tuesday Wednesday Thursday Friday
From _____ am/pm TO _____ am/pm

_____ **PAYMENT OF TUITION:** I understand that tuition is prepaid, due and payable, on the Friday before the week begins. Tuition fee must be paid during school breaks/holidays.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late fee of \$35 per week that tuition is not received. All late fee are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. Westview ELA cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuitions fees may be sent to a third-party collection agency.

_____ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment, registration fees, late fee, in excess of any agency reimbursement in accordance with the applicable contract. I understand that I am also solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

_____ **CHARGES AND PROCEDURES FOR LATE PICK-UP:** Westview ELA is open from 7:00 am to 6:00 pm, Monday through Friday, except for calendar school closure days (week). I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$2 per minute, per child until the child is picked up.

_____ **ADDITIONAL FEES:** Activity Fee Field Trips Supply Fee School age Summer Camp Extra curricula fee
School age camp **will** be open during the summer months and scheduled school breaks.
Parents will be notified through our communication App when additional fees are needed for Supplies, Activity, Field Trips and extra curricula activities including but not limited to Karat, Spanish & music classes.
In instances of agency reimbursement, Activity Fees are my responsibility. Please consult the Director for details.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family a 10% discount from the tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions cannot be combined with any other discount or promotion.

_____ **RETURNED ACH/CHECKS:** I understand that a processing fee will be charged to my account for all ACH/checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds ACH/checks will be automatically resubmitted electronically up to three times. I further understand that once a ACH/check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period.

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SECTION 2: DAILY PROCEDURE

____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using Westview ELA attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify Westview ELA and I understand that my child will be re-admitted according to the **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES AND CLOSING

____ **HOLIDAY, CLOSINGS, VACATIONS:** I understand that Westview ELA school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the Day after, Christmas Day, Martin Luther King, Jr. Day, President's Day and 4 in-service training. I agree that I **will** not receive a refund, credit or any other allowance for holidays/closing/vacations. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. I also understand Westview ELA is closed for one (1) paid week each year.

____ **ABSENCES AND VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness.) A reservation fee of 50% off my regular week's tuition **will** be due for each Absence of one full school week (Monday through Friday) with advance notice to the Director, if possible I agree to pay the reservation fee of \$_____ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

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_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

_____ **PA CHILDCARE REGULATIONS** I understand that I can find a copy of Pennsylvania's Child Care Center regulations at <http://www.pacode.com/secureldata/055/chapter3270lchap3270to c.html> or for a fee of \$5 I can have the provider give me a hard copy of the regulations. The office has a copy of the regulation for parents to view upon request. Regulation books also may be checked out overnight. As per regulation 3270.25 Availability of certificate of registration and applicable regulations.

_____ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

_____ I Agree to update the emergency contract/parental consent form whenever changes occur or every 6 months at a minimum.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.

Name of Parent/Guardian: _____ Signature: _____

Child's Name: _____ Relationship: _____ Date: _____

Name of Director: _____ Signature: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

CHILD PROFILE

Child's Name: _____ AGE: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?
2. What does your child enjoy the most?
3. What is your child's favorite toys?
4. Who also cares for your child(ren)?
5. Does your child have any medical or physical needs? Explain
6. What are the foods your child likes best?
7. How many hours of sleep does your child receive each night?
8. What are your child's bedtime rituals?
9. Does your child take naps
10. What words are spoken in your house for toileting?
11. How does your child express anger or react to frustration?
12. How does your child express anger and react to frustration?
13. Does your child have any particular fears?

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14. How does your child react to change (such as being left by parents)?

15. How does your child comfort himself/herself?

16. What are your child's play interest (performance for creative, dramatic, or construction play)?

17. How do you discipline your child?

18. When did your child begin to use language?

19. Has your child had previous preschool experience?

20. Are you available to help with field trips or other special events?

21. Do you have a special interest or hobby you would like to share with the children?

22. What family or cultural traditions are important in your home?

Would you be willing to share these traditions with the children?

Name of Parent/Guardian: _____ Signature: _____

Child's Name: _____ Relationship: _____ Date: _____

Name of Director: _____ Signature: _____

Date: _____

