

Butterfly Clubhouse Daycare Enrollment Agreement

Date of enrollment: _____

Date of disenrollment: _____

Child's First Name	Last Name	Birth Date	Gender
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Child's First Name	Last Name	Birth Date	Gender
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Child's First Name	Last Name	Birth Date	Gender
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		YES / NO	
Parent/Guardian Name	Employment	Lives with child	

Home Address	City/Zip	Cell Phone	Work Phone
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		YES / NO	
Parent/Guardian Name	Employment	Lives with child	

Home Address	Cell Phone	Work Phone
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E-mail address for newsletter, communication and announcements.

Child Information

Language preferred for child to hear, speak: _____

Languages spoken at home: _____

Please provide information concerning your child/children which will be helpful in experience with group activities. (i.e., strengths, likes/dislikes):

Child 1: _____

Child 2: _____

Child 3: _____

Do your children have any known allergies (food, plant, drug, animal, etc.)?

Child 1: _____

Child 2: _____

Child 3: _____

Significant medical information or special needs: _____

Is your child/children up to date on immunizations? YES NO

(Please provide Butterfly Clubhouse Daycare with a copy of current and up to date immunization record for each child enrolled before or on first day of attendance)

Emergency Information

Children's Physician: _____

Phone #: _____

Children's dentist: _____

Phone #: _____

Hospital or Urgent Care Center preferred: _____

I give permission for Emergency Medical Transportation: Yes _____ No _____

I give permission for medical treatment: Yes _____ No _____

As the parent or legal-guardian I assume responsibility for payment or any fees due for emergency treatment. Parent Initials _____

List 2 local emergency contacts other than parents/guardians:

1
Name _____ Relationship _____ Phone Numbers _____

2
Name _____ Relationship _____ Phone Numbers _____

My children will **ONLY** be released to the person(s) who have legal custody or those listed below as authorized pick up. Identification will be verified at the time of pick-up. **legal custody is defined by Butterfly Clubhouse Daycare as parents/legal guardians listed in this enrollment agreement on pg.1.*

Name	Relationship

Is there anyone who has a legal restraining order to prohibit or limit contact with your child? If yes, indicate a name, please provide Butterfly Clubhouse Daycare with documentation order and any other pertinent information. Are there custody agreements that we must take into account?

Services to be provided and Costs

The center's hours of operation are Monday through Friday from 6:30am to 5:30pm. The center is closed for the following holidays:

January	Martin Luther King Day (Professional training), New Year's Break (2 day)	September	Labor Day
February	President's Day	November	Thanksgiving Break (2 day)
April	Good Friday (Teacher training)	December	Winter Break (2 day)
May	Memorial Day		
July	Independence Day		

**Should a holiday fall on a Thursday we will also be closed on Friday. Should holiday fall on Tuesday we will also be closed on Monday. *Tuition remains the same for holiday closures.*

**Should it be necessary to close Butterfly Clubhouse due to severe weather conditions, tuition remains the same. We follow APS schedule.*

The registration and weekly fee for full-time enrollment is as follows:

Full time is considered up to 50 hours per week, \$5.00 per hour thereafter
**Cannot exceed 10 hours a day*

Infants 6 weeks-23 months: \$ _____

2- 5 year-old: \$ _____ J

Daily drop-in fee: \$ _____ J

**Pricing does not reflect tax. Current tax rate is 7.625%*

**CYFD contracts: applicable gross receipts tax will apply for the sum of childcare assistance benefit and co-payment.*

Enrollment Agreement and Tuition Policy

Payment is due one week in advance at the time of enrollment, and every Monday of the week during the time of enrollment.

If payment is not received by Monday a \$5.00 per day late fee applies. If tuition is more than one week past due, childcare services will not be available until the account is made current. Continued delinquency may result in your child being dropped from the program.

Automatic payments from your credit or debit card can be arranged through the center Administrator at the time of Enrollment (or later).

If you decide to dis-enroll your child/children from the center, we request 2-week's written notice. Should two weeks' notice not be given, you will be liable for 2 weeks tuition after last day of attendance.

Tuition remains the same if the child/children are absent, we will not issue credits for days missed. Should it be necessary to close Butterfly Clubhouse Daycare because of severe weather conditions, tuition will remain the same.

The Enrollment Agreement ensures that you purchase a "slot" or position for your child in the appropriate classroom according to age; payment for care is due no matter if your child does not attend the center on a given day. Please understand that our costs are established to cover our enrollment and do not change when your child may be absent.

Late Pick-up Fees: For a child not picked up by 5:30 pm there is a charge of \$1 per minute after a 5-minute grace period, this amount is due the next day. The center will call you and, if necessary, will call emergency contacts, to arrange for pick-up.

Legal authorities may be contacted if your child/children are left at Butterfly Clubhouse Daycare for more than thirty minutes to one hour after closing time.

Returned Check Fees: In addition to bank charges, the center will charge families a \$35 fee for checks unable to be cashed; full payment for the tuition and the fee must be made with 2 business days after notification of returned check.

Butterfly Clubhouse Daycare will have the option to refuse any future checks and only accept payment for tuition in the form of guaranteed funds (cash, money order, cashier's check).

□ This agreement is subject to change, Butterfly Clubhouse Daycare will provide updated copies to each family immediately following changes.

Agreement

I agree to pay \$ _____ plus tax, weekly/monthly tuition for child/children mentioned in this packet enrolled at Butterfly Clubhouse Daycare.

I understand that payment for each week of care is due in advance; my payment is due weekly/monthly on Monday's beginning _/_/_.

- As a private pay parent, if tuition for my child/children is not paid by Monday, **\$5.00 per day late fee applies.**
- Parents on state contracts, Co-pay is due monthly on the 1st of the month. If payment is not received by the 1st of the month a **\$5.00 per day late fee** applies.
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**If tuition is more than one week past due, services will not be available until the account is made current. Continued delinquency may result in your child being dropped from the program.*

I acknowledge that I have read the center's Family Handbook, understand and agree to comply with the terms of the Handbook. I specifically acknowledge that I understand the guidance policy of the center. Questions regarding policies should be directed to administration.

I agree with the financial terms and conditions of tuitions and fees.

I agree to provide my child's Immunization record, and to maintain an updated current version at the center.

- I consent to my child and family members to be photographed or videoed in classroom activities; such images may be displayed in the classroom or center to illustrate activities children enjoy at the center or may be used to identify the child's special cubby for personal belongings.
- I consent for my child's pictures to be used in promotional materials, such as brochures, webpages and social media.

Signatures

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

CHILD CARE GENERAL HEALTH EXAMINATION FORM

As the parent/guardian/legal caretaker, I certify that my child/children have had a well-child visit(s) with a medical provider. Should I need information pertaining to well-child visits or where to get one for my child, I can be provided with appropriate resources from Butterfly Clubhouse Daycare.

Child's name: _____ DOB: _____ Date of last exam: _____

Child's name: _____ DOB: _____ Date of last exam: _____

Child's name: _____ DOB: _____ Date of last exam: _____

___ My child/children do not have a health condition or medications that may impact enrollment in childcare.

___ My child/children have a condition or medication that should be known by the childcare provider:

___ My child/children have had dental screening *note:* _____

___ My child/children have had vision screening *note:* _____

___ My child/children have had hearing screening *note:* _____

The American Academy of Pediatrics developed a set of comprehensive health guidelines for well-child care for pediatricians to follow. Each well-child visit has an age-appropriate pre-visit questionnaire that you may find by visiting <http://www.healthychildren.org>. The questions focus on developmental milestones, nutrition, safety, your child and family's emotional well-being, and recommendations from AAP.

Health care provider name: _____

Parent/Guardian signature: _____ Date: _____

Butterfly Clubhouse Daycare

Consent to application of sunscreen and/or bug repellent

All children are required to wear sunscreen during outdoor play; I understand that it is my responsibility to provide my child(ren) enrolled at Butterfly Clubhouse Daycare with appropriate sunscreen and bug repellent when necessary.

- I give permission for staff to apply sunscreen and/or bug repellent on my child.
- I do not give permission for staff to apply sunscreen or bug repellent; I will apply myself.

Parent/Guardian signature

Date: _____

Butterfly Clubhouse Daycare

Walking Excursions

_____(children)
have permission to take walking excursions with Butterfly Clubhouse Daycare Staff as part of the childcare program. Children will often walk to the nearby park which is a few blocks from us.

** Does not apply to children under 24 months.*

Parent Signature

Date

Butterfly Clubhouse Daycare

Permission to Administer Prescription Medication

Butterfly Clubhouse Daycare will not administer medication without physician's prescription or over the counter medication. Butterfly Clubhouse Daycare maintains a log to record date, time and dosage and is kept with your child's teacher. You may ask to view this record at any time. Only a designated administrator will administer prescribed medication.

Name of child: _____

Name of medication: _____

Prescription copy on file.

Dosage to be administrated: _____

I give permission to Butterfly Clubhouse Daycare staff to administer the above-mentioned medication to my child.

Parent/Guardian signature

Date

Child Screening Consent

As part of being a participant of the FOCUS program through CYFD, our program offers families the opportunity to complete Ages and Stages Questionnaires, the ASQ-3 and ASQ-SE for our students to help identify possible individual needs and develop a plan to support them. With parent/legal guardian consent teachers will also complete these questionnaires.

ASQ-SE: Ages & Stages Social Emotional Development
Questionnaire ASQ-3: Ages & Stages Child Development Monitoring
Questionnaire

Completed questionnaires will be shared with the family at our quarterly Parent-Teacher conferences or on an as needed basis. Staff will offer information about resources in the community that could support identified needs. It will be parent/legal guardians' decision whether to follow through with referral recommendations provided by the programs staff or not. Questionnaires are not shared with anyone outside of Butterfly Clubhouse Daycare. Thank you for partnering with Butterfly Clubhouse Daycare in your child's early childhood education.

I give consent for my child/children, _____,
_____, _____ to be screened for the purpose of
monitoring developmental milestones.

Parent Signature

Date: _____