



Enrollment Application Packet Information



ENROLLMENT APPLICATION INFORMATION

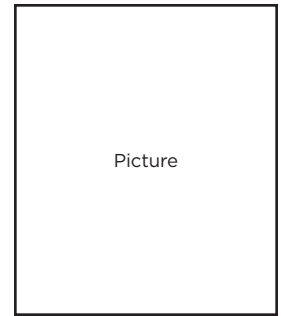
Pages 1 and 2 must be updated every January and July.

Parent Updates	_____	_____
	(Signature)	(Date)
Parent Updates	_____	_____
	(Signature)	(Date)
Parent Updates	_____	_____
	(Signature)	(Date)

School Code: _____

Date of Registration: _____

Date of Termination Status: _____



CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian

List the family members your child lives with—include names and ages of siblings: _____

Circle Days to Attend: A.M. MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

P.M. MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

SCHOOL-AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____ Grade in School: _____

School Address: _____ School Phone: _____

School Start Time: _____ School End Time: _____

School Transportation Provided By: Elementary School Parent/Guardian Pathways Learning Academy Other

Circle Days to Attend: A.M. MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

P.M. MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian Signature: _____

Date: _____



ENROLLMENT APPLICATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

Mandatory:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minutes or portion of 15-minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information.

Name of Child: _____



Date: _____

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ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

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

SECTION 1: TUITION AND FEES

_____ **BASIC SERVICES:** I understand that Pathways Learning Academy provides child care and development services for families with children 6 weeks to 12 years of age. Enrollment ages may vary by availability and location.

_____ **REGISTRATION FEE:** I understand that the payment of non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

_____ **TUITION AND MODIFICATIONS CONDITIONS:** \$ _____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): _____

Days (Check all that apply): M T W TH F From _____ a.m./p.m. to _____ a.m./p.m.

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modification notices. 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. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from _____ a.m. to _____ p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of 15-minute period, per child, until the child is picked up.

_____ **ADDITIONAL FEES:** School-age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be 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 _____% discount from the usual 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, or special program promotions and cannot be combined with any other discount or promotion.

_____ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checking account payments 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 checking account payment returned due to non-sufficient funds, will automatically be resubmitted electronically up to three times. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six-month period, I may be required to pay by an alternate method of payment for the next six-month period. If my school uses TeleCheck, I am authorizing the payee, or its agent, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. I am responsible for the principal amount plus all returned check fees.

SECTION 2: DAILY PROCEDURES

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's 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 the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the *Family Handbook*.

_____ **MODEL RELEASE:** The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

_____ **PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

Original—Remains in Packet Yellow Copy—Parent

Name of Child: _____  Date: _____

ENROLLMENT APPLICATION INFORMATION

_____ **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 weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based on space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Application 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, Application Fee, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

_____ **HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as Presidents' Day and Veterans Day for in-service training. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/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). My regularly contracted tuition is due weekly. 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 application fee upon return.

_____ **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 or a natural/national 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 (3) business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES AND 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.

_____ **WAIVER OF JURY TRIAL:** IF A DISPUTE ARISES OUT OF OR RELATES IN ANY WAY TO OUR SERVICES OR THIS AGREEMENT, WE ENCOURAGE YOU TO ATTEMPT TO RESOLVE SUCH MATTER IN GOOD FAITH DIRECTLY WITH MANAGEMENT. HOWEVER, IF THE DISPUTE CANNOT BE RESOLVED AMICABLY, YOU AGREE TO IRREVOCABLY AND UNCONDITIONALLY WAIVE, TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, ANY RIGHT YOU MAY HAVE TO A TRIAL BY JURY IN ANY LEGAL ACTION, PROCEEDING, CAUSE OF ACTION OR COUNTERCLAIM ARISING OUT OF OR RELATING TO OUR SERVICES OR THIS AGREEMENT, INCLUDING ANY EXHIBITS, SCHEDULES, AND APPENDICES THAT ARE PART OF THIS AGREEMENT, OR THE TRANSACTIONS CONTEMPLATED HEREBY. YOU ACKNOWLEDGE THAT YOU HAVE CONSIDERED THE IMPLICATIONS OF THIS WAIVER AND MAKE THIS WAIVER KNOWINGLY AND VOLUNTARILY.

_____ **INDIVIDUALIZED CARE PLANS:** I understand that should my child have an IEP or IFSP, it should be shared with the director so the school can support my child's needs.

_____ **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.

_____ **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.

_____ **LIFEMART:** As an enrolled parent, I understand that I am eligible to receive discounts through LifeMart. LifeMart is a private online marketplace featuring deals and discounts from today's most popular brands. I do do not want to receive an email regarding this program.

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.

SECTION 5: PROGRAM AFFILIATION

_____ **RELIGIOUS ACTIVITIES:** Pathways Learning Academy is located within a Christian church, or on the campus of a Christian church. As part of your child's daily routine, he/she will participate in certain Christian devotional activities, which may include but not be limited to prayer services; private or group readings from the Bible or other Christian publications; and group lectures, discussions, and/or reflection time related to religious or spiritual topics. These devotional activities are separate from and in addition to the secular curriculum taught by employees of Pathways Learning Academy, and will be led by members of the church who have been cleared by state child care licensing to work with children.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name: _____

Director Signature: _____ **Date:** _____

Original—Remains in Packet Yellow Copy—Parent

Name of Child: _____  Date: _____

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Child's Name: _____
Date of Birth: _____
Emergency Contact (Name and Phone Number): _____

AUTHORIZATIONS

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____. I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the state of _____.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to Drugs, Foods, or Other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian Signature: _____

Appeared Before Me and Produced _____ **as identification. Date:** _____

Director Signature: _____ **Print Name:** _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the *Family Handbook*.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school permission to take my child on these field trips.

Parent/Guardian Signature: _____ **Date:** _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to or from his or her local school. (You will be notified in advance of all trips.)

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ **Date:** _____

Name of Child: _____  Date: _____

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INFANTS (LESS THAN 12 MONTHS):

Did the child experience any complications at or before birth or require any extended hospital stay (more than 2 days beyond birth)? Yes _____ No _____

If yes, explain:

Please provide medical documentation. Accommodations may require an Enrolling Children with Special Needs Packet.

Has the child experienced any respiratory issues that require medication, breathing treatments or other special accommodation? Yes _____ No _____

If yes, explain:

Please provide medical documentation. Accommodations may require an Enrolling Children with Special Needs Packet.

Parent/Guardian Signature: _____ **Date:** _____

Name of Child: _____  _____ **Date:** _____

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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. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

2. Who also cares for your child(ren)? _____

3. What language is spoken in your home? _____

4. When did your child begin speaking or using words? _____

5. What would you like most for your child to experience with us? _____

6. How would you describe your child (personality characteristics)? _____

7. What do you enjoy the most about your child? _____

8. What are your child's play interests (preference for creative, dramatic, or construction play)? _____

9. How does your child express frustration? _____

10. Does your child have any particular fears? _____

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

12. How does your child comfort himself/herself? _____

13. How do you discipline your child? _____

14. What are the foods your child likes best? _____

Least? _____

15. What are your child's mealtime routines at home? _____

16. How many hours of sleep does your child receive at night? _____

17. Does your child need to be awakened in the morning to attend the school? _____

Name of Child: _____  Date: _____

ENROLLMENT APPLICATION INFORMATION

18. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

19. What are your child's bedtime rituals? _____

20. Does your child take naps? Yes No How long? _____

21. Non-Infant Enrollment Only: Does your child need a comfort item for a nap? Yes No If yes, what is that specific item?

22. Is your child toilet-trained? Yes No Explain: _____

23. What language do you use to discuss toileting in your house? _____

24. Has your child had previous preschool experiences? _____

25. Are you available to help us with field trips or other special events? _____

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

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

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

29. Is there anything else you would like us to know about your child that would help us better meet their needs?

Parent/Guardian Signature: _____ **Date:** _____

Name of Child: _____  Date: _____

ENROLLMENT APPLICATION INFORMATION

Medical History

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs: _____

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Does your child have any medical or physical needs? Explain: _____

6. Does your child have any allergies? Explain: _____

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Allergen: _____

Reaction: _____

Food Allergen: _____

Reaction: _____

Other: _____ Allergen: _____

Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Per state regulations, a written statement is required for waiver of immunization requirements.

Name of Child: _____



Date: _____

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ENROLLMENT CHECKLIST

Please review the entire *Enrollment Application Information Packet* and *Family Handbook* with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed *Enrollment Application Information Packet*
- Child Information Card* (if applicable)
- Other state or federal required forms: _____

REVIEW WITH FAMILY

- | | |
|--|--|
| <input type="checkbox"/> The child's first day | <input type="checkbox"/> Immunization/health information |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy) | <input type="checkbox"/> Annual application fee |
| <input type="checkbox"/> Tuition payment schedule, amounts, and due dates | <input type="checkbox"/> Late fees |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Process and procedures of security access | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Authorized pick-up, late pick-up policy and emergency controls | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Child custody documents (<i>if applicable</i>) | <input type="checkbox"/> Sick policy |
| <input type="checkbox"/> Clothing and other items to bring (labeled) | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Any pick-up restrictions | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Any field trip restrictions | <input type="checkbox"/> Security deposit (<i>if applicable</i>) |
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Medication policy |
| | <input type="checkbox"/> Relevant curriculum features for child's age group |
| | <input type="checkbox"/> Infant/Toddler Needs Services Plan (<i>if applicable</i>) |
| | <input type="checkbox"/> Review Emergency and Disaster Plans |

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

Name of Parent/Guardian: _____ **Relationship:** _____

Signature: _____ **Date:** _____

Name of Director: _____

Signature: _____ **Date:** _____

Name of Child: _____  Date: _____

PathwaysLearningAcademy.com

