

New Vineyard Community Development Center Daycare/Preschool Enrollment Agreement



Please check that you have received and read the daycare/preschool handbook. By checking the box, you show that you agree and accept all the rules and regulations that are written in the handbook. It also shows that you will do your best to follow the center handbook and know that you may get friendly reminders if some of the rules in the handbook are not being followed.

1. Childcare services will be provided to _____ by New Vineyard Community Development Center (daycare/preschool) Monday through Friday from 7:00 am to 6:00 pm beginning on _____20(____).

2. The fee for full-time preschool childcare will be as follow:

- \$80 weekly (due on the first day of week)
- \$160 biweekly
- \$320 (4-weeks month)
- \$400 (5-week month).

The fee for full-time daycare childcare will be as follow:

- \$100 (weekly)
- \$200 (biweekly)
- \$400 (4-week month)
- \$500 (5-week month)

Childcare fees are due regardless of attendance.

3. A nonrefundable registration fee of \$50.00 per child is due upon enrollment of your child.

4. You agree to pay \$35.00 for any check that is returned to the center. If a 2nd bounced check occurs all payments for the next 6 months will be made in cash.

5. You know and agree that payment will be made on the first day of each week/month.

6. You know and agree to pay all costs that come about because of unpaid debt; Such as money paid out to a collection agency, legal fees and court fees.

7. You know and agree to provide me with a 2 weeks-notice prior to any vacation time. You also know that I require you to still pay childcare fee's to hold child's position during any vacation time or extended leave due to illness. Full payment must be received whether or not child attends.

8. Parent and daycare care provider both agree to provide 2-week written notice to terminate the Daycare/Preschool Contract (part-time). Parent knows and agrees that if a 2 weeks written notice is not given to Provider prior to withdrawal of your child from Daycare, then the final 2 week fees will still be payable to Provider.

9. Provider has the right to terminate this contract instantly if your child has caused intentional harm to other children (such as biting, hitting and kicking, etc.) or is purposely destroying the center and not following the rules. Such as breaking things on purpose, swearing, or being blatant disobedient or disrespectful.

10. All forms need to be filled out before your child can start daycare/preschool in the center. Forms will be updated yearly. Parents know that without the proper forms his/her child will not be able to attend until they are all filled out completely.

11. Parent agrees to pick child up by 6 pm otherwise there will be a fee charged of \$1.00 for every five minutes late in evening, unless child is prearranged to stay late; but this arrangement must be done 24 hours in advance. If parent is consistently late parent knows that daycare/afterschool can and will be terminated the contract.

Parent Signature: _____ Date: _____

SIGNED (Provider): _____ DATE: _____

Date child started daycare/preschool: _____

Date child was withdrawn from daycare/preschool: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I.____ Last Name: _____
Address: _____
Occupation: _____ Cell Phone: () _____
Employed By: _____ Office Phone: () _____
Email: _____ SSN _____
Marital Status: Married Single Divorced Separated Widowed
 Custodial Parent (If married, mark both parents)

Father/Guardian First Name: _____ M.I.____ Last Name: _____
Address: _____
Occupation: _____ Cell Phone: () _____
Employed By: _____ Office Phone: () _____
Email: _____ SSN _____
Marital Status: Married Single Divorced Separated Widowed
 Custodial Parent (If married, mark both parents)

Child Information

First Name: _____ Last Name: _____
Name child prefers to be called: _____
Gender: Male Female Date of Birth: _____
List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____
Pediatrician's Name: _____ Phone: () _____
Address: _____
Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____ [] Able to pick up all children in the family
[] Not able to pick up the following
children: _____

2nd Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____ [] Able to pick up all children in the family
[] Not able to pick up the following
children: _____

3rd Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____ [] Able to pick up all children in the family
[] Not able to pick up the following
children: _____

4th Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____ [] Able to pick up all children in the family
[] Not able to pick up the following
children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ [] Weekly [] Bi-Weekly [] Monthly [] Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

**NEW VINEYARD COMMUNITY DEVELOPMENT CENTER
DAYCARE/PRESCHOOL**

ALL ABOUT ME FORM

Child's Name _____ **Birthdate** _____ **Age** _____

We would like to take this time to welcome you and your family to our daycare/preschool. We hope to see you and your family often in our daycare. If you could fill in the questions below to help us get to know your child a little better; it makes our day and your child's day run a lot smoother. It helps us to know what to expect and be prepared.

Has your child been in daycare before? yes no

Was your child happy there? _____

How long was your child there? _____

What did you like best about your previous daycare? _____

How would you describe your child's personality on a normal basis?

Happy Moody Quiet Chatty Testing Cooperative

Does your child have any siblings?

He/she has _____ Brothers and _____ Sisters.

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Meal Time

Is your child a picky eater Yes No

What are some of your child's favorite's foods: _____

Which foods does your child strongly dislike _____

Please Note: If your child is a picky eater it may be a good idea at first to provide him/her with a few of their favorite foods until they settle into the center.

Am I going to have a hard time getting your child down for a nap? Yes No

Do you have any ideas or a certain routine for us to follow to make naptime a more enjoyable time for your child? _____

Does your child have any major problems that we should be aware of? Yes No

If yes, please describe: _____

Does your child take any kind of medication on a regular basis? Yes No

Why? _____

Does your child have any known allergies? Yes No

Please list all allergies: _____

Does your child take allergy medication? Yes No

Does your child need an inhaler? Yes No

Does your child wear glasses? Yes No

Does your child have any physical or mental disabilities? Yes No

Please explain: _____

I have filled this form out to the best of my knowledge.

Parent's Signature _____ Date _____

POTTY TRAINING POLICY AGREEMENT

When you feel your child is ready for potty training, we ask that you begin teaching at home during a weekend or vacation. **PLEASE NOTE: We will only assist your child in potty training if you have successfully begun training at home for one week prior.**

We will follow through and encourage your child while in care. Potty training will be done in a relaxed manner with the cooperation of the family. We require that the child be at least 2 years of age and **must also** show signs of readiness (Please read the Potty Training Readiness Checklist below). Positive reinforcements and consistency must be continued at home.

The child **must** be kept in pull-ups at all times. Please keep in mind that the activity level here at the center can distract your child from responding to an urge to use the potty, more so than at your home. Therefore, we will use diapers until your child can and will announce that he/she must use the bathroom and can control his/her bladder and bowels for a few minutes beyond that announcement. It is required that parents provide pull-ups, diaper (until child is ready for pull-ups only) and a few extra change of clothing.

Proper Clothing

Do not bring your child in panties or underwear until he/she has naptime and bedtime control established. During potty training your child needs to be dressed in “User friendly” clothing as much as possible. The best items are shorts and pants with elastic waist. Please **DO NOT** dress your child in the following:

- No tight clothing
- No shirts that snag in the crotch
- No pants with snaps & zippers
- No overalls or bib type clothing
- No belts
- No one piece outfits

The clothes listed above can make it difficult for your child to reach the potty in time. Your child also needs to be able to pull his/her pants up and down and these items will hinder your child’s ability to do so.

Required Supplies

The following items are to be left at the childcare and replaced as needed. Soiled clothes will be returned in a plastic bag at the end of the day.

Two (2) changes of clothing including socks (an extra pair of shoes if available) A bag of pull-ups – you will be notified when the supply is running low.

Potty Learning Schedule

For the first week, the child will be scheduled to use the Potty at consistent times of the day whether the child indicates the need to use the Potty or not.

Upon arrival at the center
Before and after breakfast
Before and after lunch
Before and after nap
Before and after going outside
Just before going home

Potty Training Readiness Checklist

Verbal Stages of Readiness

Basic verbal skills. The child is able to speak in three to four word sentences

- | | |
|---------|---|
| Stage 1 | The child tells you he/she has a wet diaper, recognized when he/she is wet. |
| Stage 2 | The child tells you he/she is wetting, recognizes the sensation of being wet. |
| Stage 3 | The child tells you he/she will wet, can control himself and uses the potty. |

Physical and Psychological sign of readiness

1. Stays dry for a long period of time (the child is able to “hold” his/her urine and bowel movement).
2. Can recognize when diaper is wet or soiled.
3. Has bowel movement at regular times (child chooses when to move its bowels)
4. Adult can recognize when child is moving his/her bowels (Child is deliberately moving bowels)
5. Can undress and pull up his/her own pants (Important because this is the work of the child not the caregiver)
6. Initiates interest in using the potty and asks to wear underwear.
7. Wants to be independent which is very important for the learning process.
8. Child is emotionally ready and is open to learning (is child generally cooperative?)
9. Child has an awareness and knowledge of the world beyond himself. (This sign may seem

unrelated to Potty training, but it is a behavior that has been seen in children ready to use the Potty)

10. Can follow three and four step instructions (this is critical for learning to urinate or move bowels, wipe himself and wash hands)

11. Can use consistent words or gestures to communicate.

12. Is able to physically get to the potty and sit on it without help.

13. Must show a willingness to want to sit on the potty and understand its function.

Potty Training Policy Agreement

I have read the New Vineyard CDC Potty Training Policy in its entirety and I agree to abide by the policy set forth.

Childs Name_____

Parent/Guarding Signature_____ Date_____

Emergency Medical Release FORM

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem necessary.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

Parent/Guardian Signature: _____ Date: _____

PHOTO CONSENT FORM

____ I grant permission for my son/daughter to be photographed during 2016-2017 school year. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight the New Vineyard Community Development Center program, including flyers and websites, bulletin boards and newsletter, news releases for community newspapers, and the Evangelist purposes, etc.

____ I don't grant permission for my son/daughter to be photographed.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Liability Release Statement

Child's Name _____

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, New Vineyard Community Development Center and persons of any liability against personal losses of you/your child.

Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend New Vineyard CDC (hereafter the “Event”) being organized by New Vineyard CDC. I / We understand that there are inherent risks involved in any event, and I/we hereby release New Vineyard Church, New Vineyard CDC its employees, its agents, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my / our child’s involvement with the Event. In the event, that he/she is injured while attending the event and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and / or hospital personal refuses to administer without my/our consent, I/we hereby authorize the Program leaders, or another adult leader designated by him/her, to give consent for me/us, and I/we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Parent/Guardian
Signature_____Date_____