



Enrollment Agreement

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Welcome! 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 members, and the other important people in your child's life. This enrollment agreement collects the information we need to ensure that we all have the best start possible. We use this information to complete your enrollment, assign your child to the appropriate classroom or program, communicate with you, and comply with child care licensing regulations. It is your choice to provide us with information about yourself and your family, and whether you consent to us using your information in the ways described below. The most important thing we want you to know is this: We are 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. You can reach us at 1(918)900-7780. We'll also set up a time to review our Family Handbook with you very soon.

Tell us about your Baby Bear!

Child's Full Name: _____ Date of Birth: _____

Child's home address: _____

Primary Phone Number: _____

Please List Family Members your child lives with including names and ages of siblings:

Tell us about you!

The safety of children in our centers 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 do need to authorize a new pickup person by phone, you may do so—but we will ask you to answer the two security questions you provide here to verify your identity. For your child's safety, any time a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID.

Parents Full Name: _____ Date of Birth: _____

Parents Full Name: _____ Date of Birth: _____

Phone Number: _____ Phone Number: _____

Email address: _____ Email address: _____

Employer & Address: _____

Who are emergency contacts authorized to pick up children?

(Must be 18 or older)

Contact #1

Name: _____ Relationship: _____ Phone: _____

Address: _____

Contact #2

Name: _____ Relationship: _____ Phone: _____

Address: _____

Contact #3

Name: _____ Relationship: _____ Phone: _____

Address: _____

Contact #4

Name: _____ Relationship: _____ Phone: _____

Address: _____

Contact #5

Name: _____ Relationship: _____ Phone: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

Care Information

Child's Name: _____ Height: _____ Weight: _____

Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

MY CHILD'S MEDICAL CARE PROVIDER

Medical Care Provider name Practice: _____ /

Provider address: _____ /

Phone: _____ Preferred hospital: _____ /

MY CHILD'S ALLERGIES

Medication Allergies: _____

Food Allergies: _____

Respiratory Allergies: _____

Bee Sting Allergies: YES or NO

Other Allergies: _____

Are any of the allergies life-threatening? Yes or No

MEDICAL ACKNOWLEDGEMENTS

1. Medication I will provide written permission for ABBCD 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 label for prescriptions).

2. Immunizations I will provide the ABBCD with updated immunization information or an exemption for my child.

3. 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.

4. Emergencies In case of an emergency, I understand that ABBCD staff will attempt to contact me immediately. I also authorize center staff to:

- Consult the physician or dentist named above.
- Administer first aid and/or cardiopulmonary resuscitation.

- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
- Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.

Schedules & Tuition

ABBCD HOURS

The center is open from 7am. to 6pm Monday through Friday. The center will be closed New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and day after, as well as Christmas Eve, Christmas Day, and the day after. Your Provider will inform you at annual enrollment when your center will be closed for vacation 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.

SCHEDULES & TUITION ACKNOWLEDGEMENT

1. Regular Schedule Tuition is based on the child's regular schedule. I will be charged additional tuition if my child's attendance increases beyond this schedule. If my child's schedule changes in any way, I will notify the center immediately. Tuition and fees are not prorated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days.
2. Absences I will notify the center by 9:00 am when my child will be absent.
3. Child Not Picked Up If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached within 30 minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities.

TUITION AND FEE INFORMATION

My tuition is Weekly.

Tuition	Discount/Adjustment Type	Total Tuition
\$		\$

- Late Payment Fee: All tuition is due in advance of services rendered. Weekly: Tuition is considered late on Wednesday and a late fee of \$____.00 will be automatically charged.
- Registration Fee: A nonrefundable annual registration and/or equipment fee of \$_____ is due at the time of enrollment and payable each year. If my child has withdrawn from the program and subsequently re-enrolls, a new registration and/or equipment fee is due at that time.
- Late Pick-Up Fee: First time being late- 15 mins after is free (if communicated before hand) then a late pick-up fee of \$1 per minute per child will be assessed when a child is left beyond the center's operating hours. Second time the late fee begins 5 minutes after closing. Every time After Late pickup fee after closing hours will be 2\$ per minute per child until 6:45 PM then the fee changes to 2\$ per minute per

child-7:45PM. The late pick-up fee does not constitute an agreement to provide after hours service. Early Drop Off Fee: Is 2\$ per minute per child for times 6am-7:05 am.

FINANCIAL & OTHER TERMS

FINANCIAL ACKNOWLEDGEMENTS

- Payments accepted are checks, cash, cash app, zelle, venmo.
- Financial Obligations - As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.
 - Accounts with any balance more than 14 days past due date may result in immediate termination of services. I may re-enroll and resume services when the account is paid in full. Re-enrollment fee(s) may apply.
 - 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.
 - Any prepaid balance of \$25 or less which remains at the time of my child's disenrollment will not be refunded unless requested in writing within 90 days.
 - Two weeks written notice is required prior to the last day of attendance. If I do not give written notice of withdrawal, I agree to pay full tuition and fees due for the final two weeks regardless of my child's attendance. For ABBCD the written notice may vary. _____ PARENT INITIAL
 - The written notice required at ABBCD is two weeks. If I do not give written notice of withdrawal, I agree to pay full tuition and fees due for the final _____ weeks regardless of my child's attendance

PHOTOGRAPHY OF CHILDREN

I do / I do not give permission for my child to be photographed and videoed in the center and during time enrolled in the program. I understand that photographs/videos may be taken by center staff or by other parents/guardians, and by giving permission I consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communications by email, website, mobile applications, or other means (see "Communications").

*This Form to be used in conjunction with the Form entitled "Authorization to Use and Disclose Images, Voice Recordings and/or Testimonials" APPEARANCE, PHOTOGRAPHY, MEDIA AND TESTIMONIALS CONSENT AND RELEASE

I, the undersigned, authorize Ashley Arroyo sole proprietor of Ashley's Baby Bear Christian Daycare

successors, designees, and assigns (collectively, "Provider") to videotape and/or photograph me and record my voice, conversations, and sounds, including the right to publish, distribute, display, perform, exhibit, transmit, copy, regarding Provider and its services, employees or staff, and including photographing, taping, and/or recording my medical condition(s) or treatment(s), or biographical information I may provide (collectively, the "Materials"). I understand that for purposes of this Appearance, Photography, Media and Testimonials Consent and Release (this "Consent"), the terms "image," "voice" and "photograph" encompass still photographs, digital images, audiotapes and any other method to reproduce or edit my likeness, image or voice, now known or hereafter developed. I expressly understand and agree that Provider shall be the owner of the results and proceeds of such Materials for any and all purposes whatsoever in perpetuity, free and clear of all claims whatsoever by me and/or on my behalf, with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use, to publish, and to license others to use in any manner, including on the Internet or other digital means, all or any portion thereof, free of any payment, royalty, or other compensation of any kind to me. I represent that any statements made by me during my appearance or in the Materials are true to the best of my knowledge and that neither they nor my appearance will violate or infringe upon the rights of any third party. I hereby waive any right of inspection or approval of the Materials and my appearance in such Materials and the uses to which such Materials may be put. I agree that the Materials may be edited in the sole discretion of Provider and that Provider is under no obligation to use the Materials. I acknowledge that Provider will rely on this permission potentially at substantial cost to Provider and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder. I hereby forever release and discharge Provider, and its respective members, officers, employees, customers and representatives from any and all claims, demands, actions, liabilities and damages whatsoever arising out of or attributable to, in whole or in part, the use of the Materials.

I hereby acknowledge that neither Provider nor any of its agents or employees have made any representations or warranties of any kind with respect to any medical or other advice or information that I may receive in connection with my appearance and that I have not relied on any such representations or warranties in agreeing to participate in the recording of my voice and/or likeness as described above.

I am signing this Consent as my voluntary act and deed, having read it in its entirety and understanding the contents thereof to my satisfaction, and I acknowledge that it is binding upon me, my legal representatives, heirs and assigns.

I understand that this Consent will be signed contemporaneously with the form entitled Authorization to Use and Disclose Images, Voice Recordings and/or Testimonials (the "Authorization"), and I agree that in the event of conflict between the two documents, the terms of the Authorization shall govern.

Signature of Individual or Legal Representative: _____

Print Name: _____ Date: _____

Relationship of Legal Representative to Patient (e.g., parent, guardian):

OTHER TERMS

Communications: I give ABBCD permission to communicate with me about services, offers and promotions by telephone, text, e-mail, or other means. I understand that data and messaging charges may apply to these communications and that I can opt-out of certain communications.

However, we agree that, in the unlikely event we have one? we can't resolve, any dispute or claim will be submitted to nonbinding mediation before beginning arbitration, litigation, or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.

Parent/Guardian Signature Date

Parent/Guardian Signature Date