



Enrollment Application

THIS APPLICATION IS FOR (CHECK ONE):
___TODDLERS ___THREES ___FOURS

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

Expected Start Date: _____ **Age at Start Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Male/Female (circle one)

Parent(s)/Guardian(s) Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mom: Home Phone: _____ Cell: _____ Work: _____

Dad: Home Phone: _____ Cell: _____ Work: _____

Email Address(es): _____

Child's Physician: _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Emergency Contacts/Persons Permitted to pick up your Child (must show ID upon pickup):

Name: _____ **Driver's License #** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Name: _____ **Driver's License #** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Name: _____ Driver's License # _____

Home Phone: _____ Cell: _____ Work: _____

General Information:

Does your child have any allergies? Yes/No (circle)

If yes, please specify: _____

Is your child regularly taking any medications? Yes/No (circle)

If yes, please specify: _____

Does your child have dietary restrictions? Yes/No (circle)

If yes, please specify: _____

Naps: Describe your child's nap tendencies when at home:

Does your child typically nap with a special sleep toy or blanket? Yes/No (circle)

Has your child begun toilet learning at home? Yes/ No/ Fully Using Potty? (circle)

If yes, describe: _____

Languages Spoken in Household: _____

Primary Language Spoken at Home: _____

Do you have any cultural/religious/personal beliefs and/or traditions that you would like us to know about so that we can incorporate them into your child's program while at Eco Baby?

Developmental History

Pregnancy & Delivery (please note any problems or complications):

Developmental Milestones (please note when your child accomplished most recent milestones and if there have been any concerns or delays):

Additional Comments/Concerns Regarding your Child's Development:

PLEASE READ AND INITIAL EACH SECTION BELOW:

SECTION 1: TUITION AND FEES

-----REGISTRATION FEE: I understand that a **NON-REFUNDABLE**, Application Fee of \$30.00 shall be paid with this application to enroll my child. To hold your child's slot, a deposit in the amount of \$_____ must be paid. This **NON-REFUNDABLE** deposit. This amount includes and will be applied to your first week of care and your LAST week of care.

-----TUITION and MODIFICATIONS CONDITIONS: \$_____ per week/month 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. I have enrolled my child in the following program(s): _____Toddlers _____Threes _____Fours and they will attend from approximately _____ am/pm to _____ am/pm each day.

-----PAYMENT OF TUITION: I understand that tuition is due and payable, on the first day of attendance each week (if you are going away on vacation, payment must be made BEFORE you leave). I understand that all payment policies apply whether a child is present or not, and I must pay for a full week, each week, even if I/we choose to take my child out for any reason.

-----LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$20/week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than ten days, 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.

-----AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am 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 PROCEDURE FOR LATE PICK-UP: My school is open from 7:00 am to 5:30 pm, 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 \$1 per every minute, per child, until the child is picked up. I agree to make this payment in cash that day or no later than the close of the following business day. Late fee payments that are not made in a timely fashion are subject to a \$20 late payment fee. Please note Eco Baby reserves the right to terminate care if late pickups become a habit.

-----DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% 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.

-----RETURNED CHECKS: I understand that a \$30 processing fee will be charged to my account for all checks which are returned for any reason.

SECTION 2: DAILY PROCEDURE

-----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, within one hour, 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 readmitted according to the Re-Admission Criteria in the Family Handbook.

-----MODEL RELEASE:

Eco Baby, may may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose in PUBLIC FORUM (ex. Facebook, brochures, website)

Eco Baby, may may not use photographs, reproductions, images or sound recordings of my child for IN-HOUSE use only (ex. Art projects, displays in classroom, parent holiday presents)

-----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.

-----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. Your enrollment deposit will be applied to your last week of care. No refunds will be made. 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 nonrefundable.

-----ACTIVITIES RELEASE: I understand that by enrolling my child I grant permission for he/she to participate in all daily activities of the program and use all play equipment, both indoor and outdoor that is age appropriate. I will not hold Eco Baby liable for injuries occurring while my child is under the care of Eco Baby. This includes going on community walks and field trips, for children of all ages.

-----MEDICAL TREATMENT: In the event of a medical emergency, parents, paramedics and/or medical personal will be notified immediately to obtain medical attention for your child. All efforts will be made to notify you immediately, depending on circumstances. I understand that due to insurance regulations, all injured children shall be transported to a hospital by ambulance and that all medical expenses are my responsibility and not that of Eco Baby. I understand that upon examination by qualified hospital personnel, I give consent to any X-ray, or medical or surgical treatment deemed necessary by a

licensed physician. I will provide the center with all medical and insurance information.

Insurance Company: _____ Group: _____

ID #: _____ Card Holder Name: _____

List of Known Allergies: _____

List of Known Medical Conditions: _____

_____TOPICAL OINTMENTS: I understand that Eco Baby is NOT regulated to administer any medications other than over-the-counter topical creams, sunscreen/ insect repellent and diaper creams. I understand that I must give written permission, on the appropriate form in order for the center to apply the following creams to my child on an as needed basis: diaper cream, sunscreen, bug spray or other topical ointment (including lip balm). All medications/creams MUST be in their original packaging, labeled with the child's first and last name, not passed the expiration date. I understand that if I do not supply these items my child will still participate in the daily routine of the center without them (ex. Children will still go outside if sunscreen is not supplied)

_____NAPPING AGREEMENT: Per NYS regulations, sleeping and napping arrangements must be made in writing between the parent and the care provider. I understand that my child(ren) while under the care of Eco Baby Daycare, LLC, will be napping on a cot (18mo - 60 mo.) while they in our care. Napping children will have competent supervision at all times through the direct supervision of a caregiver who is in the same room and has visual contact with him/her.

_____EMERGENCY CONTACT LIST: I will provide the daycare with a list of AT LEAST 3 people who are authorized to pick up my child in the event of an emergency. I agree to let the center know if someone other than myself is picking up my child. If you want a person who is not identified to pick up your child, you must notify school staff in advance, in writing or at drop off. Your child will not be released without prior authorization. We will not release a child to anyone other than you without getting in contact with you first. All new pick-up people will be ID at the door by staff until they are known by all staff. **Please inform your pick up person to bring ID with them.**

SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

_____HOLIDAYS: I understand that the school is closed in observance of holidays and that tuition for these weeks will remain the same. There will be no discount given for holiday closings. A list of closings for the year will be given to each family prior to the start of the school year.

_____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).

_____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. I have provided my preferred method of contact for emergency closing notifications and will update the center if there are changes in numbers or contact methods.

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 center can choose to override any state policy, doctor's recommendation or medical note so long as they are following state regulations minimum guidelines and that my enrollment constitutes my acknowledgement of, and agreement to abide by, all center policies and state regulations.

-----Your child's pediatrician must complete the NYS OCFS Child in Care Medical Statement prior to beginning at Eco Baby. This form states that, "Per NYS Law, a blood test is required at 1 and 2 years of age." This should be completed by the pediatrician in the section labeled "Tests" at the bottom of page 1. We strongly encourage that lead testing information is furnished by your child's pediatrician, as downtown Troy and the Northeast in general are known to have areas with elevated lead levels. If for some reason your child has not been tested for lead at 1 and 2 years of age, we will give your family information on lead poisoning and prevention. Eco Baby Children's Center cannot be held liable for any lead related issues, incidents, or health concerns.

-----FAMILY HANDBOOK: I have read the Family Handbook, available online, or provided to me in hard copy by request. I have read and understand its contents and policies and agree to be bound by same. 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.

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

Eco Baby Daycare, LLC Administration Signature: _____

Title: _____ **Date:** _____