

# ENROLLMENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_

## ENROLLMENT INFORMATION

Completion of this Agreement is required for enrollment. This information is necessary for Saint Luke's Children's Center (SLCC) to comply with state childcare licensing regulations and to enable us to better understand your child and meet his or her needs. Areas marked in **Yellow** require parental signature or initials as indicated. Areas marked in **Blue** are for SLCC use only.

CHILD INFORMATION				
Child's First Name		Child's Middle Name		Child's Last Name
Child's DOB		<input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Primary Language:	Parent/Guardian Primary Language:
Child's Home Address		Zip Code	Home Phone	
List family members your child lives with -- include names and ages of siblings				
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elementary School Name		Grade in School	School Phone
School address	Drop off time at school		Pick up time at school	Early release days & times Day:      Time: Day:      Time:
School transportation provided by: <input type="checkbox"/> Elementary School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other (specify)				
PRIMARY CONTACT AND RELEASE PERSONS* <i>Include parents and guardians</i>				
Is parent/guardian a SLCC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, employment date:		Name:
Parent/Guardian #1	Relationship to child	Home Phone	Cell Phone	
Home address		Home e-mail address		Driver's License number/state
Employer and address	Work e-mail address		Work hours	Work phone/ext.
Parent/Guardian #2	Relationship to child	Home Phone	Cell Phone	
Home address		Home e-mail address		Driver's License number/state
Employer and address	Work e-mail address		Work hours	Work phone/ext.

\* For all children's safety, it is critical to use your assigned entry code and sign in child(ren) specific to state child care licensing regulations. To ensure the safety of our center staff and children, please do not share your entry code.

\* Please list a four digit code in order to access our Children's Center: \_\_\_\_\_

FOUR EMERGENCY CONTACT AND RELEASE PERSONS** <i>Do not include parents and guardians</i>				
If possible, please notify the center if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.				
Name #1	Relationship to child	Home Phone	Cell Phone	
Home address		Home e-mail address		Gov. issue Photo ID Type
Employer and address	Work e-mail address		Work hours	Work phone/ext.

Continued on next page...

SHADED AREAS ARE FOR OFFICE USE ONLY			
Center/Site Number	Start Date	Withdraw Date	Withdraw Reason
Family/Case/File Number	Class	Birth Certificate Number (if required by state licensing)	
Page 1: ENROLLMENT INFORMATION	Parent/Guardian Signature:		Center Director Initials



# ENROLLMENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_

## ENROLLMENT INFORMATION, CONTINUED

EMERGENCY CONTACT AND RELEASE PERSONS** <i>Do not include parents and guardians</i>			
Name#2	Relationship to child	Home Phone	Cell Phone
Home address	Home e-mail address		Gov. issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext.
Name#3	Relationship to child	Home Phone	Cell Phone
Home address	Home e-mail address		Gov. issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext.
Name#4	Relationship to child	Home Phone	Cell Phone
Home address	Home e-mail address		Gov. issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext.

\*\* The persons designated in this section will be contacted by SLCC and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state childcare licensing regulations. In addition, release person must be 18 years of age or older.

\*\* Center staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify center staff in advance, in writing. **Your child will not be released without prior authorization.** In the event you call a pickup authorization into the center the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.

## MEDICAL INFORMATION

CHILD'S MEDICAL HISTORY					
Height (in inches)	Weight (in lbs.)	Hair Color	Eye Color	Distinguishing Marks	Date of Birth

- Special medical conditions: \_\_\_\_\_.
- Chronic Illnesses: \_\_\_\_\_.
- History of serious injuries or hospitalizations of which we should be aware: \_\_\_\_\_.
- Diabetes: ☐ Yes ☐ No. If your child has diabetes, please notify the Center Director. An *Authorization Form for Children with Diabetes* must be completed at enrollment.
- Medication that will be administered regularly at the center: \_\_\_\_\_.
- Special dietary needs: \_\_\_\_\_.
- Physical restrictions: \_\_\_\_\_.
- Is your child able to fully participate in all the activities offered by SLCC? ☐ Yes ☐ No; Explain: \_\_\_\_\_.
- Does your child effectively communicate his or her needs? ☐ Yes ☐ No; Explain: \_\_\_\_\_.
- Is your child able to walk? ☐ Yes ☐ No; Explain: \_\_\_\_\_.
- Does your child require any assistance at mealtimes? ☐ Yes ☐ No; Explain: \_\_\_\_\_.
- Does your child rest in the middle of the day? ☐ Yes ☐ No; Explain: \_\_\_\_\_.
- Is your child toilet trained? ☐ Yes ☐ No; If so, does her or she need assistance? \_\_\_\_\_.
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, etc.? ☐ Yes ☐ No  
Specify: \_\_\_\_\_.
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time? ☐ Yes ☐ No  
Specify: \_\_\_\_\_.
- Does your child require and/or desire any accommodations or modifications to fully and equally enjoy and participate in SLCC's group care setting? ☐ Yes ☐ No; Specify: \_\_\_\_\_.

*Continued on next page...*

### SHADED AREAS ARE FOR OFFICE USE ONLY

Page 2: ENROLLMENT/MEDICAL INFORMATION	Parent/Guardian Signature: _____	Center Director Initials _____
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# ENROLLMENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_

## MEDICAL INFORMATION, *CONTINUED*

Please note if your child had any of the diseases listed below:	Date (MM/YY)	Please note screening tests performed:	Date (MM/YY)
<input type="checkbox"/> Bronchiolitis/pneumonia		<input type="checkbox"/> Vision	
<input type="checkbox"/> Chicken Pox (Varicella)		<input type="checkbox"/> Hearing	
<input type="checkbox"/> Hepatitis		<input type="checkbox"/> Speech	
<input type="checkbox"/> Scarlet Fever		<input type="checkbox"/> PPD Test	
<input type="checkbox"/> Measles Rubeola		<input type="checkbox"/> Sickle Cell Anemia	
<input type="checkbox"/> Rubella (German Measles)		<input type="checkbox"/> Developmental Screening	
<input type="checkbox"/> Mumps		<input type="checkbox"/> Educational Screening/Testing	
<input type="checkbox"/> Pertussis (Whooping Cough)		<input type="checkbox"/> Other	
<input type="checkbox"/> Other Serious Illness			

Please note your child's illness history (please check all that apply):			
<input type="checkbox"/> Frequent colds/upper respiratory infections	<input type="checkbox"/> Fainting spells	Please provide special instructions concerning any of these illnesses, as necessary:	
<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Asthma/breathing problems		
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Abdominal (stomach) pain		
<input type="checkbox"/> Frequent skin rashes	<input type="checkbox"/> Urinary tract infections/problems		
<input type="checkbox"/> Heart diseases	<input type="checkbox"/> Persistent diarrhea		
<input type="checkbox"/> Lung disease/shortness of breath	<input type="checkbox"/> Persistent constipation		
<input type="checkbox"/> Seizures/convulsions	<input type="checkbox"/> Vision/hearing problems		
<input type="checkbox"/> Frequent nosebleeds	<input type="checkbox"/> Other, specify:		

ALLERGIES (Please list)			
<input type="checkbox"/> Medication(s):		Reaction:	
<input type="checkbox"/> Food:		Reaction:	
		Reaction:	
		Reaction:	
		Reaction:	
<input type="checkbox"/> Respiratory:		Reaction:	
<input type="checkbox"/> Bee sting:		Reaction:	
<input type="checkbox"/> Other:		Reaction:	

Are any of the allergies severe or life threatening? ☐ Yes ☐ No

If yes, please provide special instructions: \_\_\_\_\_.

CHILD'S MEDICAL CARE (DOCTOR, DENTIST, AND HOSPITAL OF CHOICE – NAME, ADDRESS AND PHONE NUMBERS)			
Primary Care Physician ("PCP") name		Practice/Clinic name	
PCP Address	Zip Code	PCP Phone	
Preferred hospital	Hospital Phone #	Hospital Address, Zip Code	
Dentist name		Dentist Practice/Clinic name	
Dentist Address		Phone	
Health Insurance Provider and policy number		Secondary Health Insurance Provider and policy number	

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## SHADED AREAS ARE FOR OFFICE USE ONLY

Page 3: MEDICAL INFORMATION	Parent/Guardian Signature:	Center Director Initials
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## ENROLLMENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_

### MEDICAL INFORMATION, CONTINUED

#### PHYSICIAN'S STATEMENT

- Does the child have any health/medical condition that could result in an emergency at the childcare location? ☐ Yes ☐ No
- Date of last physical examination: \_\_\_\_\_
- Is the child free of any infectious or communicable diseases? ☐ Yes ☐ No
- If not, are there any infectious or communicable diseases that would preclude enrollment into the child care program?  
\_\_\_\_\_
- Are this child's immunizations complete and up to date? ☐ Yes ☐ No; If no, please explain: \_\_\_\_\_
- Do you believe the child requires any modifications or accommodations in order to be cared for and participate in the activities provided in the SLCC group childcare setting as described below? ☐ Yes ☐ No
  - SLCC's child care centers are not medical treatment facilities. Medical services are not provided and the teachers are not medically trained.
  - SLCC operates group child care centers. SLCC provides meals and a snack; a rest time, outdoor play times, and follows an established curriculum. In addition, SLCC provides periodic field trips to nearby parks and places of interest.
  - In accordance with individual state childcare licensing regulations, the ratio in this classroom is \_\_\_\_\_ teacher for every \_\_\_\_\_ children and there will be a maximum of \_\_\_\_\_ children in this classroom. The children in this classroom range in age from \_\_\_\_\_ to \_\_\_\_\_.
  - SLCC's policy is to enroll children in compliance with the Americans With Disabilities Act (ADA), its implementing regulations and any other applicable federal, state or local laws that apply to the provision of childcare services to those with disabilities. We review each child's situation on a case-by-case basis to determine how we can best meet the needs of each child within the SLCC setting.
- If the answer to number 6 is yes, please indicate below what modifications are required per the treating physician. If necessary please use additional sheets of paper of the back of this form.

#### PHYSICIAN'S SIGNATURE

Physician name _____	Name of Practice or Clinic _____	Phone _____
Address _____		Physician Signature _____
SLCC does not discriminate on the basis of disability. Contact Center Director to assist with special needs or reasonable accommodation issues.	Saint Luke's Children's Center 5265 N. Union Blvd. Colorado Springs, CO 80918	Phone: 719-598-7821 E-mail: <a href="mailto:director@stlukeskids.org">director@stlukeskids.org</a>

#### CERTIFICATION OF PARENT/GUARDIAN

My child's immunization records ☐ are/ ☐ are not on file and available for review at his/her elementary school.  
My child has been examined by a doctor within the last 12 months.

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

#### NURSE/HEALTH CONSULTANT

Childcare centers in Colorado are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. My initials confirm my consent for review of my child's records by the nurse/health consultant during center visits.

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

#### MEDICATION AND ILLNESS POLICY

The state of Colorado has implemented new regulations regarding medication administration in child care centers.

It is recommended that every possible means be taken to give children medication at home. Many antibiotics may be given twice daily and times can be arranged at home to administer most medications. If it becomes apparent and necessary for a child to take any form of medication at SLCC, the following steps must be in place.

- Written authorization from the person with prescriptive authority (doctor) stating the child's name, medication, medication route, dosage, time to be given, for how many days and side effects.
- Medication must be in its original pharmacy labeled container.
- Written permission by the parents giving the childcare facility authorization to administer medication.

SLCC will keep a medication log of when medication is given and who administered it. All medications will be stored in a locked, clean storage container.

**WITHOUT THESE LEGAL REQUIREMENTS MEDICATION WILL NOT BE GIVEN**

I understand SLCC's requirements to administer medication and will follow all procedures in the event my child needs medication.

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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# ENROLLMENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_

## MEDICAL INFORMATION, *CONTINUED*

### PHYSICIAN'S STATEMENT

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- Do you believe the child requires any modifications or accommodations in order to be cared for and participate in the activities provided in the SLCC group childcare setting as described below? ☐ Yes ☐ No
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Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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### SHADED AREAS ARE FOR OFFICE USE ONLY

Page 4: MEDICAL INFORMATION	Parent/Guardian Signature:	Center Director Initials
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# ENROLLMENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_

## MEDICAL INFORMATION, *CONTINUED*

### MEDICAL POLICIES

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated in accordance with state childcare licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.
5. In case of a medical or other emergency while my child is under the center's supervision, I understand that SLCC staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize SLCC to act on my behalf and to take the emergency measures including those listed below if deemed necessary by SLCC staff or by medical authorities for the care and protection of my child. I authorize SLCC to:
  - Consult the physician or dentist named on the previous page if I cannot be reached.
  - 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, if deemed necessary by paramedics, police, or other emergency personnel.
  - Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
  - Administer syrup of ipecac if directed to do so by the Poison Control Center in case of accidental ingestion of a poisonous substance, except where prohibited by state childcare licensing regulations.
  - Transport my child to a local emergency shelter in the event of an emergency evacuation of the SLCC facility.
6. If I wish to request a religious or personal exemption to SLCC's practice of securing necessary emergency medical treatment in the event I cannot be reached, state childcare licensing authorities must be consulted to determine if such an exemption may be granted.
7. I must complete any state-specific medical authorization forms required by individual state childcare licensing regulations.
8. I understand that any expenses incurred as a result of SLCC seeking medical attention for my child will be the responsibility of myself (parent or legal guardian). \_\_\_\_\_ (Initial).

## FINANCIAL INFORMATION

### ENROLLED CLASSROOM:

### CENTER HOURS OF OPERATION

The center is open from 7:00 a.m. to 6:00 p.m. Monday through Friday. The center will be closed in recognition of various holidays throughout the year. The Center Director will provide a list of all holiday closings. The center's hours and holiday schedule are set and posted annually, but may be changed at any time.

If I, or other authorized persons, fail to pick up my child and/or contact the center, and I, or other authorized persons, cannot be reached, center staff, within thirty minutes after closing time or in accordance with state childcare licensing regulations, may release children to the custody of child protective services or other local authorities.

The center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the center from opening on time or at all will be posted and will be announced on the television channel: KKTV. If it becomes necessary to close early, it will be my responsibility to arrange for my child's early pick-up. There will be no tuition credit for any time the center is closed.

### TUITION

I understand that my weekly, monthly tuition fees are as follows:

Child \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Discount Type \_\_\_\_\_ Discount \$ \_\_\_\_\_ Net Tuition \$ \_\_\_\_\_

### FEE SCHEDULE

1. If my child regularly attends school and school is not in session due to school holiday, snow, etc., I agree to pay an additional fee of \$ \_\_\_\_\_ for each day my child attends a SLCC center all day. The additional fee is charged only when during a school week, my child's school has a scheduled day off or an unscheduled day off due to weather or other unforeseen events. When school is not in session the full-time tuition is \$ \_\_\_\_\_.
2. 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. The late pick-up fee does not constitute an agreement to provide afterhours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service. Late fees are paid directly to the staff member that has stayed late with said child.

*Continued on next page...*

### SHADED AREAS ARE FOR OFFICE USE ONLY

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MEDICAL/FINANCIAL INFORMATION

Parent/Guardian Signature:

Center Director Initials



# ENROLLMENT AGREEMENT CHILD'S NAME: \_\_\_\_\_

## FINANCIAL INFORMATION, *CONTINUED*

### **FEE SCHEDULE, *Continued***

3. Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center. If the hours my child attends change in any way, I will notify the center immediately so appropriate staffing may be arranged.
4. A return check fee in the amount of **\$35** will be added to your account in the event of an insufficient check. Two returned checks would result in your account being placed on "Cash only" status.
5. Tuition is due in advance of services rendered. If tuition is not paid in advance, a late fee of **\$10** will be charged per day after Wednesday. The terms of this Agreement, including the fees, are subject to change in whole or in part by SLCC with two weeks' notice, except that this Agreement may be terminated by SLCC at any time.
6. A nonrefundable annual registration fee of **\$90** (first child) or **\$110** (family) is due at the time of enrollment. If my child has withdrawn from the program (i.e. for the summer) and subsequently re-enrolls, a new registration fee is due at that time. This fee is **\$50** (first child) or **\$70** (family).
7. Accounts in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.
8. My child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.
9. Summer programs are offered and a summer activity fee may be charged.
10. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay full tuition that may be due for the final two weeks regardless of my child's attendance. I also understand any prepay balance of \$10 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.
11. Vacation/Illness policy: We are required to maintain state regulations for rations at all times. Therefore, we do not give any tuition discounts for absences due to illness. If your child is out ill, full tuition payment is still required.
  - After one year of continuous enrollment your child will receive a vacation credit for 100% off one week of tuition per child in attendance.
  - Your request for vacation must be made two weeks in advance of the requested vacation time.
  - Vacation credits may only be used in full week increments only.
  - Your child must be absent from the center to use your vacation credits.
12. Payments from customers with outstanding unredeemed returned checks must be in the form of a money order or cashier's check. Accounts containing returned checks are subject to immediate termination of service; however upon payment of applicable tuition and returned check fee's SLCC may choose to reinstate your child's enrollment.

## OTHER TERMS

### **OTHER TERMS**

1. SLCC's Advisory Team reserves the right to alter its policies and program at any time. Center Management does not have the authority to alter or modify the terms of this Agreement either verbally or in writing.
2. I understand that if there is a change in any information provided for this Agreement, I will promptly update such information.
3. I agree to notify the center staff by 9:00 a.m. when my child is absent. I must notify the center staff if my school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.
4. I consent to SLCC communication with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
5. I understand that in an effort to maintain the professional status of SLCC staff and prevent any potential conflict of interest, babysitting by center staff members is discouraged. However, should I hire any center staff members, it must be outside the center premises and with the understanding that such arrangements and payment for services are solely between the center staff member and me. The center and SLCC do not sanction the arrangements, and I agree to hold SLCC harmless from any such arrangement.
6. State child care licensing regulations are on file at the center and are available for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in this Agreement.
7. A child may be dis-enrolled by SLCC without prior notice if, in the sole opinion of SLCC, it is in the best interest of the child or SLCC.
8. Any dispute or claim arising out of or relating to this Agreement shall be submitted to nonbinding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.

*Continued on next page...*

### SHADED AREAS ARE FOR OFFICE USE ONLY

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# ENROLLMENT AGREEMENT

CHILD'S NAME: \_\_\_\_\_

## OTHER TERMS, CONTINUED

PERMISSIONS	
Walking Trips	I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. (If required by individual state childcare licensing regulations, I will be given a specific permission slip for each walking trip.) Parent/Guardian Initials _____ Date _____
Water Activities	I give permission for SLCC to include my child in supervised water activities, including water activities at the center. I will be given a specific permission slip for all off-site water activities. Parent/Guardian Initials _____ Date _____
Transportation	I give permission for my child to participate in and to be transported in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other center sponsored activities. I will be given a specific permission slip for each off-site field trip. Off-site field trips and all transportation of children will meet state childcare licensing regulations and center policies including minimum-age requirements. Parent/Guardian Initials _____ Date _____
Child Safety Law	I will properly restrain my child according to Colorado Law in my vehicle to and from Saint Luke's Children's Center. Parent/Guardian Initials _____ Date _____
Within Center Print Photographs/ Videotape	I give permission for my child to be photographed and videotaped in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians. I give permission for these photographs to be posted within the center only. <b>NOTE: A separate consent in the next block is required for digital media/social media use.</b> Parent/Guardian Initials _____ Date _____
Center Digital Media and Social Media Photographs/ Videotape	I give permission for my child to be photographed and videotaped in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians. I give permission for these photographs/videos to be posted on the SLCC website and/or on social media pages managed by SLCC. Parent/Guardian Initials _____ Date _____  I <u>do NOT</u> give consent for any photographs or videotapes taken of my child to be used outside of the center for digital media and social media purposes. Parent/Guardian Initials _____ Date _____

How did you first hear about SLCC? \_\_\_\_\_  
(i.e. Google Search for Childcare, Website, Referral, Church, etc.)

I certify that I have read, understand and accept all the terms and conditions described in this Agreement.

Parent/Guardian Signature	Date	Center Director Signature	Date
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### SHADED AREAS ARE FOR OFFICE USE ONLY

Enrollment Information SLCC Medical Information Financial Information Other Terms and Certifications Handbook (new enrollees only) Infant or Toddler Intake Form, if applicable State-specific licensing forms, if applicable
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### SHADED AREAS ARE FOR OFFICE USE ONLY

Date of revision of page 7: OTHER TERMS	Parent/Guardian Signature:	Center Director Initials
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