

Milestones Academy Childcare Center

Tuition/Enrollment Admission Agreement

I. General Information / Emergency Authorization

Please fill this form out completely.

This information helps us meet state guidelines and better understand your child and meet his/her is in our care.

Families with more than one child must complete a separate form for each child attending

Child's Last Name _____ Child's First Name _____ Middle Name _____

Start Date _____ Termination Date _____

Sex _____ Date of Birth _____ Age _____ Ethnicity _____ Hair Color _____ Eye Color _____

How did you hear about us _____

Days and Hours Enrolled:

Monday:	From	_____	To	_____
Tuesday:	From	_____	To	_____
Wednesday:	From	_____	To	_____
Thursday:	From	_____	To	_____
Friday:	From	_____	To	_____

Child's Physician:

Name: _____

Address: _____

Phone: _____

Child's Dentist:

Name: _____

Address: _____

Phone: _____

In case of a medical or other emergency while my child is under Milestones Academy Childcare Center's supervision, I understand that Milestones Academy Childcare Center staff will first attempt to contact me, and the emergency contacts I have provided. However, if the listed contacts are unable to be reached, or when a delay could jeopardize my child's health, I hereby authorize Milestones Academy Childcare Center to take any emergency measures necessary on my behalf, to care for and protect my child. I also understand, I will be held responsible for the cost of such emergency treatments and care. Such procedures include, but are not limited to: CPR, emergency transportation to hospital or urgent care facility by ambulance or other means if deemed necessary by emergency personnel (police, paramedics, etc.), transportation to emergency shelter in the event of an emergency evacuation in response to a natural disaster or other emergency.

Special Instruction: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

II. Background and Parent Contact Information

Child's Full Name: _____

Child's Home Address: _____

Home Phone: _____ Email Address _____

Child and Parent's Primary Language _____

Allergies (medication, food, bee sting, etc.) _____

Typical daily schedule (sleeping, eating, play time, etc.) and particular play habits (use back if need space) _____

Particular Fears or Unique behavioral characteristics _____

Your assessment of your child's overall health _____

Chronic illnesses, other medical conditions _____

Medications regularly given (prescription/non-prescription) _____

Child lives with _____

Custody/visitation restrictions _____

Check here if court order is attached _____

(Parent is responsible to provide any and/or the latest custody or court order in effect)

Mother/Guardian's Name (note relationship if not parent) _____

Mother/Guardian's Home address _____

Home Phone _____ Cell Phone _____ Email Address _____

Mother/Guardian's Employer _____

Work Address _____

Work Phone and ext. _____ Days and hours at work _____

Father/Guardian's Name (note relationship if not parent) _____

Father/Guardian's Home address _____

Home Phone _____ Cell Phone _____ Email Address _____

Father/Guardian's Employer _____

Work Address _____

Work Phone and ext. _____ Days and hours at work _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

III. Primary, Emergency, and Temporary Release Form

Primary Release

The individuals designated in this section are authorize to drop off/pick up my child on a permanent, regular basis (including parents/guardians).

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Emergency Contact Release (must be 18 or older)

The individuals designated in this section will be contacted by Milestones Academy Childcare Center and are authorized to pick up my child if there are any emergencies in which I cannot be reached (does not include parents/guardians).

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Contingency Release (must be 18 or older)

The individuals in this section are authorized to pick up my child on an occasional basis with advance notice and may be contacted by Milestones Academy Childcare Center after the center's scheduled closing time if I fail to arrive and cannot be reached (does not include parents/guardians).

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Name _____ Relationship to Child _____
Address _____
Home Phone _____ Work phone _____ cell phone _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

IV Parental Consent and Release

Walking Trips

I give permission for my child to leave the center for outdoor exercises and educational purposes, with the understanding that my child will be accompanied by center staff and under supervision at all times.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Field Trips To and From Education Excursions, and Other Center Sponsored Activities

I give permission for my child to participate and be transported while under proper supervision at all times. I will be given a specific permission slip.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Water Activities

I give permission for Milestones Academy Childcare Center to include my child in supervised water activities.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Photographs

I give permission for my child to be photographed in the program and during program functions and field trips. I understand that the photographs may be taken by the center staff or by other parents. I also understand that any photos taken may be used for public relations purposes.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Videotape

I give permission for my child to be videotaped in the program and during program functions and field trips. I understand that the videotapes may be taken by the center staff or by other parents. I also understand that any videos taken may be used for public relations purposes.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Medication

For any medications to be administered, I will complete the necessary form with my signature and understand that the prescription label must be followed without fail. I will provide medication in its original container with the pharmacist's label. Any non-prescription medication must be labeled in order to be administered and authorization forms must also be completed and signed each day the medication is to be administered.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

By signing below and enrolling my child at Milestones Academy Childcare Center, I understand, agree, acknowledge, and accept all terms of the Parental Consents and Releases section of this agreement.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

V. Terms and Conditions of Enrollment

ADMISSION AGREEMENT

Welcome to Milestones Academy Childcare Center. We look forward to healthy and happy relationship with your family. The following policies have been created to help ensure the smooth operation of the center and the safety of all the children in the program.

I hereby agree to and understand the following policies:

1. My child has the right to be treated with respect while attending Milestones Academy either full or part time. He/she will be allowed autonomy as well as direction. Age appropriate nutrition will be provided. If I have any concerns or questions regarding these services, I may contact the director.
2. I understand all registration forms are required before my child may attend Milestones Academy Childcare Center.
3. I will provide and maintain current emergency and contingency contact information.
4. I will provide a current annual health assessment /immunization record. Children without appropriate, current medical records may not attend the center.
5. If the center staff notifies you that your child is ill, you must pick up your child as soon as possible within one (1) hour of being contacted.
6. If your child is absent due to a reportable contagious disease, physician/health care professional's release form is required before your child is able to return to the center.
7. Milestones Academy Childcare center has your permission to give your child emergency care and first aid when necessary and for your child to be transported to an emergency medical facility. You also authorize ambulance/rescue attendants to administer treatments medically necessary and you authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted.
8. We will administer medication only as outlined in our Medication Policies and Parent Handbook.
9. I, or someone given authority by me to act in my place, as noted on the emergency/contingency contact form; will sign my child in/out when arriving/departing.

The center must be notified by parent/guardian (in writing, or by phone) if the child is to be picked up by individuals on the emergency/contingency form.

If child is picked up by an individual who is not listed on emergency/contingency form, parent/guardian must notify the center **in advance and in writing. Your child will not be released without prior written authorization.**

All individuals other than yourself will have to provide a photo ID.

10. I agree to notify the center if my child is absent or will be absent by 9:00 a.m. of the day the child will be absent.

11. I will pay a non-refundable \$100.00 registration fee per annum. No cash accepted.
12. Tuition is due weekly/bi-weekly, there are no refunds due to illness, holidays, vacations, etc. Thirty days' written notification shall be given for any changes in tuition.
13. If late, I will pay an overtime charge of \$10 for every fifteen (15) minutes I am late in picking up my child at the scheduled time. Payment is immediately due (at pick up). My child cannot return until this fee is paid. The late pick up fee does not constitute an agreement to provide after-hours services, nor will the late fee be applied towards the tuition. Chronic lateness at closing time may be grounds for termination of services.
15. All checks should be made payable to Milestones Academy Childcare Center (MACC). A fee of \$25.00 will be assessed for tuition late three (3) calendar days. After 3 days, failure to pay may result in termination. A \$35.00 fee will be charged for returned checks.
16. I will give two weeks' notice to the center's director of any changes in my child's schedule.
17. I am responsible to give Milestones Academy Childcare Center two weeks written notice in the event I need to withdraw my child from the program. If I fail to comply with this requirement; I will be charged for two (2) weeks tuition.
18. I will label, describe administration, the reason for administration, and complete a medication consent form if my child needs medication during care.
19. I understand the policy of keeping a sick child at home when too ill to participate. I will notify the center no later than 8:00 a.m. if my child will not be attending.
20. I am responsible to notify the director/ teacher if my child or any family member has a contagious disease.
21. I will provide my child with a complete set of extra, labeled clothes.
22. I am always welcome to discuss any concerns I may have with the teacher or the director.
23. I understand that Milestones Academy Childcare Center offers its program to children 18 months to 6 years of age. I understand that if my child is between 18-36 months old, he/she will be placed in the toddler program until such a time he/she is mature enough to transfer into the preschool program. If I have any concerns or questions regarding my child's development or placement, I shall contact the director.
24. I understand that my child's teacher will conduct assessments of my child useful in evaluating a child's development and learning. This information will be shared with me on an ongoing basis.
25. All documents and assessments pertaining to my child will be maintained in my child's portfolio, and available to me at any time.
26. As a licensed facility, state representatives have the right to inspect all aspects of our operation including: client records, safety, health, and organizational policy, and interview staff or clients as appropriate. We strive to provide the highest quality of care; a goal shared by licensing and our families.
27. As outlined in our termination policy: behavior indicating a child is not able to benefit from our enrichment program, such as disruptive, dangerous, or disrespectful behavior; falsification of documentation, other illegal behavior; or failure to meet financial requirements; may be cause for immediate termination.

28. In the effort to maintain the professional status of our staff and prevent any potential conflict of interest, babysitting by the center staff members is discouraged. However, should you hire any center staff members, it must be outside the center premises and with the understanding that such agreements and payment for services are solely between you and the center staff member. Milestones Academy Childcare Center/ Inc. does not sanction the arrangement and you agree to hold Milestones Academy Childcare Center/Inc. harmless from any such arrangements in addition to those contained in the agreement.

29. In the event you have a dispute arising out of or relating in any way to services provided by Milestones Academy Childcare Center pursuant to this agreement, and you are not able to resolve such dispute in good faith directly with the center's management, you agree on behalf of yourself and your child to participate in mediation conducted by mutually agreed upon third party, or in the event that the mediation does not resolve the dispute or a third party cannot be agreed upon, binding arbitration is to be held, governed by the Commercial Arbitration Association. You agree that any settlement or award by the arbitration shall be final and enforceable in any court having jurisdiction over the dispute.

30. The Parent Handbook is incorporated by reference into this agreement. You acknowledge that you have received a copy of the parent handbook, and understand and agree to abide by all its rules and regulations.

By signing below and enrolling my child in Milestones Academy Childcare Center, I understand, acknowledge, accept, and agree to all the terms conditions of this admission agreement.

Child's Name: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____