

## BLOSSOM CHILD CARE CENTERS ENROLLMENT INFORMATION

CHILD INFORMATION				
Child's first name		Middle name	Last name	Nickname
Date of birth	Age	Gender	Social Security Number	DHS Case Number
Child's home address				
List family members your child lives with. Include names and ages of siblings				
Does your child attend school?	Elementary School Name	Grade in School	Drop off time	Pick up time
School Address		School Phone	Early Release days and time	
School transportation provided by:				

PRIMARY CONTACT AND RELEASE PERSONS				<i>Include parents and guardians</i>
Primary Parent/Guardian	Relationship to child	Home phone	Cell phone	
Home address				
Employer	Address		Phone	
Drivers License Number	DL State	DL Expiration Date		
Other Parent/Guardian	Relationship to child	Home phone	Cell phone	
Home address				
Employer	Address		Phone	
Email Address				
If a medical emergency occurs and I/we cannot be reached, I/we hereby authorize the person in charge at Blossom Child Care Center, Inc. to transport my child to the nearest available medical facility and/or call my physician.				
Signature: _____		Date: _____		
Signature: _____		Date: _____		

EMERGENCY CONTACT AND RELEASE PERSONS				<i>Do not include parents and guardians</i>
<b>If possible, please notify the center if an Emergency Release Person will pick up your child on a given day.</b>				
Name #1	Relationship to child	Home Phone	Cell Phone	
Home Address				
Employer	Address		Phone	
Name #2	Relationship to child	Home Phone	Cell Phone	
Home Address				
Employer	Address		Phone	

ALLERGIES	<i>Please List</i>
Medication: _____	Reaction: _____
Food: _____	Reaction: _____
_____	_____
_____	_____
Respiratory: _____	Reaction: _____
Bee Sting: _____	Reaction: _____
Other: _____	Reaction: _____
<b>Are any of the allergies severe or life threatening?</b> _____	
<b>If yes, please provide special instructions with a doctor's note:</b>	

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CHILD'S MEDICAL CARE PROVIDER/FACILITY	
Primary Care Physician("PCP")Name	Practice/Clinic Name
PCP Address	Phone
Preferred hospital/clinic for acute and emergency care	
Dentist Name	Practice/Clinic Name
Address	Phone
Health Insurance Provider and Policy Number	Secondary Health Insurance Provider and Policy Number

### TUITION

I understand that my weekly tuition fees are as follows:

Tuition	Other	Total
\$	\$	\$

### FEE SCHEDULE AND FINANCIAL TERMS

1. Additional fees include a family enrollment fee of \$25.00, a \$25.00 curriculum fee due February 1<sup>st</sup> of each year for children age two through five, and a late pick up fee of \$10.00 per 15 minutes per child will be assessed when a child is left beyond the center's operating hours. There is also a \$25.00 fee if we have to return to a school to pick up your child because of your failure to notify us that your child needs transportation.
2. Tuition fees are not subject to pro-rating for illness, holiday, 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.
3. All tuition is due in advance of services rendered. In-center tuition payments received after the closure of business the Monday of service shall be assessed a late fee. If tuition is not paid in advance as stated above, a late fee of \$10.00 will be charged.
4. My child may have the opportunity to participate in special programs or field trips. At many centers, summer programs are offered, and a summer activity fee may be charged. Field trips may result in an additional field trip fee and may require completion of a specific permission slip.
5. Two weeks written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks regardless of my child's attendance. I also understand any prepay balance of \$10.00 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.

### SCHEDULED ATTENDANCE

Tuition fees are based on the follow scheduled attendance. I understand I will be charged additional tuition if my child's attendance increases beyond their regularly scheduled attendance.

**HOURS ENROLLED AT CENTER**

	IN	OUT	IN	OUT
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

### TRANSPORTATION

I give permission for my child to participate 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 child care licensing regulations and center policies including minimum-age requirement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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 photography/videos may be taken by center staff or by other parents/guardians.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DHS INTERVIEWS

I give my permission for DHS employees to conduct private one on one interview with my child, if the need arises.

YES/NO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**This agreement will be effective on \_\_\_\_\_.**

**Primary Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_**