

# Enrollment Agreement – CCLC

## Student Information



Completion of this Agreement is required for enrollment. This information is necessary for Knowledge Learning Corporation dba CCLC to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs.

STUDENT INFORMATION				
First Name	Middle Initial	Last Name	Preferred Name	Center Location or Name
DOB	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Primary Language		Secondary Language
Address (Combine all elements of address excluding county and country)			Home Phone	
			Does your child attend Elementary school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Elementary School Name	
Does your child require transportation, if available, provided by the center? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Please check with your Center Director to verify transportation arrangements.</b>			Grade in School	School Phone

PRIMARY CONTACT AND EMERGENCY RELEASE PERSONS <i>Include parents and guardians (must be at least 18 years old)</i>				
<b>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 their Driver's License at time of pick up.</b>				
Parent/Guardian #1 (First, Middle, Last)		Relationship to student	Home phone	Cell phone
Address		City	State	Zip
Employer name		Address	City	State Zip
Email address		Driver's license number/state		Work hours
Parent/Guardian #2 or Release Person (First, Middle, Last)		Relationship to student	Home phone	Cell phone
Address		Email address		
Employer name		Address	City	Work phone/ext
Additional Release Person (First, Middle, Last)		Relationship to student	Home phone	Cell phone
Address		Email address		
Employer name		Address	City	Work phone/ext
Additional Release Person (First, Middle, Last)		Relationship to student	Home phone	Cell phone
Address		Email address		
Employer name		Address	City	Work phone/ext
<b>Parent/Guardian Identification Information:</b> Security Question _____ Answer _____				

- The persons designated in the section above will be contacted by CCLC and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. You must complete any state-specific emergency release forms required by individual state child care 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 those 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 pick up authorization into the center, the Parent/Guardian identification information question will be used to verify your identity and to authorize the release of your child.

SHADED AREAS ARE FOR OFFICE USE ONLY				
<input type="checkbox"/> Student Information <input type="checkbox"/> Student Medical Information <input type="checkbox"/> Physician's Statement <input type="checkbox"/> CCLC Medical Information and state specific health forms <input type="checkbox"/> Contact and Release Persons <input type="checkbox"/> Financial Information <input type="checkbox"/> Other Terms <input type="checkbox"/> Family Handbook (new enrollees only) <input type="checkbox"/> State-specific licensing forms, (if applicable)	CENTER NUMBER	START DATE	WITHDRAW DATE	WITHDRAW REASON
	FAMILY/CASE/FILE NUMBER	CLASS	BIRTH CERTIFICATE NO. (If required by state licensing)	
Center Director Signature				
Parent/Guardian Signature				

# Enrollment Agreement – CCLC

## Student Medical Information

Student's Name \_\_\_\_\_

### MEDICAL HISTORY

- Yes  No Does your child have any special needs or restrictions of which the center should be aware?
- Yes  No Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.? \_\_\_\_\_
- Yes  No Does your child have any developmental delays?
- Yes  No Does your child need extended one-to-one care?
- Yes  No Does your child function at the age level of other children in his or her age group?
- Yes  No Can your child effectively communicate his or her needs?
- Yes  No Is your child able to fully participate in all activities offered in center?
- Yes  No Does your child require any assistance at mealtime?
- Yes  No Is your child able to walk?
- Yes  No Does your child rest in the middle of the day?
- Yes  No Is your child toilet trained?
- Yes  No Does your child require and/or desire any accommodations or modifications to fully and equally enjoy and participate in the center's group care setting?

Does your child have any diet needs or restrictions?

DIET NEED / RESTRICTION	LIFE THREATENING?	EXPLANATION	MEAL SUBSTITUTIONS
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Does your child take any medications that need to be administered at the center?

**Dosing instructions must be provided by a physician.**

MEDICATION	REASON

### ALLERGIES

Does your child have a history of allergies?  Yes  No

TYPE	LIFE THREATENING?	REACTION EXPLANATION AND SPECIAL INSTRUCTIONS
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### MEDICAL CARE PROVIDER / FACILITY

Preferred Hospital / Clinic for acute and emergency care: \_\_\_\_\_

**Emergency Notes:**

DOCTOR / DENTIST NAME	TYPE	CLINIC NAME AND ADDRESS	PHONE NUMBER

Health Insurance Provider and policy number \_\_\_\_\_ Secondary Health Insurance Provider and policy number \_\_\_\_\_

### IMMUNIZATION HISTORY

Certification of My child  is  is not immunized.  
 Parent/Guardian: My child was last examined by a doctor on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Required Immunizations	1st	2nd	3rd	4th	5th
DTP/DtaP					
Td/DT					
Polio					
MMR					
TB Skin Test Neg/Pos (if required)					
Hib (State specific)					
HBV (State specific)					
Varicella (State specific)					
Pneumococcal (State specific)					
Influenza vaccine (State specific)					
Typhoid (State specific)					
Hepatitis A vaccine (HAV)					
Hepatitis B vaccine					
Lead Test (Annually from age 1-4)					
Date of last Tetanus (if applicable)					
Other					

Center Director Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# Enrollment Agreement – CCLC

## Other Terms and Certifications

Student's Name

### CERTIFICATION OF PARENT / GUARDIAN

I confirm that my child has been examined by a doctor within the last 12 months.

### NURSE / HEALTH CONSULTANT *If required by state*

Child care centers in \_\_\_\_\_ (state) are required to engage the services of a nurse/health consultant to review health policies and procedures and children's records. I confirm my consent for review of my child's records by the nurse/health consultant during center visits.

### MEDICATION

Individual state child care licensing regulations regarding medication must be followed. Any mandatory state form regarding administration of prescription or non-prescription medication must also be completed and signed by a parent/guardian.

If permitted by state child care licensing regulations, I authorize CCLC staff to administer to my child topical non-prescription medications as needed, according to the dosage instructions on the medication container. For any other non-prescription medication, if permitted by state child care licensing regulations or center policy, I will provide written authorization for CCLC staff to administer the medication in accordance with written instructions from the child's health care professional or me, as required. I agree to provide any such medications, as these will not be provided by the center. For any prescription medication, I will complete necessary authorization forms with my signature and understand the prescription label dosage instructions must be followed. I will provide the medication in its original container with the pharmacist's label.

### 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 child care 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 CCLC 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 CCLC to act on my behalf and to take the emergency measures including those listed below if deemed necessary by CCLC staff or by medical authorities for the care and protection of my child. I authorize CCLC 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 child care licensing regulations.
  - ♦ Transport my child to a local emergency shelter in the event of an emergency evacuation of CCLC's facility.
6. If I wish to request a religious or personal exemption to CCLC's practice of securing necessary emergency medical treatment in the event I cannot be reached, state child care 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 child care licensing regulations.

### CULTURAL/HOLIDAY QUESTIONS

What special days or traditions do you celebrate in your family? How do you celebrate them?

What would you like your child to gain from holiday activities in our program?

Do you have any concerns about holiday activities? Or, if your family does not celebrate holidays, how would you prefer us to work with you and your child when holiday activities are included in our program?

Are there any holidays or traditions that you would be willing to share with the children? How would you like to participate in holiday activities in the classroom?

Center Director Signature

Parent/Guardian Signature

# Enrollment Agreement – CCLC

## Other Terms and Certifications

Student's Name

### CENTER HOURS OF OPERATION *To be completed by Center Director*

The center is open from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., Monday through Friday. The center will be closed in recognition of various holidays throughout the year. My 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. There is no reduction in tuition as a result of center closures.

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 child care 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 per your center's communication plan. 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 *To be completed by Center Director*

I understand that my weekly/monthly tuition fee is as follows:

TUITION \$ \_\_\_\_\_

I understand that CCLC typically has one tuition increase annually and I will receive notice of these 30 days prior to them going into effect.

### FEE SCHEDULE *To be completed by Center Director*

1. If your child attends the center on a day or during hours he/she is not regularly scheduled to attend, an additional fee will be charged.
2. A late pick up fee of \$ \_\_\_\_\_ per \_\_\_\_\_ 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 after hours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
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. I agree to pay the full tuition fee even if my child is absent for one or more days.
5. All tuition is due in advance of services rendered. If tuition is not paid in advance as listed above, a late fee of \$ \_\_\_\_\_ will be charged. The terms of this Agreement, including the fees, are subject to change in whole or in part by CCLC with 30 days' notice. This agreement may be terminated by CCLC at any time.
6. A nonrefundable annual registration 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 or equipment fee is due at that time.
7. Accounts two weeks 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. At many centers, summer programs are offered, and a summer activity fee may be charged.
10. Thirty (30) days' 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 30 days 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. I authorize CCLC to initiate electronic debits to my checking account for each check presented by me to CCLC for payment. If any check or electronic payment is returned unpaid, I acknowledge that CCLC will attempt to collect on the returned check electronically up to two additional times. I authorize CCLC to electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law. Additionally, upon written notice from CCLC, I authorize CCLC to initiate one-time ACH debits to my checking account for any amounts owed that become past due. These authorizations will remain in full force and effect until CCLC has received written notification from me of the termination of my authorizations.
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 registration fee CCLC may choose to reinstate your child's enrollment.

Center Director Signature

Parent/Guardian Signature

# Enrollment Agreement – CCLC

## Other Terms and Certifications

Student's Name
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### SCHEDULED ATTENDANCE

Tuition fees are based on the following scheduled attendance.

- SCHEDULE:  MONDAY / TUESDAY / WEDNESDAY / THURSDAY / FRIDAY  
 MONDAY / WEDNESDAY / FRIDAY  
 TUESDAY / THURSDAY  
 OTHER \_\_\_\_\_

I understand that a change in this schedule must be made in writing and may require a new Enrollment Agreement.

### OTHER TERMS

- CCLC 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.
- I understand that if there is a change in any information provided for this Agreement, I will promptly update such information.
- I agree to notify the center staff by 9:00 am 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.
- I consent to CCLC communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
- I understand that in an effort to maintain the professional status of CCLC 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 me and the center staff member. The center and CCLC do not sanction the arrangements, and I agree to hold CCLC harmless from any such arrangement.
- 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.
- A child may be disenrolled by CCLC without prior notice if, in the sole opinion of CCLC, it is in the best interest of the child or CCLC.
- 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.
- CCLC does not discriminate on the basis of disability. Contact Disability Services to assist with special needs or reasonable accommodation issues:  
 CCLC  
 650 N.E. Holladay Street, Suite 1400  
 Portland, Oregon 97232  
 Phone: 1-888-909-cclc (2252)  
 E-mail: disabilityservices@cclc.com

### PERMISSIONS

- I would like to volunteer at the center.
- I would like to be a reference for CCLC.
- I would like to participate in the Parent Advisory Committee.
- I permit my child to participate in field trips away from the center. If a field trip includes transportation, I permit my child to use any CCLC sponsored transportation.
- 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 will be notified if any photos/videos taken by center staff are to be used for public relations purposes and understand I have the right to refuse permission for such use.

### EXTENDED FAMILY COMMUNICATION

There are special occasions and opportunities throughout the year where CCLC would like to invite the grandparents of the enrolled child to attend events and receive other promotions.

Grandparents	Phone number	Email address
Grandparents	Phone number	Email address
Grandparents	Phone number	Email address
Grandparents	Phone number	Email address

Center Director Signature
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Parent/Guardian Signature
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