



Enrollment Agreement

Greetings,

We're honored to become a part of your child's early learning experiences—and we're excited to get to know you, your family! This enrollment form ensures that we all have the best start possible. We also need this information to comply with child care licensing regulations. Welcome to our family the Global Children School!

Child Information

First Name:	Middle:	Last:	Nickname:
Date of Birth:	Gender:	Language spoken at home:	
Child's Home Address:			
Please list family members your child lives with, including the names and ages of siblings:			

Parent / Guardian Information

The safety of children in our centers is our priority. Center staff will release your child only to parents and guardians listed. If you do need to authorize a new pickup person by phone or email, we will provide parent with a four-digit number and the pickup person will have to provide an identification and know the four-digit number so that we can verify. If there are any custody agreements, court orders, and restraining orders pertaining to the child please attach a copy.

Parent / Guardian	Relationship to Child	Cell Phone
Home Address	Email Address	Home Phone
Employer and Address		Work Phone
Parent / Guardian	Relationship to Child	Cell Phone

Home Address	Email Address	Home Phone
Employer and Address		Work Phone

Emergency Contacts Information

The people named here are authorized to pick up my child. I will notify the center in a few days, when an authorized Person will pick up my child.

	Authorized Contact 1	Authorized Contact 2	Authorized Contact 3
Name			
Relationship			
Address			
Phone			



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Child's Medical Information

Health Insurance Provider:		Policy Number:
Medical Care Provider Name:	Practice / Clinic Name:	
Practice / Clinic Address:		Phone:
Preferred Hospital:		
Dentist Name:	Practice / Clinic Name:	
Address:		Phone:

Child's Allergies or Medical Condition

Medications; List Medications and Reaction:

Food; List Food and Reaction:

Respiratory; Reaction: _____

Bee sting; Reaction: _____

Other Reaction; Please Explain:

Asthma

Seizure

Diabetic

Other Medical Condition; Please Explain:

Are any of the allergies severe or life-threatening?

(If yes, please talk to your Center Director about completing an allergy plan.)

Our goal is to provide your child with the best education and care. We would like to learn a little bit more about your child so we can help be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

- Physical therapy
- Speech therapy
- Occupational therapy
- Applied Behavior Analysis

Other:

- Feeding tube
- Visual support

Would you like your child's therapists to deliver services at the center?

- Yes
- No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff please meet with the center Director.



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Medical Acknowledgements

Medication:

I will provide written permission for center staff to administer medication with written instructions from me or the child's health care provider, as permitted by local child care licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).

Health care Records:

I will provide the center with updated Health care records which includes; Annual Physical Form, Updated Immunizations, Lead Test Results or an exemption for my child.

Nurse/Health Consultant:

We are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. I agree my child's records may be reviewed by the nurse/health consultant.

Illness:

If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one hour after being contacted. If my child contracts a contagious illness, I understand that I should follow regulations as described in the Handbook.

Emergencies:

In case of an emergency, I understand that center staff will make a few attempts to contact me immediately. I also authorize center staff to:

- Contact the physician or dentist listed above.
- Administer first aid and/or CPR to my child.
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
- Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

I have read, understand, and accept the conditions in the pages noted above.

Parent/Guardian Signature: _____

Date: _____



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Center Hours

The Center is open from **8:00am – 6pm Monday through Friday**

The center will be open whenever possible on a regularly scheduled day, except in the case of severe weather or another emergency. Your Center Director will inform you when your center will be closed due to holidays, training, severe weather conditions or other emergencies. The handbook also has a list of all holidays that the school will be closed on. Tuition is not reduced as a result of center closures.

Drop and Pick-up Plan

Please indicate the regular drop-off and pick-up plan for your child. Please write in the box the relationship and name of the person. Furthermore, please make sure these persons are on the emergency contact list. If there is anyone else additional authorized to pick-up your child, please provide a signed letter to that effect.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick-Up					

Schedule:	
Days:	Hours:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Regular Schedule: Tuition is based on the child’s regular schedule. If my child’s schedule changes in any way, I will notify the center immediately via email. Tuition and fees not prorated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days.

Absences: I will notify the center by 9:00 am when my child will be absent.

Child Not Picked Up: If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached within 45 minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities.

Late Payment Fee: All tuition is due in advance. If tuition is not paid on time, a late fee of **\$25.00 per 3 day** will be charged. **Late Pick-Up Fee** A late pick-up fee of **\$3.00 per child per minute** will be assessed when a child is left beyond the center’s operating hours.

Tuition for:	\$
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Additional Fees Your child may have the opportunity to participate in summer programs or field trips with any additional fee.

Financial Obligations

As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility. Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.

I have read, understand, and accept the conditions in the pages noted above. Parent/Guardian

Signature _____ Date _____

Oral Health Non-Participation

One of the regulations for childcare programs requires that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to childcare programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

GCS will provide toothbrushes for all children. If you wish to provide toothpaste you may bring in your own. Please make sure that the toothpaste is non-fluoride.

We must comply with this regulation; **However, parents may choose that their child not participate in tooth brushing while present at the childcare program.**

Please fill out the below authorization. You can fill out the section to participate or to not participate. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be filled out at any time by requesting a new form. Thank you.

€ I do not wish to have my child participate in tooth brushing while in care at Global Children School.

€ I wish to have my child participate in tooth brushing while in care at Global Children School.

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____ Date: _____



Enrollment Agreement

Additional Authorizations

Absences and Tardiness

Effective communication between parents and early education and care providers promotes the safety and welfare of children both in and out of childcare settings. Timely communication ensures that children are accounted for as soon as possible. Parents and guardians must promptly notify the Program that their child will be absent or will arrive later than scheduled that day.

Walking/Local Trip Permission

I give permission for the staff of Global Children School to take my child on spontaneous local walking trips within a 3-mile radius of the school. These trips will be during regular school hours. At times, there will be additional field trips taken (with transportation provided) in which I understand a separate permission slip will be handed out, and there may be a field trip fee.

Photograph/Video Permission

GCS takes photographs and videos of children enrolled at its schools on a regular basis. GCS retains all rights, title and interest in these materials and may use and disseminate them in a variety of ways in its sole judgment.

Global Children School takes care that any use, display or dissemination of these materials, whether within a specific location or for general business purposes, is done so in a thoughtful, safe, and secure manner appropriate under the circumstances. These materials are used for both internal purposes (for example, to communicate with families or to document development and curriculum through software such as Kids Report) as well as for external purposes. Photos may be shared with you and other families through a secure website, via email, in newsletters. By signing below, you grant permission to Global Children School to take photographs and videos of your child during your child's enrollment and the use of these photographs and videos for its business purposes.

Assessments and Screenings

I give permission for my child to participate in early learning assessments and screenings administered by GCS. The results of these assessments will be used by GCS to measure my child's progress and may be used to evaluate, market and update GCS programs. I will have access to all results of these assessments.

Babysitting

We don't encourage private babysitting by our staff. If you hire any of our employees, however, how that works is solely between you and the employee. GCS is not responsible for those services.

I have read, understand, and accept the conditions in the pages noted above. Parent/Guardian

Signature _____ Date _____



Enrollment Agreement

I have read, understand and accept all the terms in this Agreement. I will promptly update any information provided for in this Agreement if any information changes. We reserve the right to alter policies and/or programs at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 30 days' notice.

This Agreement will begin on: _____

Parent/Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____



Enrollment Agreement

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the childcare program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

1)Parent/Guardian Name: _____ Phone _____ Cell _____

Address: _____

2)Parent/Guardian Name: _____ Phone _____ Cell _____

Address: _____

Parent /Guardian Signature Date (valid for one year)



Enrollment Agreement

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed childcare facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child suck thumb? _____ *When? _____

*Does your child get fussy? _____ *When? _____ *How

do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: _____



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EATING HABITS

Special characteristics or difficulties: _____

Favorite foods: _____

Foods refused: _____

* Does your child eat with a spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Potty Chair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS

Does your child become tired or nap during the day (including when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.



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When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc)

SOCIAL RELATIONSHIPS

How would you describe your child?

Previous experience with other children/day care:

Reaction to strangers:

Able to play alone? Favorite toys and activities:

Fears (the dark, animals, etc.)

How do you comfort your child?

What is the method of behavior management/discipline at home?

What would you like your child to gain from this childcare experience?

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child?

(Parent/Guardian Signature) (Date)



Enrollment Agreement

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM: MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT DROP OFF PARENT PICK UP SUPERVISED WALK

SUPERVISED WALK UNSUPERVISED WALK UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN PUBLIC/PRIVATE/VAN PROGRAM BUS/VAN

PROGRAM BUS/VAN CONTRACT/VAN CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT PRIVATE TRANS. ARRANGED BY PARENT

OTHER OTHER

PARENT /GUARDIAN SIGNATURE _____

DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION.



Enrollment Agreement

TOPICAL OINTMENT CONSENT FORM

Name of child:

Name of Ointment	Has a Child Used before?	When to apply and how often?

I, _____, (parent or guardian) gives permission to GCS to authorize educator(s) to administer the topical ointment to my child as indicated above.

Parent/Guardian Signature _____ Date _____ Note:

Form is to update annually from date

Note: Please list all Topical ointments you will like your child to have such as creams, Vaseline, Diaper cream, sunscreen, etc.