

# Checklist

Please provide the following:

Date Provided	Registration Forms and Photo Requirements
	Strawberry EDC Registration Form
	Background Information
	Parental Authorization for Release of Child and Emergency Medical Treatment
	Parental Consents and Release
	Admissions Agreement
	Labeled Photographs of:
	<input type="checkbox"/> Child
	<input type="checkbox"/> Parent(s) Guardian(s)
	<input type="checkbox"/> Authorized Release Person(s)
	State/City Medical Forms (including physician's report and immunization history)
	Blue Card
	Authorization form for KI Tablet (Potassium Iodide tablet) only required if permission is NOT granted.



# Registration Form

**Enrollment Agreement:**

Days: M TU W TH F

Times needed: \_\_\_\_\_

Start date: \_\_\_\_\_

Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Gender Male or Female: \_\_\_\_\_

**Tuition Details:**

Annual Registration Fee: \$85.00 (Non Refundable)

Start Date \_\_\_\_\_

Base Tuition: \_\_\_\_\_

Other:

Early Drop Off: \_\_\_\_\_

Late Pick Up: \_\_\_\_\_

Security Deposit (two weeks tuition) \_\_\_\_\_

\*10% Sibling Discount: \_\_\_\_\_

Total Due Upon Registration: \_\_\_\_\_

*\*Please fill in any that apply to you. First month's tuition is payable anytime before your child starts classes. Please make checks out to Strawberry ECDC. Thank you.*

I, the parent or guardian, \_\_\_\_\_ have read the Admissions Agreement and Tuition Fee Schedule which shall become part of my obligation to the center and I fully understand this obligation and the reasons for its implementation.

Parents/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

SSN: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

# Admissions Agreement:

Strawberry Early Childhood Development Center requires that all parents pay their entire tuition on a monthly basis. Should you decide to keep your child home, for any reason, you will still be required to pay your tuition in full as part of your contractual agreement with us. Parents of subsidized children remain fully liable and personally responsible for the payment of all tuition, in the event they become ineligible to receive child care subsidies for whatever reason.

Please pay each month's tuition on or before the fifth day of each month.

## Termination of Enrollment by Strawberry ECDC:

In certain circumstances, it may be necessary for the Director, to decide upon a child's continuing attendance. Such a decision will be based on whether it is in the best interest of that child, the other children in the class and the overall operation of the center to terminate enrollment. Every effort will be made to correct a problematic situation before a final decision is made. Termination of enrollment may be the result of the following:

- Non-payment of tuition
- The center's inability to meet the child's needs.
- Disruptive or dangerous behavior from the child or parent
- Continued violation of Strawberry ECDC's policies by a student or parent.

Whenever possible, written notification of two weeks notice will be provided to the parents in the event of termination of enrollment.

Note: Parents will be responsible for any and all legal or collection fees incurred in settling delinquent accounts.

## Termination of Enrollment by Parent:

Each child is enrolled for an indefinite forward period. Four weeks' notice is required, or two week's additional tuition is payable upon a child's withdrawal from the program if 4 weeks' notice is not given.

As child care providers, we agree to:

1. Give your child careful attention, affectionate care, and stimulating things to do so he/she will experience happy, healthy development while at Strawberry ECDC.
2. Place your child in a group of peers based on age and/or special needs as determined by the staff.
3. Involve your child in a program of play and learning experiences, which are appropriate for the ages of your child and the children enrolled in his/her group. A balance of active and quiet play is provided for, with individual and group activities, which are geared toward the emotional, social, physical, aesthetic, and individual growth of young children.
4. Give you two weeks notice, except in an emergency, if we request the removal of your child from our center.
5. Keep you informed of your child's progress as well as any problems.
6. Cooperate with you in planning for the needs of your child.
7. Center will provide nutritious snacks with water in the morning and afternoon.

As the parent(s), I (we) agree to:

1. Promptly report any change in address or phone number (home, work, or cell) to the center.
2. Promptly report any illness/contagious disease that may involve other children in care.
3. Keep the provider informed of any special health needs or problems that the child might have.
4. Allow the childcare provider to act on the parent's behalf if emergency medical care is needed for the child. (It is understood that a conscientious effort will be made to locate the parents before any action is taken.)
5. Furnish requested medical information before child's attendance in the program begins.
6. Notify the center when someone other than those named in the emergency back up section will be calling for the child.
7. Provide the child with a nutritious breakfast and/or lunch if the child is to be at the center during at the times these meals are served.

8. Provide the child with two crib sized flat sheets and a blanket or other covering to use during nap periods if the child stays at the center after 12:00 noon.
9. See that the child is dressed appropriately when brought to the center, following the guidelines in the parent's handbook.
10. Notify the center when the child will be absent.
11. Shall give four weeks' written notice or forfeit two week's tuition, in case of withdrawal from the program.
12. Notify the center when the child will not be called for at the designated time.

**This Agreement shall be terminated if any one or more of the following occur.**

1. Serious illness of the child, preventing attendance.
2. The parents or guardians of the child allow their account to become delinquent.
3. The parents or guardians become threatening to the staff.
4. Failure of the parents or guardians of the child to honor the obligations listed in this Agreement or in any rules, regulations, or handbooks provided by the center.
5. The center in its sole unfettered discretion determines that it is unable to meet the needs of the child.
  - The center in its sole and unfettered discretion determines that it is not in the best interest of the center or other children enrolled at the center to have the child in attendance.
  - Failure of the child's parents or guardians to cooperate with the center, which the center determines in its sole and unfettered discretion, is serious enough to warrant termination.

I agree to cooperate with the general policies of the center, to perform the obligations of parents or guardians set forth in this Agreement, and to abide by the rules and regulations provided by the center. My signature below indicates that I have read the terms of this agreement and that I have read and agree to the rules and regulations in the handbook provided by the center (and available on the Center's website @www.Strawberryeccdc.com) and other items listed in the checklist.

Parent/Legal Guardian: \_\_\_\_\_

Dated: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Dated: \_\_\_\_\_

Director: \_\_\_\_\_

Dated: \_\_\_\_\_





# Parental authorization for release of child and Emergency medical treatment

Child's Name:

Date:

Parent/Guardian's Name:

Work Phone:

It is **REQUIRED** that you provide the name of at least two non-parental adults to whom your child can be released. In the event that you cannot be reached, one of the persons designated below will be contacted. If we are unable to reach one of the persons designated below, we will be required to notify local authorities.

Photographs must be on file for all persons authorized to pick up your child. Photocopies of driver's licenses or work I.D.s are acceptable photographs (if legible).

Non-Parent/Guardian to whom the Parent/Guardian authorizes Strawberry Early Childhood Development Center to release the above-named child for pick-up and emergency purposes.

1. Name/Relationship:

Employment Phone:

Home Phone:

2. Name/Relationship:

Employment Phone:

Home Phone:

I understand that Strawberry Early Development Center staff maintains first aid and CPR training; I authorize Strawberry Early Childhood Development Center staff to administer first aid to my child for minor injuries as appropriate and to notify me accordingly.

In case of a major accident, injury or illness requiring immediate medical or surgical care, I further authorize Strawberry Early Childhood Development Center staff to act on my behalf, provided that they first make such diligent effort, as the nature of the emergency permits, to notify of the situation and obtain my preferences. If I am unavailable, I hereby authorize:

Name (other than parent/guardian):

Relationship to child:

Daytime Phone:

To act on my behalf. If such efforts to contact me or my representative designated above are unsuccessful, I authorize the Strawberry Early Childhood Development Center staff to transport my child to a local hospital and to secure for my child any necessary treatment at my expense.

Emergency Information:

Medical Insurance Carrier:

Membership #:

Carrier's Telephone Number:

Employer Covering Medical Program:

Doctor/Clinic:

Phone:

Doctor's Hospital Affiliation:

Phone:

Doctor's Address:

Dentist:

Phone:

Allergies or Special Needs:

Parent/Guardian's Signature:

Date:

# Parental Consents and Releases

**Parental Consent for Photography/Video/Media Taping of Child/Parent**  
See attached consent form relating to photographs.

**Parental Consent for application of Sunscreen and Insect Repellant.**  
I give permission/do not give permission to the staff to apply sunscreen/insect repellant provided by parent(s)/guardian, labeled with child's name when necessary.

**Parent/Guardian's Signature:**

**Date:**

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## Parental Consent for First-Aid

I understand that the teachers at Strawberry ECDC are trained in the basics of first aid, and I authorize/I do not authorize them to give my child first aid and when appropriate.

**Parent/Guardian's Signature:**

**Date:**

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I hereby release Strawberry Early Childhood Development Center, its directors, officers, employees and agents from any claim for liability, damage or loss arising from my child's registration, use and/or participation in the facilities, programs and activities of the Center other than to the extent caused by negligence or willful misconduct of Strawberry Early Childhood Development Center or its staff.

**Parent/Guardian's Signature:**

**Date:**

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## Permission for photographs of your child at Strawberry ECDC

It would be very helpful to clarify permissions you may give us with respect to taking photographs of your child. There are several occasions on which we take photographs.

1. To capture classroom activity and post the photographs on the classroom walls or furniture, either for children to view themselves in action, or to give information to parents as to various activities, which have taken place.
2. To capture classroom activity and email such pictures to parents of the class, so that parents can have an appreciation of the activity or events during the day and see their children enjoying their day.
3. To post to our website, either on the front page rotating pictures or on the page labeled "About our Center". These photographs are intended to illustrate the range of activities at our center. You will note that names are never posted. If you have not done so, we suggest that you review our website to see the materials posted.
4. By policy, resulting from a desire to protect privacy, Strawberry ECDC does not have a Face Book page, use twitter or any other "social media". Staff are prohibited from using the photographs of any child on the personal social media.

It would be appreciated if you could indicate your approval/non approval of each of the occasions described above. If we do not have your approval then we will not include your child in the photographs taken.

Occasion #1 Yes \_\_\_\_\_ / No \_\_\_\_\_

Occasion # 2 Yes \_\_\_\_\_ /No \_\_\_\_\_

Occasion # 3 Yes \_\_\_\_\_ /No \_\_\_\_\_

Name of family. \_\_\_\_\_