**Enrollment Agreement**

Completion of this Agreement is required for enrollment. This information is necessary for Highlands Academy (HA) to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs.

|  |
| --- |
| **CHILD INFORMATION** |
| First Name | Middle Name | Last Name | Nickname |
| DOB | Sex | Home Language | Mother’s Email | Father’s Email |
| Home Address |
| List family members your child lives with – include names and ages of siblings. |
| What is your home school (the school your child will be attending when he or she enters Kindergarten)? |

|  |
| --- |
| **PARENT (PRIMARY CONTACT AND RELEASE) INFORMATION** |
| Parent/Guardian #1 | Relationship to Child |
| Home Address | Cell Phone |
| Employer and Address | Work Phone |
| Parent/Guardian #2 | Relationship to Child |
| Home Address | Cell Phone |
| Employer and Address | Work Phone |

|  |  |
| --- | --- |
| Parent/Guardian #1 Driver’s License | Parent/Guardian #2 Driver’s License |
| Parent/Guardian Identification InformationQuestion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Answer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Question \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Answer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal questions will be used to verify parent/guardian identity if a pick up authorization is called in to the center. |

For office use only:

 Enrollment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schedule \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ File complete

All emergency contacts must be local and available for emergency pick up.

|  |
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| **EMERGENCY CONTACT AND RELEASE INFORMATION Do not include parents/guardians.** |
| Name #1 | Relationship to Child |
| Home Address |

|  |  |
| --- | --- |
| Home Email | Cell Phone |

 |
| Employer and Address |

|  |  |
| --- | --- |
| Work Email | Work Phone |

 |
| Name #2 | Relationship to Child |
| Home Address |

|  |  |
| --- | --- |
| Home Email | Cell Phone |

 |
| Employer and Address |

|  |  |
| --- | --- |
| Work Email | Work Phone |

 |
| Name #3 | Relationship to Child |
| Home Address |

|  |  |
| --- | --- |
| Home Email | Cell Phone |

 |
| Employer and Address |

|  |  |
| --- | --- |
| Work Email | Work Phone |

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The persons designated in this section will be contacted by HA and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Release persons must be age 18 or older.

Center staff will release your child only to you or those persons you have listed above. If you want someone who is not listed above to pick up your child, you must notify the center in advance and in writing**. Your child will not be released without prior authorization. This form must be updated annually.**

Initial and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

|  |
| --- |
| **CHILD’S MEDICAL HISTORY** |
| Height | Weight | Hair Color | Eye Color | Distinguishing Marks | Date of Birth |

|  |
| --- |
| Special Medical Conditions |
| Chronic Illnesses |
| Special Dietary Needs |
| Physical Restrictions |
| Medications |
| Do you currently have a health insurance provider?   |
| Insurance Information |

|  |
| --- |
| **ALLERGIES** |
| Allergens | Reactions |
| Severe and/or life threatening? | Special Instructions |

|  |
| --- |
| **CHILD’S MEDICAL CARE PROVIDER/FACILITY** |
| Primary Care Physician (PCP) | Practice/Clinic Name |
| PCP Address | PCP Phone |
| Preferred Hospital for Acute and Emergency Care |
| Dentist Name (if your child does not have one, please provide yours) | Practice/Clinic Name |
| Dentist Address | Dentist Phone |
| Date of last Dental Screening? |  |
| Date of Last Hearing Screening? |  |
| Date of last Vision Screening?  |  |

Authorization for emergency medical care and transportation: In the event of an emergency I hereby give my permission for HA staff to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport. **This form must be updated ann**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Medical Policies**

1. Prior to enrollment, I must provide HA with updated medical and immunization information for my child. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to HA regarding any condition, illness, allergies or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If HA staff notifies that me that my child is ill, I must pick up my child as soon as possible and no later than one hour after being contacted. My child may not return to HA until they are symptom free, without medication, for a minimum of 24 hours.
4. If my child contracts a reportable contagious disease, my child may only return to HA with a physician/health care professional’s note indicating that my child is no longer contagious.
5. If I wish to request a religious or personal exemption to HA’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.
6. I must complete any and all state specific medical authorization forms required by individual state child care licensing regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Hospital Preference**

As a licensed child care provider, the Colorado Department of Human Services requires that a hospital choice, including address and phone number, be identified for each enrolled family. Please circle or write in your hospital choice below.

**Denver Health** 777 Bannock Street Denver, CO 80204
(303) 436-6000

**Exempla St. Joseph** 1835 Franklin Street Denver, CO 80218
(303) 837-7111

**Health One Rose Hospital** 4567 East 9th Avenue Denver, CO 80220
(303) 320-2121

**National Jewish** 1400 Jackson Street Denver, CO 80206
(877) 225-5654

**Presbyterian St. Luke’s**
1719 East 19th Avenue Denver, CO 80218
(303) 839-6000

**Porter Adventist** 2525 South Downing Street Denver, CO 80210
(303) 778-1955

**Other Hospital (**hospital name, address and phone number**)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent/Guardian Signature Date

**Addendum to Consent**

I give Highlands Academy employees permission to apply diaper cream as a preventative measure for my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

I give Highlands Academy employees permission to apply sunscreen for my child after 6 months of age

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Parent/Guardian Signature Date

I give Highlands Academy employees permission to apply lotion and/or lip balm that I have provided for my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

I give permission for my child to view educational videos, play computer games and use other electronic technologies at Highlands Academy from the age of 2 years old, or with additional permissions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Other Terms and Certifications**

|  |
| --- |
| **OTHER TERMS** |

Parents and guardians agree to notify HA staff no later than 9:00 am when children will be absent or arriving late.

Parents and guardians consent to HA communicating by means of email, telephone or other means. Written communication may be sent home with parents and guardians, emergency contact persons and any other authorized release person as necessary.

HA staff and teachers are discouraged from babysitting for enrolled families. If a family chooses to hire an HA employee to perform babysitting services that agreement is outside the scope of HA and is solely between family and sitter.

Children may be unenrolled by HA without prior notice if in the best interest of the child, as determined solely by HA.

Parents/guardians have received a center calendar and agree to find alternate care on days Highlands Academy is closed. No tuition discounts are given for days HA is closed or days children are absent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

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| **CERTIFICATIONS** |

**Walking Trips**

I give my permission for my child to leave Highlands Academy for outdoor experiences and educational purposes while under staff supervision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials Date

**Water Activities**

I give permission for my child to participate in supervised water activities, including sensory activities, and water days a y HA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials Date

**Photographs and Digital Recording**

I give permission for HA staff to photograph and or digitally record my child in the center and during program functions. I understand that photographs/recordings may be taken by HA staff or by other parents and guardians. I will be notified prior to any photograph/recording of my child being used for public relations purposes and understand that I have the right to refuse permission for such use.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials Date

 **Acknowledgement of Receipt and Release of Liability**

By signing below, I acknowledge that I have received and read Highland Academy’s Parent Handbook.

I consent to the participation of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in all HA center activities. Highland’s Academy is well child-proofed and the children are consistently well supervised. However, accidents do happen. By signing below, I assume all risk of injury or harm to my child associated with participation in the center activities and agree to release Highland’s Academy and its employees from all liability with respect to death, injury, loss or damage to the child, or by the child, howsoever caused, arising during the child's attendance at Highland’s Academy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Financial Information**

|  |
| --- |
| **CENTER HOURS OF OPERATION** |

Highlands Academy is open from 7:00 am until 6:00 pm. HA will be closed in observance of various holidays throughout the year. The Center Director can provide you with a full list of closures. There is no reduction in tuition as a result of closures.

If a parent/guardian or emergency contact has not been reached or picked up children within thirty minutes of closing time or in accordance with state child care licensing regulations, HA will release children to the custody of child protective services or other local authorities.

Highlands Academy 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 HA from opening on time or at all will be posted and announced as soon as possible. If it becomes necessary to close early, it will be the parent/guardian’s responsibility to arrange for early child pick up. There will be no tuition credit given for any time the center is closed.

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| **TUITION** |

Tuition is due on or before the first of the month in which service will be provided. A $25 late fee will be assessed if tuition has not been paid in full by the fifth of the month. Families who have not paid tuition in full by the fifteenth of the month will be asked not to return until all tuition is caught up.

Monthly tuition: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All schedule changes or notification of withdrawal requires a 30 day written notice to the Director. \_\_\_\_\_\_\_\_ (Parent initial)

|  |
| --- |
| **FEE SCHEDULE** |

A late pick up fee of $1 per minute 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 afterhours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.

Tuition fees are not subject to pro-rating for illness, holidays or emergency closures of the center.

All tuition is due in advance of services rendered. A $25 late fee will be assessed if tuition has not been paid in full by the fifth of the month. Families who have not paid tuition in full by the fifteenth of the month will be asked not to return until all tuition is caught up.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date