



Enrollment Agreement

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

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 Information Question _____ Answer _____ Question _____ Answer _____ Personal questions will be used to verify parent/guardian identity if a pick up authorization is called in to the center.	

HEALTH FORMS SIGNED BY PEDIATRICIAN OFFICE ARE DUE ON ENROLLMENT DATE, 2, 4, 6, 9, 12, 15, 18 and 24 month 3, 4, 5, 6, 8, 10, 12 year. I agree to provide these well child check-up forms or provide written notification of updated scheduled appointment within 10 days of age milestone, or my child will not be allowed to attend until the updated forms are provided.	
_____	_____
INITIAL	DATE



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

EMERGENCY CONTACT AND RELEASE INFORMATION Do not include parents/guardians.	
Name #1	Relationship to Child
Home Address	Email Phone
Name #2	Relationship to Child
Home Address	Email Phone
Name #3	Relationship to Child
Home Address	Email Phone

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 annually.**

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

SCL Health Lutheran

8300 W. 38th Ave.
Wheat Ridge, CO 80033

Other Hospital (hospital name, address and phone number)

Parent/Guardian Signature

Date



Addendum to Consent

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

Parent/Guardian Signature

Date

I give Highlands Academy employees permission to apply sunscreen, Rocky Mountain Sunscreen, for my child after 6 months of age. If there is another sunscreen preference, I will provide.

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

Parents and guardians agree to notify HA staff by 9:00 am when children will be absent or arriving late. This can be communicated through Brightwheel, email or Telephone.

Parent/Guardian Signature

Date

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

Parent/Guardian Signature

Date

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

Parent/Guardian Signature

Date

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

I give my permission for my child to leave Highlands Academy on a walking trip for outdoor experiences and educational purposes while under staff supervision, these will be announced to you before any plans are made.

Parent/Guardian Initials

Date

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



Highlands Academy: Babysitting Agreement

We do not provide a babysitting service outside our normal operating hours. However, we understand that parents sometimes ask our staff to babysit for their children and this policy has been implemented to clarify some points regarding private arrangements between staff and parents. Even if you are not planning to use our staff for outside care, you acknowledge our policy.

- Highlands Academy is not responsible for any private arrangements or agreements that are made: such agreements are between the staff member and family. However, we do expect staff members to inform us if they are babysitting or caring for a child that attends HA.
- We require all staff member and parents to sign a copy of this policy, which we will keep on file for the child and staff member.
- We have rigorous recruitment and suitability processes in place to ensure that we employ competent and professional members of staff and uphold our duty to safeguard children whilst on our premises and in the care of our staff. This procedure includes interviews, references, full employment history and CBI/FBI checks as well as several other processes. Whilst in our employment all staff are subject to ongoing supervision, observation and assessment to ensure that standards of work and behavior are maintained in accordance with our policies. We have no such control over the conduct of staff outside of their position of employment. Parents should make their own checks as to the suitability of a member of staff for babysitting.
- We will not take responsibility for any health and safety issues, conduct, grievances or any other claims arising out of the staff member's private arrangements outside of HAs hours. The member of staff will not be covered by the Company's insurance whilst babysitting as a private arrangement.
- Out-of-hours work arrangements must not interfere with the staff member's employment at HA.
- All staff are bound by contract of the Confidentiality Policy and Data Protection Act that they are unable to discuss any issues regarding HA, other staff members, parents or other children.
- It will be the staff member's responsibility to ensure they have the appropriate insurance, and child restraints or child safety seats if they are transporting them in a car.

Name:

.....

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.

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 45-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



RADIANT BEGINNINGS YOGA



Children's Yoga Classes | Children's Yoga Teacher Workshops | Integrating Physical, Mental & Emotional Health

Highlands Academy Yoga Waiver

Students Name First _____ Last _____

May we photograph/video your child for promotional materials? Y [] N []

CHILD WAIVER

Please convey the following information to your child: Asana (yoga posture) means posture easily held. If it's too hard or if it hurts, you can stop! You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, parent or guardian, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. In the case where my child has an injury, sickness or anything else that may be affected by physical activity, I have consulted with a physician to ensure my child can take yoga classes. I recognize that it is my responsibility to notify the instructor of any serious illness or injury before every yoga class. I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of the class.

Parent Signature

Date



Acknowledgement of Receipt and Release of Liability

By signing below, I acknowledge that I have received and read Highland Academy's Parent Handbook for the 2021-2022 school year.

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