

Sunrise Child Care

Enrollment Form

Enrollment Agreement

2004 Lee Highway

Bristol VA 24201

We (I), agree to pay \$_____ per week for my child _____.

Payments will be made weekly or bi-weekly (circle one). If made weekly the payment is due on Monday for concurrent week's tuition. If bi-weekly, the tuition is due on Monday for the next two week's tuition

This contract is a legal document obligating Sunrise to provide a service for you & obligating you to pay. Sunrise urges you to thoroughly read the contract and parent handbook & recognize that it is legal & you will be held liable for each item in this contract. A minimum of two-week notice of changes in day/hours of care or termination of this contract is required by the parent(s). Lack of enforcement of any policy at any time by the Provider does not indicate that the particular policy is no longer in effect. By signing the contract, you are accepting it in all its terms.

We (I) understand that all contracts will be for full-time children. Part-time rates will not be available. I also understand and agree to pay the enrollment as outlined in the Parent Handbook.

We (I) understand that all payments are due by 6:00 P.M. Monday evening for current week's tuition as set up in this contract. When tuition balance exceeds \$250, Sunrise reserves the right to terminate your enrollment. These costs have been outlined in the Parent Handbook. Cash or check is accepted & a receipt will be given.

A fee of \$25.00 will be charged for any returned checks. Future payments must be made in cash until such a time as the Daycare Director informs otherwise.

Childcare fees are due regardless of whether or not our (my) child(ren) attends. I understand the vacation policy as outlined in the Parent Handbook. We (I) understand that we are paying for a position as well as a service. No refunds are given for late arrivals or early departures.

Sunrise has the right to terminate a contract without notice in the case of harm to other children and/or staff, or a dangerous situation due to action that the child has caused intentionally or otherwise.

* The fee quoted above applies to the current fiscal year only. It may be necessary to raise fees at the beginning of each new fiscal year (July 1) to cover the cost of staff salary increases and Center supply needs, or at any other time in extreme emergencies.

Parent/Guardian's Signature

Date

Director's Signature

Date

Information

CHILD INFORMATION

Child's Full Name:		
Goes By:		
Date of birth:		
Gender:		
Home address:		
	City	Zip

PARENT/GUARDIAN INFORMATION

<u>Primary</u> Guardian:		
Goes By:		
Date of birth:		
Gender:		
Home address:		
	City	Zip
Phone		
Place of Employment		
Work Phone Number		Preferred? Yes No
Work Schedule		
Child lives with you?		
Email		

<u>Secondary</u> Guardian:		
Goes By:		
Date of birth:		
Gender:		
Home address:		
	City	Zip
Phone		
Place of Employment		
Work Phone Number		Preferred? Yes No
Work Schedule		
Child lives with you?		

Email	
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AUTHORIZED PICK UP LIST/EMERGENCY CONTACTS

Please list at least three.

1.

Name & Relationship:		
Goes By:		
Date of birth:		
Gender:		
Home address:		
	City	Zip
Phone		
Work Schedule		
Child lives with you?		
Email		
May this person be used as an emergency contact?	YES / NO	

2.

Name & Relationship:		
Goes By:		
Date of birth:		
Gender:		
Home address:		
	City	Zip
Phone		
Work Schedule		
Child lives with you?		
Email		
May this person be used as an emergency contact?	YES / NO	

3.

Name & Relationship:		
Goes By:		
Date of birth:		
Gender:		
Home address:		
	City	Zip
Phone		
Work Schedule		
Child lives with you?		
Email		

May this person be used as an emergency contact?	YES / NO
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*** If the person picking up a child appears to be under the influence of alcohol or drugs, another authorized person will be called to pick-up both the child & adult. PLEASE NOTE THAT SUNRISE CHILD CARE MUST HAVE A COPY OF RESTRAINING ORDERS OR CUSTODY PAPERS ON FILE TO RESTRICT A NON-CUSTODIAL PARENT/GUARDIAN FROM VISITING OR PICKING UP A CHILD.

Information about the child...

Siblings: _____ brother(s) & _____ sister(s), their names & ages are: _____

Does your child have a good appetite? _____

Favorite food is: _____

Least favorite food is: _____

Favorite person is: _____

Favorite toy is: _____ My

Favorite activity is: _____

Afraid of: _____

How does your child react when frightened? _____

How does your child deal with anger? _____

Has your child been in day care previous to Sunrise? YES / NO (If yes, when?)

_____ Please list previous caregivers/centers: _____

Does your child have any known health problems? YES /NO (Please explain)

Is your Child Allergic to anything? (list all allergens and reactions) _____

Please fill out an Allergy Action Plan with the office if your child has an allergy.

**Does your child need regular medication? YES / NO

Sunrise staff will not administer any medications Over the Counter or Prescription to any child without Medication Authorization form filled out by the parent/guardian.

Has your child had any of the following communicable diseases: Chicken pox, measles, mumps, other?

Is your child prone to: upset stomach, colds, seasonal allergies, earaches, headaches, sore throat, nose bleeds, fainting other? _____

Are there any indications of hearing or vision problems? YES / NO (Please explain)

Does your child have any disorders/developmental issues diagnosed or suspected? YES / NO (If yes, please explain)

Does your child have any physical disabilities? YES / NO (Please explain)

Type of discipline used at home: _____

Does your child need help to eat? YES /NO (Please explain yes.) _____

Does your child have a special diet? YES / NO (Please explain yes.) _____

Due to your child's tastes, allergies, reactions, are there any foods which should not be given to your child? YES /NO (Please list foods and why)

Please list any personal habits such as thumb/finger sucking, nail biting, etc. your child may have, and list whether we should help discourage such behavior

How long does your child sleep at night? _____

Is there a special blanket/toy that your child sleeps with, and will they need it for nap?

What is the usual length of naps taken each day? _____

Is your child potty trained? YES / NO (If no, there is a \$10 fee assessed each week as outlined in the Parent Handbook).

What words does your child use to indicate he/she has to urinate? _____

Have a bowel movement? _____

Does your child use a potty chair or adult toilet? _____

Are you nervous about putting your child in day care? _____

What are your main expectations of this program? _____

How did you hear about us? _____

Additional information: _____

Health Information

How healthy is your child?

Has your child had any serious illnesses?

Has your child had any operations?

***Please include a copy of your child's Birth Certificate and Immunization Records.
It is the Parents/Guardian's responsibility to update whenever new immunization is
received!***

***Sorry we do not have a fax, however; you may have these emailed to our office at
sunrisecc7@gmail.com***

Photograph Policy

I, _____, give Sunrise permission to photograph my child, _____ for the following purposes:

Type of Use:	Grant Permission	Decline Permission
Still Photographs:		
Display in providers personal scrapbook		
Give photographs to current clients		
Display in facility's scrapbook or Bulletin Boards, shown to		

current and prospective clients		
Display still photos on facility's website*		
Facebook*		
Twitter*		
Use still photos in promotional materials		
Use for classroom projects		
Newspapers and TV Stations		

Type of Use:	Grant Permission	Decline Permission
Videos:		
Give video to current parents		
Use videos in promotional materials		
Newspapers and TV Stations		
Display still photos on facility's website*		
Facebook*		
Twitter*		

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website and/or social media.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian's signature

Date

Sunrise Child Care is on Facebook and Twitter.

Here at Sunrise we're always looking for new ways to communicate with our families. We thought what better way than to use the power of Social Media. Like us on Facebook or follow us on Twitter for reminders and upcoming events, parent tips, and to check out some of the fun going on in the center. Children will not be tagged with a name.

Informed Consent

I grant my informed consent for my child _____ to participate in the Sunrise Child Care Program.

Program:

It is my understanding that this program will consist of planned group and individual activities as well as opportunities for free play both indoors and on the playground. Pictures of the children may be taken and used in Center related activities. I understand that my child will occasionally go on short trips in the area to parks, stores, municipal buildings, etc., and that during these trips my child will be accompanied by sufficient adult supervision.

Staff:

I understand that a qualified staff person will be present at all times in ratios required by State and Federal regulations.

Emergency and Medical Procedures:

I have been informed and agree to the following medical procedures:

1. In case of illness, I will be called and required to pick up my child immediately.
2. In case of simple injury (such as scrapes, splinters, etc.) I understand that the Center staff will perform routine hygienic measures, such as washing wounds and applying band aids.
3. In cases requiring the attention of a physician (for stitches and X-ray) I understand that I will be called. If I or the listed emergency contacts cannot be reached, I give my permission for the physician on record to be called and for that doctor to provide the necessary treatment. I agree to assume financial responsibility for the same.
4. In case of medical emergency, I will be called immediately. If circumstances require, the Rescue Squad will also be called. The Center's staff will respond as necessary until the Rescue Squad arrives. In the event hospitalization is required, I give my permission for my child to be hospitalized and treated by a qualified physician and for any necessary records to be transferred. I agree to assume financial responsibility for such treatment.

By signing below I agree to all 4 Emergency and Medical Procedures of SUNRISE.

Parent/Guardian's Signature

Date

PERMISSION FOR HEALTH CARE

Child's Name: _____

Date of Enrollment: _____

Child's Physician: _____
Child's Dentist: _____
Address: _____

Phone Number: _____
Phone Number: _____
Hospital: _____

AUTHORIZED ADULTS

In the event of an emergency, please indicate where you & another authorized person can be reached.

Father's Name: _____ Phone Number: _____
Mother's Name: _____ Phone Number: _____
Authorized Person: _____ Phone Number: _____
Authorized Person: _____ Phone Number: _____

PERMISSION TO ADMINISTER NON-PRESCRIPTION & PRESCRIPTION MEDICATIONS & PRODUCTS

I hereby give SUNRISE CHILD CARE permission to administer nonprescription and prescription medications and products to my child, _____, according to the manufacturer's instruction or otherwise specified. All medications must be in its original container and the child's name written on it.

Parent/Guardian Signature

Date

Director's Signature

Date

Informed Consent – Transportation

I grant my informed consent for my child, _____ to participate in field trips with the Program of Sunrise Child Care

Field trips or transportation to & from _____
School. (Applies only to After School Children)

I understand that I will be responsible for all charges in the event of a field trip. I also understand that there will always be a \$5 bussing fee when children ride the bus at least one time (for any reason) in any given week. Notice will be given to all parents when their child's class will be leaving the premises.

It is my understanding that my child will be transported in a safe 15-passenger bus registered to Covenant Fellowship Church of God on Lee Highway, and the driver will be at least 25 years of age and have a current driver's license. I understand that the children in the vehicle shall not be left unattended or unsupervised at any time. My child will be transported only when wearing a seatbelt.

Parent/Guardian's Signature

Date

Director's Signature

Date

Sunrise Child Care Checklist

These are a list of what your child should bring to keep at school. All items should be clearly marked with child's name.

- Two extra sets of clothes (shirt, pants, underwear, socks and shoes).
Alternate weather clothes are needed also.
- Sun hat and sun screen in the summer.
- Bathing suit and towel in the summer for use in the wading pool.
- Diapers and wipes if necessary.
- Pull Ups, lotion, etc. as desired
- Small Blanket and pillow if used for sleeping.
- Sleeping toy if used.