

**CHILD'S TIME EARLY LEARNING CENTER
ENROLLMENT FORM**



[OFFICE USE ONLY]

LOCATION

<input type="checkbox"/> Spanaway <small>(II, IV, VI)</small>	<input type="checkbox"/> Graham <small>(VII)</small>	<input type="checkbox"/> Tacoma (Parkland) <small>(III)</small>	<input type="checkbox"/> Centralia <small>(VIII)</small>	<input type="checkbox"/> Centralia <small>(IX)</small>	<input type="checkbox"/> Rochester <small>(X)</small>	<input type="checkbox"/> Rochester <small>(XI, XII)</small>	<input type="checkbox"/> Eatonville <small>(VIII)</small>
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REGISTRATION FEE (\$50 per child) : \$ _____

<input type="checkbox"/> PRIVATE PAY	<input type="checkbox"/> DSHS	<input type="checkbox"/> TRIBE	<input type="checkbox"/> OTHER
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CHILD INFORMATION

CHILD #1				START DATE: MONTH: ____ DAY: ____ YEAR: ____			
LEGAL LAST NAME:		LEGAL FIRST NAME:		M.I.:		D.O.B.:	
GENDER	<input type="checkbox"/> MALE	DATE OF LAST PHYSICAL:		ELEMENTARY SCHOOL NAME (IF APPLICABLE):			
	<input type="checkbox"/> FEMALE						
CHILD #2				START DATE: MONTH: ____ DAY: ____ YEAR: ____		<input type="checkbox"/> SAME AS OTHER	
LEGAL LAST NAME:		LEGAL FIRST NAME:		M.I.:		D.O.B.:	
GENDER	<input type="checkbox"/> MALE	DATE OF LAST PHYSICAL:		ELEMENTARY SCHOOL NAME (IF APPLICABLE):			
	<input type="checkbox"/> FEMALE						
CHILD #3				START DATE: MONTH: ____ DAY: ____ YEAR: ____		<input type="checkbox"/> SAME AS OTHER	
LEGAL LAST NAME:		LEGAL FIRST NAME:		M.I.:		D.O.B.:	
GENDER	<input type="checkbox"/> MALE	DATE OF LAST PHYSICAL:		ELEMENTARY SCHOOL NAME (IF APPLICABLE):			
	<input type="checkbox"/> FEMALE						
CHILD #4				START DATE: MONTH: ____ DAY: ____ YEAR: ____		<input type="checkbox"/> SAME AS OTHER	
LEGAL LAST NAME:		LEGAL FIRST NAME:		M.I.:		D.O.B.:	
GENDER	<input type="checkbox"/> MALE	DATE OF LAST PHYSICAL:		ELEMENTARY SCHOOL NAME (IF APPLICABLE):			
	<input type="checkbox"/> FEMALE						
CHILD #5				START DATE: MONTH: ____ DAY: ____ YEAR: ____		<input type="checkbox"/> SAME AS OTHER	
LEGAL LAST NAME:		LEGAL FIRST NAME:		M.I.:		D.O.B.:	
GENDER	<input type="checkbox"/> MALE	DATE OF LAST PHYSICAL:		ELEMENTARY SCHOOL NAME (IF APPLICABLE):			
	<input type="checkbox"/> FEMALE						

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN FULL LEGAL NAME:			RELATIONSHIP TO CHILD:		
CELL #:			WORK #:		
EMAIL ADDRESS:					
STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	
PARENT/GUARDIAN FULL LEGAL NAME:			RELATIONSHIP TO CHILD:		
CELL #:			WORK #:		
EMAIL ADDRESS:					
STREET ADDRESS:					
CITY:		STATE:		ZIP CODE:	

CHILDCARE FINANCIAL AGREEMENT

We depend on the payment of tuition to keep our centers in operation. We ask that it be prepaid by the 5th of each month for the entire month. If you find yourself in temporary financial difficulty, and you will be unable to make your payment on time, it is very important you contact your Site Director to make arrangements for your childcare to continue while bringing your account up to date.

[Please refer to your enrollment folder or speak with your Site Director for more payment information including accepted payment methods.]

PARENT/PAYER FULL LEGAL NAME:	PARENT/PAYER D.O.B.	PARENT/PAYER SSN: _____ - _____ - _____
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SCHEDULE

	CHILD #1 NAME:	CHILD #2 NAME:	CHILD #3 NAME:	CHILD #4 NAME:	CHILD #5 NAME:					
DAYS OF CARE	<input type="checkbox"/> MON	<input type="checkbox"/> TUE								
	<input type="checkbox"/> WED	<input type="checkbox"/> THU								
	<input type="checkbox"/> FRI		<input type="checkbox"/> FRI		<input type="checkbox"/> FRI		<input type="checkbox"/> FRI		<input type="checkbox"/> FRI	
	<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER	
ARRIVAL TIME:										
	<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER	
DEPARTURE TIME:										
	<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER		<input type="checkbox"/> SAME AS OTHER	

TUITION

CHILD #1 NAME:	CHILD #2 NAME:	CHILD #3 NAME:	CHILD #4 NAME:	CHILD #5 NAME:	
MONTHLY TUITION/CO-PAY:	MONTHLY TUITION/CO-PAY:	MONTHLY TUITION/CO-PAY:	MONTHLY TUITION/CO-PAY:	MONTHLY TUITION/CO-PAY:	
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
Source of Payment	Source of Payment	Source of Payment	Source of Payment	Source of Payment	
<input type="checkbox"/> Private	<input type="checkbox"/> DSHS/State	<input type="checkbox"/> Private	<input type="checkbox"/> DSHS/State	<input type="checkbox"/> Private	<input type="checkbox"/> DSHS/State
<input type="checkbox"/> Tribe	<input type="checkbox"/> Other	<input type="checkbox"/> Tribe	<input type="checkbox"/> Other	<input type="checkbox"/> Tribe	<input type="checkbox"/> Other

Please review and initial each item below, indicating your acknowledgment and agreement to Child's Time financial terms.	INITIALS
Monthly tuition and co-payments are due by the 5th of each month. If the 5th falls on a day the center is closed, payment is due on the preceding business day. A \$35 late fee will be assessed on any unpaid balance after the 5th and will be applied every 30 days the balance remains past due.	
Families will be charged a late pick-up fee of \$2.00 per child for each minute past the scheduled closing time.	
Annual Enhancement Fee is \$25 per child (see parent handbook for details).	
Annual Registration Fee is \$50 per child (see parent handbook for details)	
Tuition rate increases take effect each January and typically range between 5%–10% of monthly tuition. Families will receive written notice at least ten (14) business days prior to any rate increase. If you choose to permanently withdraw your child from the center, fourteen (14) business days' written notice is required. Failure to provide the required notice will result in tuition charges for the full fourteen-day notice period.	

Acknowledgment & Agreement

By signing below, I certify that all information I have provided is true and accurate to the best of my knowledge. I agree to promptly notify Child's Time of any changes to this information. I understand and acknowledge that I am fully responsible for complying with the terms and conditions of this agreement as stipulated. I further agree to abide by the Child's Time Childcare Financial Agreement.

Parent/Guardian Signature:	Date:
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EMERGENCY CONTACT & PICK-UP AUTHORIZATION

The individuals listed below are authorized to pick up and/or drop off the child(ren) listed in this section and may be contacted in the event of an emergency when the parent/guardian is unavailable.

Child's Name:

AUTHORIZED PICK-UP/CONTACTS

Contact #1 (Full Legal Name):	Relation To Child:	Phone #:
Contact #2 (Full Legal Name):	Relation To Child:	Phone #:
Contact #3 (Full Legal Name):	Relation To Child:	Phone #:

Child's Name:

AUTHORIZED PICK-UP/CONTACTS | SAME AS ABOVE (check box)

Contact #1 (Full Legal Name):	Relation To Child:	Phone #:
Contact #2 (Full Legal Name):	Relation To Child:	Phone #:
Contact #3 (Full Legal Name):	Relation To Child:	Phone #:

Child's Name:

AUTHORIZED PICK-UP/CONTACTS | SAME AS ABOVE (check box)

Contact #1 (Full Legal Name):	Relation To Child:	Phone #:
Contact #2 (Full Legal Name):	Relation To Child:	Phone #:
Contact #3 (Full Legal Name):	Relation To Child:	Phone #:

Child's Name:

AUTHORIZED PICK-UP/CONTACTS | SAME AS ABOVE (check box)

Contact #1 (Full Legal Name):	Relation To Child:	Phone #:
Contact #2 (Full Legal Name):	Relation To Child:	Phone #:
Contact #3 (Full Legal Name):	Relation To Child:	Phone #:

Child's Name:

AUTHORIZED PICK-UP/CONTACTS | SAME AS ABOVE (check box)

Contact #1 (Full Legal Name):	Relation To Child:	Phone #:
Contact #2 (Full Legal Name):	Relation To Child:	Phone #:
Contact #3 (Full Legal Name):	Relation To Child:	Phone #:

UNATHOURIZED PICK-UP/ACCESS

The individuals listed below are not authorized by a court of law to pick up or have any access to the child(ren) listed on this form. Court documentation verifying this restriction must be provided and kept on file, along with a clear photo identification of the individual(s) denied access.

Child's Name:

UNAUTHORIZED PERSON INFORMATION

Person #1 (Full Legal Name):

Relation To Child:

Person #2 (Full Legal Name):

Relation To Child:

Child's Name:

UNAUTHORIZED PERSON INFORMATION | SAME AS ABOVE (check box)

Person #1 (Full Legal Name):

Relation To Child:

Person #2 (Full Legal Name):

Relation To Child:

Child's Name:

UNAUTHORIZED PERSON INFORMATION | SAME AS ABOVE (check box)

Person #1 (Full Legal Name):

Relation To Child:

Person #2 (Full Legal Name):

Relation To Child:

Child's Name:

UNAUTHORIZED PERSON INFORMATION | SAME AS ABOVE (check box)

Person #1 (Full Legal Name):

Relation To Child:

Person #2 (Full Legal Name):

Relation To Child:

Child's Name:

UNAUTHORIZED PERSON INFORMATION | SAME AS ABOVE (check box)

Person #1 (Full Legal Name):

Relation To Child:

Person #2 (Full Legal Name):

Relation To Child:

ADDITIONAL CHILD INFORMATION

ADDITIONAL CHILD INFORMATION					
	Child's Name:				
Has your child been enrolled in daycare or a group care setting before?					
Has your child had regular play experiences with other children?					
Does your child know any of the children currently enrolled at this center?					
By nature, how would you describe your child? (check all that apply)	<input type="checkbox"/> Easy-going <input type="checkbox"/> Shy <input type="checkbox"/> Active <input type="checkbox"/> Sensitive <input type="checkbox"/> Independent <input type="checkbox"/> Cautious <input type="checkbox"/> Other:	<input type="checkbox"/> Easy-going <input type="checkbox"/> Shy <input type="checkbox"/> Active <input type="checkbox"/> Sensitive <input type="checkbox"/> Independent <input type="checkbox"/> Cautious <input type="checkbox"/> Other:	<input type="checkbox"/> Easy-going <input type="checkbox"/> Shy <input type="checkbox"/> Active <input type="checkbox"/> Sensitive <input type="checkbox"/> Independent <input type="checkbox"/> Cautious <input type="checkbox"/> Other:	<input type="checkbox"/> Easy-going <input type="checkbox"/> Shy <input type="checkbox"/> Active <input type="checkbox"/> Sensitive <input type="checkbox"/> Independent <input type="checkbox"/> Cautious <input type="checkbox"/> Other:	<input type="checkbox"/> Easy-going <input type="checkbox"/> Shy <input type="checkbox"/> Active <input type="checkbox"/> Sensitive <input type="checkbox"/> Independent <input type="checkbox"/> Cautious <input type="checkbox"/> Other:
How does your child typically react to new environments or new caregivers?	<input type="checkbox"/> Adjusts easily <input type="checkbox"/> Shy or reserved at first <input type="checkbox"/> Needs time to warm up <input type="checkbox"/> Anxious/upset <input type="checkbox"/> Clings to familiar adults <input type="checkbox"/> Observes quietly before joining in <input type="checkbox"/> Excited and eager	<input type="checkbox"/> Adjusts easily <input type="checkbox"/> Shy or reserved at first <input type="checkbox"/> Needs time to warm up <input type="checkbox"/> Anxious/upset <input type="checkbox"/> Clings to familiar adults <input type="checkbox"/> Observes quietly before joining in <input type="checkbox"/> Excited and eager	<input type="checkbox"/> Adjusts easily <input type="checkbox"/> Shy or reserved at first <input type="checkbox"/> Needs time to warm up <input type="checkbox"/> Anxious/upset <input type="checkbox"/> Clings to familiar adults <input type="checkbox"/> Observes quietly before joining in <input type="checkbox"/> Excited and eager	<input type="checkbox"/> Adjusts easily <input type="checkbox"/> Shy or reserved at first <input type="checkbox"/> Needs time to warm up <input type="checkbox"/> Anxious/upset <input type="checkbox"/> Clings to familiar adults <input type="checkbox"/> Observes quietly before joining in <input type="checkbox"/> Excited and eager	<input type="checkbox"/> Adjusts easily <input type="checkbox"/> Shy or reserved at first <input type="checkbox"/> Needs time to warm up <input type="checkbox"/> Anxious/upset <input type="checkbox"/> Clings to familiar adults <input type="checkbox"/> Observes quietly before joining in <input type="checkbox"/> Excited and eager
How does your child typically communicate needs or wants? (words, gestures, signs, crying, pointing, etc.)					
Are there specific words, phrases, or expressions your child uses that staff should know?					
Please list your child's special likes (toys, activities, comfort items, routines)					
Please list your child's dislikes or sensitivities (sounds, textures, transitions, etc.):					

ADDITIONAL CHILD INFORMATION (continued)

	CHILD'S NAME:				
What methods have you found effective in addressing misbehavior? (If none, write "none.")					
What methods have you found effective in encouraging positive behavior? (If none, write "none.")					
Are there any known triggers that may cause frustration or distress? (Write "N/A" if unknown)					
Is your child toilet trained?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Are there specific toileting routines or cues staff should be aware of? (Write N/A" if unknown or none)					
Are there any areas in which you would like additional support with your child's development? (If none, write "none.")					
Does your child have any special needs, medical conditions, allergies, or medications that require special consideration? (If none, write "none.")					
Is there anything else you would like us to know about your child to help ensure a smooth transition and positive experience?					

ALLERGIES

If your child has a clinically diagnosed allergy, an Individual Health Care Plan form must be filled out and signed by your physician. (See Director).

	CHILD'S NAME:				
Does this child have any clinically diagnosed allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please list them in the provided space.					
	SPECIFIC INSTRUCTIONS IF AN ALLERGIC REACTION OCCURS:				

Emergency Medical and Surgical Care Consent

Should ANY emergency arise in which such service is indicated,

I, _____, give consent for Child's Time staff to seek medical and/or surgical treatment for the child(ren) mentioned below (first/last name).

1.	2.	3.	4.	5.
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A conscientious effort must be made to notify my spouse/other legal guardian or me before such action is taken, but if it is impossible to locate my spouse/other legal guardian or me, the expense of this service will be accepted by me. I further consent to medical or surgical treatment by a licensed physician and/or hospital, and further consent to administration of necessary anesthetics, medical treatment, tests, x-rays, drawing blood, transfusions, or drugs, and performing whatever operations may be necessary during my child's stay in the hospital.

I have verified that the listed physician(s) below WILL WILL NOT treat my child(ren) in an emergency if I cannot be present. If NO, please indicate why:

HEALTH INSURANCE INFORMATION

	CHILD'S NAME:				
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MEDICAL

INSURANCE COMPANY					
POLICY NUMBER					
PHYSICIAN'S NAME					
PHYSICIAN'S PHONE #					

DENTAL

INSURANCE COMPANY					
POLICY NUMBER					
PHYSICIAN'S NAME					
PHYSICIAN'S PHONE #					

STANDING FIELD TRIP RELEASE FORM (AGES 3-12) 🚗👶

In consideration of Child's Time taking my child(ren) on field trips, I hereby give permission for my child(ren) listed below to go on field trips arranged by Child's Time. I understand that these field trips occur on an ongoing basis for children ages 3-12.

I, on behalf of my child(ren) do hereby hold Child's Time harmless from all liability which may arise out of or in connection with any field trip in which my child(ren) participates. This release includes releasing Child's Time, and its staff from any claims of negligence my child(ren) or I may have against Child's Time, that arise out of or in connection with a field trip in which my child(ren) participates. The terms of this release will serve as a release and assumption of risk for my heirs, executor, and administrators and for all members of my family.

Child's Time will notify parents/guardians about upcoming field trips and require parents to sign a field trip permission form if they would like their child(ren) to participate. A small fee may be required.

I have read and agree to the STANDING FIELD TRIP RELEASE FORM.

PARENT/GUARDIAN SIGNATURE:

DATE:

MEDIA RELEASE AGREEMENT

*I acknowledge that pictures may be taken of my child(ren). I hereby give **Child's Time** permission to use my child(ren) or family photos which may include, but not limited to, social networking, web sites, YouTube, or **Child's Time** Facebook page. I agree that LICENSED MATERIALS may be combined with other video, text and/or graphics, and may also be modified, altered, or cropped.*

*I acknowledge and agree that I have NO RIGHTS in the LICENSED MATERIALS and that all rights to the LICENSED MATERIALS belong to **Child's Time**. I acknowledge and agree that I have no further right to consideration or accounting and that I will make no further claim for any reason against **Child's Time** or its employees.*

*I represent and warrant that I am at least EIGHTEEN (18) years of age and have full legal capacity to execute this release or, if the participant is a minor that I am the legal parent or guardian of the minor child(ren) that is enrolled in **Child's Time** and have full legal capacity to execute the release.*

I understand that security cameras may be located on the exterior and interior of the buildings. I also understand that the security cameras may be recording 24 hours a day 7 days a week. These cameras are to secure the safety for the children, parents, and staff.

*ALL video footage is the property of **Child's Time**.*

PARENT/GUARDIAN SIGNATURE:

DATE

🦷 CHILD' TIME EARLY LEARNING CENTER TOOTH BRUSHING WAIVER

Per Washington State Law, WAC 110-300-0180:2, Child's Time Early Learning Center is required to offer children who are in our program, an opportunity for developmentally appropriate tooth brushing activities. This brushing is not intended to replace home brushing in the morning or evening, rather it is an additional brushing.

You may choose to opt out of having your child/children participate in tooth brushing activities by signing this waiver.

Please review Child's Time Tooth Brushing policy in the Parent Handbook.

By signing this waiver, I hereby chose to opt out of having the following child/children (full name) to participate in tooth brushing activities offered by Child's Time.

1.

2.

3.

4.

5.

PARENT/GUARDIAN SIGNATURE:

DATE:



30-Day Probationary Period Agreement

CENTER

<input type="checkbox"/> Spanaway (II, IV, VI)	<input type="checkbox"/> Graham (VII)	<input type="checkbox"/> Tacoma (Parkland) (III)	<input type="checkbox"/> Centralia (VIII)	<input type="checkbox"/> Centralia (IX)	<input type="checkbox"/> Rochester (X)	<input type="checkbox"/> Rochester (XI, XII)	<input type="checkbox"/> Eatonville (VIII)
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AGREEMENT

All children shall be subject to a probationary period of thirty (30) days upon enrollment. This period is designed to facilitate the acclimatization of both the student and their parent or guardian to the center's environment, as well as its policies and procedures. Should either party determine within this initial thirty (30) day timeframe that the child is not effectively integrating into the center or classroom setting, enrollment may be terminated without the necessity of providing a thirty (30) day notice. At the end of the thirty (30) day probationary period, a final assessment will be made regarding continued enrollment.

I understand that during this probationary period, my child's integration into the center's environment will be monitored by Child's Time staff. This includes social interactions with peers, adaptation to routines, and overall comfort within the classroom setting.

CHILD(REN)'S NAME

1.	2.	3.	4.	5.
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ACKNOWLEDGMENT OF TERMS

By signing below, I acknowledge that I have read and understood all terms outlined in this form. I agree to abide by these terms throughout my child(ren)'s enrollment at Child's Time Early Learning Center.

PARENT/GUARDIAN SIGNATURE:	DATE:
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ENROLLMENT AGREEMENT CHECKLIST

Please **Read & Initial** Each Box.

<input type="checkbox"/>	I understand that the cut-off time for DROP-OFF is 9:00AM . Your child must be <u>INSIDE</u> the building and <u>SIGNED IN</u> by 9:00AM . Arrivals after 9:00AM will NOT be permitted.
<input type="checkbox"/>	I understand that I must follow my child's schedule that I enrolled them for.
<input type="checkbox"/>	I understand that if I need to change my child's schedule, I must give at least 1-week notice.
<input type="checkbox"/>	I agree to notify staff at least 24 hours in advance if my child has a medical/professional appointment and will need a drop-off time later than 9:00AM (physician's note/letter required). I understand that failure of notification will not permit drop-off after 9:00AM . I understand that any arrival between 11:00AM-2:00PM will not be permitted under any circumstance.
<input type="checkbox"/>	I understand that there is an annual ENHANCEMENT FEE of \$25 per child. (Usually billed annually in August)
<input type="checkbox"/>	I understand that the daycare closes at 6:00PM every day. A fee of \$2 a minute per child will be charged every minute after 6:00PM
<input type="checkbox"/>	I agree to keep information for my child(ren)'s file up to date with the office as well as my contact information (i.e., cell number, work numbers, etc.).
<input type="checkbox"/>	I understand that childcare payments posted by the 1 st of each month are due by the 5 th . I understand that late/non-payments will result in a fee (\$35) or suspension of childcare services and that a continuation of late payments will result in termination of care .
<input type="checkbox"/>	I agree to follow Child's Time health/illness policy and will keep my child(ren) home if they are showing any symptoms of any illness and will comply if I am notified to pick up my child from daycare if they began to show symptoms of illness while at daycare.
<input type="checkbox"/>	I understand that the maximum number of hours for childcare is 10 HOURS and anything over 10 hours will need to be authorized by administration. I also understand that a fee for extended hours will be applied to my account per occurrence.
<input type="checkbox"/>	I agree to READ and FOLLOW the parent handbook and comply with daycare policies.
<input type="checkbox"/>	I agree to be kind and respectful to all employees/children within Child's Time's facilities.
PARENT/GUARDIAN SIGNATURE:	
DATE:	