



Tuition/Enrollment Information and Agreement

Completion of this Enrollment Agreement is required for enrollment. We require this information in order to comply with state licensing regulations and to enable us to better understand your child and meet his/her needs while in our care at the Center.

Entrance Date: _____ **Withdrawal Date** _____

Child's Name: _____ **Sex:** Female or Male **Date of Birth :** _____

(Circle One)

Home Address (Street): _____ **City** _____ **State** _____ **Zip** _____

Home Phone Number: (____) _____ - _____ **Child's SSN:** xxx - xx - _____
(State regulation requires last 4 digits of SSN)

Eye Color: _____

Child's Physician: _____ **Phone:** (____) _____ - _____

Child's Dentist: _____ **Phone:** (____) _____ - _____

School Age Only

Name of Child's Elementary School: _____

Current Grade Level: _____ **Teacher's Name:** _____

Mother's Name: _____ **Home Phone Number:** (____) _____ - _____

Social Security Number: XXX- XX - _____
(State regulation requires last 4 digits of SSN)

Mother's Home Address (if different from child's) Street: _____

City

State

Zip

Mother's Place of Employment: _____ **Work Phone:** (____) _____ - _____

Employer's Street Address: _____ **City** _____ **State** _____ **Zip** _____

Father's Name: _____ Home Phone Number: (____) _____ - _____

Social Security Number: XXX - XX - _____
(State regulation requires last 4 digits of SSN)

Father's Home Address (if different from child's) Street: _____
City State Zip

Father's Place of Employment: _____ Work Phone: (____) _____ - _____

Employer's Street Address: _____
City State Zip

Child's Living Arrangements: (Check one) Mother ☐ Father ☐ Both Parents ☐ Other ☐

Child's Legal Guardian(s): (Check one) Mother ☐ Father ☐ Both Parents ☐ Other ☐

The child may be released to the person(s) signing this agreement or to the following:

Name: _____ Address: _____
City State Zip

Relationship to child: _____ Telephone Number: (____) _____ - _____

Name: _____ Address: _____
City State Zip

Relationship to child: _____ Telephone Number: (____) _____ - _____

Person to contact in the case of emergency when parent or guardian cannot be reached:

In case of any procedural discrepancy, individual state licensing regulations shall prevail. All release persons must present photo identification if he/she is unknown to YaYa's Place staff. Parent must complete emergency release forms required by state licensing regulations. In addition, release person must be 18 years of age or older. Please present the center with updated/changed phone numbers as needed.

The persons designated in this sections will be contacted by YaYa's Place in case of an emergency and are authorized to pick up my child if there is a medical or other emergency and parent can not be reached.

Name: _____ Telephone #: (____) _____ - _____

Name: _____ Telephone #: (____) _____ - _____

Name: _____ Telephone #: (____) _____ - _____

Name: _____ Telephone #: (____) _____ - _____

Name: _____ Telephone #: (____) _____ - _____

Name: _____ Telephone #: (____) _____ - _____

Name: _____ Telephone #: (____) _____ - _____

Name: _____ Telephone #: (____) _____ - _____

I authorize YaYa's Place to release my child to the persons designated above if there is an emergency involving my child and I can not be reached by the center's staff or if I fail to pick up my child by the scheduled closing time and fail to contact the center and can not be reached by the center's staff.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Parental Consents and Releases

By signing this form and enrolling my child at YaYa's Place, I understand, acknowledge and accept all the terms of the parental consent and release form.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Walking Trips

I give permission for my child to leave the center for outdoor exercise and educational purposed, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. Parent will be given a specific permission slip for each walking trip.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Fieldtrips

Fieldtrips to and from school, education excursions and other center sponsored activities, I give permission for my child to participate and to be transported while under proper staff supervision. I will be giving a specific permission slip.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Water Activities

I give permission for YaYa's Place to include my child in supervised water activities.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Photographs

I give permission for my child to be photographed in the program and during program functions and all fieldtrips. I understand that the photographs may be taken by center staff or by other parents. I also understand that I will be notified if any photos are to be used for public relations purposed and that I have the right to refuse permission.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Videotape

I give permission for my child to be videotaped in the program and during program functions and field trips. I understand that the videotape may be taken by center staff or by other parents. I also understand that I will be notified if any videotape are to be used for public relations purposed and that I have the right to refuse permission.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Medication

YaYa's Place DOES NOT ADMINISTER ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICATION.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Nurse/Health Consultant

Child care centers in Tennessee are required to engage to services of a Nurse/Health Consultant to review health policies and procedures and children's records. My signature confirms my consent for review of my child's record by the nurse/health consultant during center visits.

Parent/Guardian's Signature: _____ **Date:** ____/____/____

Any particular fears or unique behavior characteristics? _____

Any allergies, medications, food, respiratory, bee stings, etc? _____

Any chronic illness or other medical conditions? _____

Any medications regularly taken? _____

Health insurance carrier/policy number for the child under parent's policy (medical assistance, if applicable).

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet the child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

Other children in the family:

Name	Age

Health and Immunization Form

Medical Problems

The answer to these question will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we are unable to reach you right away. Please circle the right answer.

Pregnancy and Birth (circle)

Yes or **No** Were there any problems with pregnancy or your child's birth?

Yes or **No** Was his/her birth weight under 5 ½ pounds?

Yes or **No** Did the baby have any problems in the hospital?

Yes or **No** Has your child ever been in the hospital over night? Is your child taking any medication? Any allergies or reactions to medicine? If yes, please list:

Yes or **No** Does your child have asthma or wheezing?

Yes or **No** Does your child have speech or hearing problems?

Yes or **No** Has your child had more than two ear infections in a year?

Yes or **No** Has your child had tonsillitis?

Yes or **No** Does your child have trouble with his/her eyes or seeing?

Yes or **No** Has your child had a bladder or kidney infection?

Yes or **No** Does he/she have burning when urinating?

Yes or **No** Does he/she have seizures, fits or shaking spells?

Yes or **No** Have you ever been told your child has a heart murmur?

Yes or **No** Is your child able to play as hard as other children?

Yes or **No** Has your child ever has a bumpy, swollen reaction to the TB skin test?

Yes or **No** Has your child ever been with anyone having TB?

Yes or **No** Has your child ever had worms?

Yes or **No** Does your child scratch his/her genital area?

Yes or **No** Is his/her bottom or genitals red or sore?

Yes or **No** Is your child a hemophiliac (free bleeder)?

Yes or **No** Is your child on a heart monitor?

Yes or **No** Does your child have tubes in his/her ears?

Yes or **No** How old was your daughter when she had her first period?

Yes or **No** Does she have any problems with her period?

Yes or **No** Is your child in special education?

Yes or **No** Does your child get along with other children?

Yes or **No** Is she/he usually happy?

Yes or **No** Does your child have any special problems not indicated above?

When did your child last see a doctor? ____/____/____

Certification of Parent

- ☐ My child's immunization records are on file at said elementary school.
- ☐ I certify that my child is enrolled in a regular medical program and has been examined by a doctor within the last 12 months.
- ☐ I give YaYa's Place permission to give my child emergency care and first aid when necessary and for my child to be transported to an emergency medical facility.
- ☐ I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize that hospital/medical personnel to undertake examination treatment if warranted.

Parent/Guardian's Signature: _____

Date: ____/____/____

EMERGENCY MEDICAL AUTHORIZATION

Should (Child's Name) _____ Date of birth _____
suffer an injury or illness while in the care of YaYa's Place and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

- ☐ Consult the physician or dentist if I cannot be reached.
- ☐ Administer first aid and/or cardiopulmonary resuscitation (CPR).
- ☐ Transport my child via ambulance or other emergency medical services to a local hospital or other urgent care facility, if deemed necessary by paramedics, police or other emergency personnel.

Preferred hospital:

- _____
- ☐ Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- ☐ Administer syrup or ipecac if directed to do so by the Poison Control Center in case of accidental ingestion of a poisonous substance.
- ☐ Transport my child to a local emergency shelter in the event of an emergency evacuation of YaYa's Place facility.

Additional instructions, if any: _____

As a condition of enrollment, you must authorize YaYa's Place to secure any and all necessary emergency medical treatment for your child in the event that you cannot be reached. If you wish to request a religious or personal exemptions, state licensing authorities must be consulted to determine if such an exemption may be granted.

Parent/Guardians Signature: _____

Date: ____/____/____

Facility Administrator's Signature: _____

Date: ____/____/____

Parental Agreements with the Child Care Facility

YaYa's Place agrees to provide child care for (Child's name) _____

on (Days of week) _____ from _____ a.m. to _____ p.m.

My child will participate in the following meal plan (**Circle** applicable meals and snacks):

Breakfast

Lunch

Afternoon Snack

Evening Snack

Dinner

I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, etc., which include my child.

YaYa's Place agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and eater-related activities occurring in water that is more than two (2) feet deep.

I authorize YaYa's Place to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for YaYa's Place.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practice concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Parent/Guardians' Signature: _____

Date: ____/____/____

Facility Administrator's Signature: _____

Date: ____/____/____

Enrollment Agreement

Welcome to the YaYa's Place establishment. We look forward to a healthy and happy relationship with your family. The following policies are for the safety of all the children in the program. By signing this agreement and enrolling my child at YaYa's Place, I am acknowledging my understanding and acceptance of the following listed below:

1. The center is open from 6:00 am to 6:00 pm. The center will be closed in recognition of various holidays throughout the year. Your director will provide a list of all holiday closings. The center's hours and holiday schedule are set and posted annually, but may be changed at any time and there is no reduction in tuition as a result of holiday closings.
2. A late pick up fee of \$1.00 per minute per child will be assessed when a child is left beyond the Center's operating hours and is payable on the next regularly scheduled day. A separate invoice will be created and payments must be made through Child Piolet . The late pickup fee does not constitute an agreement to provide after hour services, now will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
3. If you or other authorized person(s) fails to pick up and contact the center, and can not be reached, center staff, within thirty minutes after closing time, or in accordance with state licensing regulations, may release children to the custody of child protective services or other local authorities.
4. The Center 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 the Center from opening on time or at all will be posted on Child Piolet or posted on the business door. Should it be necessary to close early, it will be your responsibility to arrange for your child's early pick up. In any event there will be no tuition credit any time the Center's closed.
5. Center staff will release your child only to you or to those persons you have listed. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified on the release from to pick up your child, you must notify the Center's staff in advance, in writing. Your child will not be release without prior written authorization. The Center will ask any person other than yourself who picks up your child to provide identification.

Tuition, Charges, Registration, and other Fees

1. Tuition is not subject to pro-ration for illness, holidays, or emergency closure of the Center. The Center requests a two-week notice of an intended vacation.
2. Tuition is due on Mondays in advance of services rendered, after Wednesday a \$5.00 late fee will be added dailey until balce is paid in full. If at anytime you keep your child at home for any reason, you will still be required to pay tuition on time in full
3. A nonrefundable registration fee is due at the time of enrollment.
4. Accounts in arrears may result in immediate termination of services, however, upon payment enrollment may be reinstated. Accounts in arrears may be referred to a licensed collection agency. In the event an account is sent to collections, you will be responsible for the balance of your account and any reasonable collection and attorney fees associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute, all sponsors on the account will be responsible for full payments of the account, including late fees.

5. Your child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the event, Notices will be posted in advance and a signed permission slip will be required in order for your child to participate.
6. Two weeks' written notice is required prior to the last day of attendance. If you do not give proper notice, you agree to pay any fees or tuition that may be due for the final two weeks regardless of attendance.
7. The center is not responsible for maintaining your childcare financial records for tax purposes. Any and all tax information is available at anytime through the ChildPiolet app.

Parent/Guardian's Signature: _____

Date: ____/____/____

Medical Policies

1. Prior to enrollment you must provide the Center updates medical and immunization record for your child. These records must be updated annually in order to abide by state regulations and kept current. Children without appropriate current medical records may not attend the Center.
2. You agree to provide information to the Center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention.
3. If the Center's staff notifies you that your child is ill, you must pick up your child as soon as possible and within one (1) hour of being contacted. If your child was sent home for any reason, that child must be out for 24 hours.
4. If your child is absent due to a reportable contagious disease, your child may return only with a physician/health care professional's note indicating that he or she is no longer contagious.
5. You give YaYa's Place permission to give your child emergency care and first aid when necessary and for your child to be transported to an emergency medical facility. You also authorized ambulance, rescue squad attendants to administer such treatment as is medically necessary and you authorize the hospital/medical personnel to undertake examination and emergency treatment if warranted.

Other Terms

1. The Parent Handbook is incorporated by reference into this Agreement. You acknowledge that you have received and will abide by the policies in the Parent Handbook.
2. The Center reserves the right to alter the policies and program status at any time.
3. You understand that if there is a change in any information provided for this Agreement you are obligated to update such information.
4. You agree to notify the Center when your child is absent or will be absent by 9:30 am of the day the child will be absent. You must notify the center staff if your school age child does not need to be picked up from their school, or will not arrive by schedules school bus on any particular day.
5. You consent to YaYa's Place communicating with you by telephone, e-mail, Child Piolet or other means.

6. In an effort to maintain the professional status of our staff and prevent any potential conflict of interest, babysitting by Center's staff members is discouraged. However, should you hire any Center's staff members, it must be outside the Center premises and with the understanding that such arrangements and payments for services are solely between you and the Center's staff member. YaYa's Place or client do not sanction the arrangements and you agree to hold YaYa's Place harmless from any such arrangement. If a Center's staff member chooses to baby-sit for an enrolled child, the parent, the Center's staff and the director will be asked to sign a Babysitting Liability Release Form to be kept in the child's file.
7. State Child Care Licensing Regulations are on file at the Center and are available for review upon request. Certain State Licensing Regulations have requirements in addition to those contained in this agreement. If the Center presents a document containing such additional requirements, the terms of the additional documents are considered part of the Agreement.

I have received a copy of YaYa's Place policy statement and the summary of licensing requirements for the child care center.

I have read, understand and accept all terms and conditions described in this Agreement. This is a legally binding contract between YaYa's Place and myself.

Child's Name: _____

Parent/Guardian's Signature: _____

Date: ____/____/____

Permission to Transport

I _____ give YaYa's Place permission to pick-up/drop off my child(ren) from _____ and transport them to the Center.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Parent/Guardian's Signature: _____

Date: ____/____/____

Facility Administrator's Signature: _____

Date: ____/____/____