

## Parent/Guardian Information

**Parent /Guardian 1** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

☐ Custodial Parent (If married, mark both parents)

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

☐ Other \_\_\_\_\_

Relationship to Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent

☐ Other \_\_\_\_\_

Mark All that Apply: ☐ Child Lives With ☐ Emergency Contact ☐ Authorized Pickup

**Parent /Guardian 2** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

☐ Custodial Parent (If married, mark both parents)

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

☐ Other \_\_\_\_\_

Relationship to Child: ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent

☐ Other \_\_\_\_\_

Mark All that Apply: ☐ Child Lives With ☐ Emergency Contact ☐ Authorized Pickup

**Who does not have permission to pick up your child? *If applicable, a copy of supporting court documents must be on file.***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Reason: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Reason: \_\_\_\_\_

### **Child Information:**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

Date child entered care: \_\_\_\_\_ Date child left care: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

Is someone available to pick up your child by closing time? ☐ No ☐ Yes

Do you have a backup care provider? ☐ No ☐ Yes

### **Consent to medical care and treatment of minor children**

I give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by a child care licensee and/or qualified staff at: Eastridge Child Care & Learning Center

Name of Licensee: Eastridge Child Care and Learning Center

Address of Licensee: 5025 SE Issaquah Pine Lake Rd, Issaquah, WA 98029

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_ Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Financial Responsibility For Injuries**

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge Eastridge Child Care & Learning Center from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury to my child while enrolled at Eastridge Child Care & Learning Center.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Care needed:**

My Child will need ☐ Part time care (6 hours a day being picked up no later than 2:30pm)

☐ Full time care (up to 10 hours of care)

Day's child will receive care:

Check days of care needed	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Arrival Time					
Pick-up Time					

**Tuition / Payment Information:**

☐ Monthly (5<sup>th</sup>) Tuition: \$ \_\_\_\_\_ Sibling Discount \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

☐ Bi-Weekly (5<sup>th</sup> & 20<sup>th</sup>) ½ Tuition: \$ \_\_\_\_\_ Sibling Discount: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Payments for tuition are due on the first day of enrollment. Your full tuition is due on the **5th** of every month. In some cases you may pay bi-weekly on the 5th and 20th of each month. Please talk to the director for detail and other arrangements. If payments are not made by the 8th and 23rd your child will not be accepted into school, as our tuition is pre-paid for the following weeks.

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Child Care Hold:**

If you would like to hold a spot for your child while you are on extended vacation. We will allow you to do so at half price (example: Tuition is \$1125 for preschool...you will only need to pay \$562.50 a month).

We will hold your spot for up to 2 months before tuition will go back to the full rate. **You must be gone for a minimum of 4 weeks and a maximum of 8 weeks for this to apply. This is available to you after 6 months of completed care. Notice of using the child care hold is to be given 30 days prior to its use.**

**Termination Of Care:**

A **30 day written notification** is required for childcare termination. If proper notification of termination is not provided you are still responsible for the tuition cost.

I agree to the termination of care terms.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Child's Health Information**

Child's health care provider: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### **Child's Medical Insurance Coverage**

Insurance company name: \_\_\_\_\_ Member/policy number: \_\_\_\_\_

Policy holder name: \_\_\_\_\_ Employer name: \_\_\_\_\_

Insurance company name: \_\_\_\_\_ Member/policy number: \_\_\_\_\_

Policy holder name: \_\_\_\_\_ Employer name: \_\_\_\_\_

### **Child's Health History**

What is the date of your child's last physical exam?

\_\_\_\_\_

What is your child's general state of health?

\_\_\_\_\_

\_\_\_\_\_

Are your child's immunizations up to date? ☐ Yes ☐ No

Please fill out the State Certificate of Immunization Status sheet provided.

Does your child have any special health problems? ☐ No ☐ Yes, if yes please specify.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies, including drug reactions? ☐ No ☐ Yes, if yes please specify.

\_\_\_\_\_

\_\_\_\_\_

Are you concerned that your child may be prone to any type of allergies?

☐ No ☐ Yes, if yes please specify

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Does your child take any regular medications? [ ] No [ ] Yes, if yes please specify.

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**Has your child had any of the following childhood illnesses? [ ] No [ ] Yes (if yes please circle)**

<i>Asthma</i>	<i>Bronchitis</i>	<i>Chicken Pox</i>	<i>Diabetes</i>	<i>Heart Disease</i>
<i>Hepatitis</i>	<i>Impetigo</i>	<i>Measles</i>	<i>Mumps</i>	<i>Polio</i>
<i>Epilepsy</i>				
<i>German Measles</i>	<i>Scarlet Fever</i>	<i>Tuberculosis</i>	<i>Whooping Cough</i>	

**Does your child have problems with any of the following? [ ] No [ ] Yes ( if yes, please circle)**

<i>Constipation</i>	<i>Convulsions</i>	<i>Diarrhea</i>	<i>Fainting Spells</i>
<i>Frequent Colds</i>	<i>Frequent Ear Infections</i>	<i>Frequent Sore Throats</i>	<i>Lice</i>
<i>Ringworm</i>	<i>Skin Rash</i>	<i>Soiling</i>	<i>Stomach Upsets</i>
<i>Urinary Problems</i>	<i>Worms</i>		

Does your child have any speech, hearing or visual problems? [ ] No [ ] Yes, if yes please specify.

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Has your child ever been tested for any of the above? [ ] No [ ] Yes, if yes please specify.

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Has your child had any surgeries? [ ] No [ ] Yes, if yes please specify.

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Would there be any restrictions to playing or activities? i.e. Is your child handicapped, allergic to grass, etc. [ ] No [ ] Yes, if yes please specify.

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Have you made any special arrangements for your child's care during an illness? [ ] No [ ] Yes, if yes please specify.

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## **Emergency Contacts & Authorized Pickup Persons:**

**Contact/Pick Up** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

☐ Emergency Contact

☐ Authorized to pick up with parent confirmation

☐ Authorized to pick up any time without a call to the parents

**Contact/Pick Up** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

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Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

☐ Emergency Contact

☐ Authorized to pick up with parent confirmation

☐ Authorized to pick up any time without a call to the parents

Parent/Guardian signature: \_\_\_\_\_

## **Getting To Know You**

Has your child ever been in childcare? [ ☐ ] No [ ☐ ] Yes, if yes what type (center, in-home care, grandma, etc.) \_\_\_\_\_

Was it a positive experience? [ ☐ ] No [ ☐ ] Yes

Are there any siblings?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

Are there any recent traumatic situations your child has been exposed to such as a death in the family, divorce, new sibling etc.? [ ☐ ] No [ ☐ ] Yes, if yes please specify.

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

How does your child show his/her feelings?

When happy: \_\_\_\_\_

When afraid: \_\_\_\_\_

When angry: \_\_\_\_\_

When intolerant: \_\_\_\_\_

When sick: \_\_\_\_\_

How is your child most easily settled when upset or afraid:

\_\_\_\_\_

Does your child have any security objects such as a blanket, soother, toy etc.? [ ☐ ] No [ ☐ ] Yes, if yes please specify.

\_\_\_\_\_

What is your normal method of discipline?

\_\_\_\_\_

Please give a brief description of your child's disposition. Are they friendly by nature, aggressive, happy, shy, withdrawn, imaginative, demanding, etc.?

\_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities, toys, books, or games?

\_\_\_\_\_

\_\_\_\_\_

What is your child's favorite food?

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What is the least favorite food?

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Does your child eat with a:     ☐ Spoon        ☐ Fork            ☐ Hands        (check all that apply)

What is your child's favorite color? \_\_\_\_\_

What is your child's favorite song? \_\_\_\_\_

Does your child know:    Basic shapes: ☐ No ☐ Yes                    ABC's: ☐ No ☐ Yes

Colors: ☐ No ☐ Yes                    Numbers ☐ No ☐ Yes

Can your child indicate bathroom needs? ☐ No ☐ Yes

Does your child have any fears related with toileting? ☐ No ☐ Yes, if yes please specify.

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Does your child have "accidents"? ☐ No ☐ Yes

What are your child's napping habits?

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Does your child sleep through the night? ☐ No ☐ Yes

What time does your child wake up in the morning? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_

Do they sleep through the night? ☐ No ☐ Yes

What age did your child begin to: Sit: \_\_\_\_\_ Crawl: \_\_\_\_\_ Walk: \_\_\_\_\_

Talk: \_\_\_\_\_

What are your hopes/expectations for your child here?

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Is there any additional information you would like us to have?

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**Thank you for entrusting us with your most precious gift. We look forward to working side by side with you as we invest in your child's life.**



## **Payment Contract**

*Effective January 2017*

My child, \_\_\_\_\_ is enrolled in Eastridge Childcare and Learning Center.

I understand that:

Initial Registration fee is \$100.00 per child or \$150.00 per family.

There is a \$75.00 per child or \$125.00 per family annual re-registration fee.

Payments for tuition are due on the first day of enrollment. The full tuition is due on the **5th** of every month. You may also pay bi-monthly on the 5th and 20th of each month.

Please talk to the director for details and other arrangements. If payments are not made by the 8th and 23rd your child will not be accepted into school, as our tuition is pre-paid for the following weeks.

A \$10.00 per day late fee will be assessed on payments received two or more days past the agreed upon due date. Preschool services will be denied on payments delinquent more than 5 days. Please speak with the director if there are extenuating circumstances.

Part time is no more than 6 hours a day and up to 2:30 PM. If your child is here over 6 hours you will be charged an additional \$21.00 for an extended day. This will be added to the next month's bill on the 20<sup>th</sup> of the month.

Full time is no more than 10 hours a day. If your child is here over 10 hours you will be charged an additional \$21.00 for an extended day. This will be added to the next month's bill on the 20<sup>th</sup> of the month. NOTE: If you are dropping off before 8:00am your child **cannot** be here until 6:00pm.

A late fee of \$1.00 per minute per child will be charged after 6:00 PM, after 6:10 PM a late fee of \$2.00 per minute per child will be charged.

All late fees will be posted and pulled on the 20<sup>th</sup> of the following month.

A \$35.00 charge on "Non-Sufficient Funds" checks, plus any bank penalty fees will be charged. Full payment of check and fees will be required before service can be rendered again.

If legal action is necessary, it is agreed that any and all reasonable attorney fees and costs will be charged to me the parent, and due immediately.

I understand that a 2% interest fee per month will be charged on my account on any unpaid balances due.

A **30 day written notification** is required for childcare termination. If proper notification of termination is not provided you are still responsible for the tuition cost.

I have read and agree to the statements above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Policies and Procedures Agreement**

Please Initial the Following:

- \*I have been made aware of the centers philosophy, program and facilities \_\_\_\_\_
- \*I have advised the center of any special needs my child may have \_\_\_\_\_
- \*I have received written policy and procedures \_\_\_\_\_
- \*I have been informed about the enrollment and admission requirements, fees and payment plan \_\_\_\_\_
- \*I have been informed about the activity schedule and the hours of operation sign in and out requirements \_\_\_\_\_
- \*I have read and understand the non-discrimination statement \_\_\_\_\_
- \*I have read and understand the religious and cultural activities statement \_\_\_\_\_
- \*I have read and understand the termination requirements \_\_\_\_\_
- \*I have read and understand the policies concerning an illness statement \_\_\_\_\_
- \*I have read and understand the policies concerning medication management statement \_\_\_\_\_
- \*I have read and understand the policies concerning Medical emergencies statement \_\_\_\_\_
- \*I have read and understand the policies concerning the disaster plans and preparedness \_\_\_\_\_
- \*I have read and understand the policies concerning diapering, toilet training and feeding \_\_\_\_\_

I have read and understand the policies and procedures of Eastridge Childcare and Learning Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Discipline Policy**

Discipline will be a staff responsibility and shall be based on an understanding of the individual child's needs and shall be designed to help the child develop control, acceptable behavior and respect for the right of others and their property.

The discipline will be fair and reasonable. It will not be cruel, hazardous to health, frightening or humiliating to the child.

The staff will:

Redirect the child to another activity or behavior

Warn the child that the behavior is not acceptable

Remove the child from the situation by having them "take a break" doing quiet activity.

As a parent/guardian, it is your responsibility to enforce these rules when at the Center.

Please notify your child's teacher or the director of problems at home. This includes, but not limited to: fighting between parents/siblings, inconsistent home atmosphere, behavior issues, etc. The issues at home have a profound effect on your child throughout the day. It gives the teacher a better understanding of your child's behavior. Please be honest with us and we will be honest with you. We are here to support you, your child and your family.

Child's full name: \_\_\_\_\_

I have read and understood the discipline policy stated above for Eastridge Childcare and Learning Center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Diapers and Bottles**

It is your responsibility to provide disposable diapers, wipes and pull-ups. **Please label all items with your child's name.** We will notify you if you are running low on any of the items your child requires. This will be communicated verbally or by daily sheet. Bottles will be rinsed out and sent home daily. After a bottle has been served it can only be used for 45 minutes....if you like we can refrigerate the remaining milk to send home with you....it cannot be reused in the classroom.

I have been informed and agree to the above statement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Permission to Photograph:**

[ ] **Yes**, Eastridge Childcare and Learning Center has my permission to photograph my child, \_\_\_\_\_ for any center or media purposes.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] **No**, Eastridge Childcare and Learning Center does not have my permission to photograph my child, \_\_\_\_\_ for any center or media purposes.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_