

ENROLLMENT PACKET

"Our house is your house"



Enep'ut Children's Center

Administrative Use Only

Enrollment Start Date: _____

Date Packet Received: _____ Staff: _____

Enrollment Fee: _____ Cash Check Paypal

Tuition Amount : _____

Authorized Care Amount: _____ Co-Payment Amount: _____

Authorizing Agency: _____

Immunization Records Received: _____ SoA System Entry _____

Name of Child _____

Date of Birth _____

New Family

Returning Family

Requested Start Date: _____

ENROLLMENT INFORMATION

Enrollment/Start Date: _____
 Child Name: _____ Date of Birth: _____
 Age: _____ Sex: _____ Special Needs: _____

Mother's Name: _____
 Mother's Social Security Number: _____
 Mailing Address: _____
 Physical Address: _____
 Telephone Number: _____
 Email Address: _____
 Employer Name/Number: _____
 Work Address: _____

Father's Name: _____
 Father's Social Security Number: _____
 Mailing Address: _____
 Physical Address: _____
 Telephone Number: _____
 Email Address: _____
 Employer Name/Number: _____
 Work Address: _____

Emergency Contacts/Individuals authorized to pick up your child

	Relationship to Child		Contact Phone

Individuals who specifically MAY NOT pick up or have contact with child

	Relationship to Child	Restriction	Supporting Document

**** We can only restrict access to parents or legal guardians if there is a legally binding document such as a restraining order or Order of Protection in place. If applicable, please ensure we have a copy on file.

Does the child nap? YES NO
 Potty Trained? YES NO

****This form will need renewed if change of information occurs.

PARENT SIGNATURE: _____

Date: _____

PARENT SIGNATURE: _____

Date: _____

PRIVACY PREFERENCE

Child Name: _____

Eneput Children’s Center recognizes and honors the privacy of our children and their families. Enrollment records are confidential. Enrollment and/or family information is not shared without the expressed permission of the Parent/Guardian. The Center is open to parents who may wish to enroll their child. Visits are scheduled by appointment only and are scheduled in advance with the primary parent(s) or caregiver.

In relation to the use of a child’s likeness in Center related activities and events, please read the following carefully and let us know your preferences.

CHILD PHOTOS

Please mark only **one** of the following and sign.

- DO NOT** photograph my child
- You may photograph my child for classroom purposes only. (Name tags, placemats, cubby tag, workbooks, pass, etc.)
- You may use my child’s photograph as above and in Eneput Children’s Center newsletter, Facebook page, and website. Although the newsletter is posted online, we do not include names and other personal information with these photos.
- You may use my child’s photograph as above and in Eneput Children’s Center advertising materials such as flyers, brochures, advertisement, etc.

Parent/Guardian: _____

Date: _____

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TRANSPORTATION

Transportation includes field trips, off-site education activities and events, and other events as planned. Authorization is required for your child prior to the trip using Eneput Children’s Center transportation.

No food, beverage, or misconduct is permitted in the vehicle. Transportation service requires respect for other travelers and respect for travel expectations.

Therefore, I authorize the transport and care of my child as stated within my child’s enrollment and care plan.

Parent/Guardian: _____

Date: _____

MEDICAL INFORMATION

Child's Physician or Medical Care Provider: _____
Address of Provider: _____
Medical Provider Telephone #: _____ FAX #: _____
Medical Insurance: _____ Name of Insured: _____

ILLNESS

I understand that I will be contacted to pick up my child from the Center if he/she has a temperature of 101 degrees or higher, has diarrhea, is vomiting, or shows symptoms of a contagious illness.
Initial: _____ Date: _____

ALLERGIES

Allergy/Food	Description of Allergic Reaction	Allergen Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT: Parents of children with severe allergies should complete an Allergy Action Plan available at enrollment.

MEDICATIONS

Please List medications taken on regular basis

Eneput Children's Center is authorized to give my child the following medications:

- Any over-the-counter medications
- Only the following:
 - Acetaminophen (such as Children's Tylenol) for pain & fever relief
 - Ibuprofen (such as Advil or Motrin) for pain & fever relief
 - Diphenhydramine (such as Benadryl) for allergic reactions
 - Pseudoephedrine (such as Dimetapp or Triaminic)

You will be notified in writing with a Cubby Message if your child is given any of the above approved medications.

***** Children are not allowed to have any form of medication at their cubby or within their belongings.

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CONSENT FOR EMERGENCY TRANSPORTATION & MEDICAL CARE

In the event that I cannot be contacted immediately, my signature authorizes Eneput Children's Center to transport or authorize emergency transportation for my child. I further give permission to medical or hospital personnel to provide emergency medical care for my child _____.

I understand that a conscientious effort will be made to locate me, or my child's other parents, legal guardian, extended family, or other emergency contacts prior to any actions being taken. I understand my obligation to keep Enepe'ut Children's Center informed of my contact information and availability.

Parent Signature: _____

Date: _____

FAMILY AND PERSONAL HISTORY

Child's Name/Nickname: _____ Age: _____

Sibling: _____ Age: _____ Sibling: _____ Age: _____

Sibling: _____ Age: _____ Sibling: _____ Age: _____

Other Individuals living in the Home (Name & Relationship)

Special Custody Arrangements: _____

Languages spoken in the home: _____ Is the Child: Left Handed Right Handed

Food Preferences/Dislikes: _____

Family Pet? YES NO Type: _____

Does the Child respond to adult directives and requests readily? YES NO

Methods of discipline you find most effective? _____

How does your child respond to correction and redirection? _____

Does your child interact well with other children? YES NO

Behavioral Habits/Issues: (Be Specific)

My child spends their free time: _____

Does your child enjoy sports? YES NO Your child's favorite physical activity

Does your child read? YES NO Favorite Book? _____ Favorite Movie: _____

My child has concerns or fears about: _____

Current Issue: _____

Special Habits/Hobbies: _____

I am most interested in seeing my child develop in the following areas:

During the course of enrollment, communications are made available to parents related to development and behaviors of a child. Parent-Teacher conferences serve as a mechanism to share information related to the child's participation, interest, learning, and development. Conferences can be requested by the parent and/or the teacher.

Behavioral and academic standards for the Center are posted on our website. The Center operates utilizing best practice standards as put forth by the National Association for the Education of Young Children. Annual curriculum, monthly educational themes, weekly lesson plans, and program activities are available for parents to review at www.eneput.com.

Completed By: _____

Date: _____

AUTHORIZATION FOR PARTICIPATION IN PROGRAMS AND ACTIVITIES

General Consent

From time to time we engage children in hikes, walks, and neighborhood picnic outings. At times these outings are spontaneous and weather dependent. They do not involve transportation. Please indicate below whether you wish your child to participate in such outings. We encourage your child to have a light jacket or fleece at school at all times for these types of activities.

- Yes, include my child in local walking events.
- No, Please do not include my child.

Field Trip Consent

From time to time we may elect to conduct off-site field trips to include area parks, sites of interest, and special events. When these trips occur parents or guardians are required to give written permission. A completed Field Trip Consent Form is required for each off-site activity. During these events, transportation may be provided by the Center, public transportation, or private transportation. Parents are advised in advance of arrangements related to off-site field trips to include event, date and time, location, duration, staff in attendance, method of transportation, and special outdoor gear needs. During field trips, family emergency contact information, water, and appropriate first aid resources are available.

Extra Curriculum Events and Activities Consent

In an effort to offer specialized educational activities and ensure a diversity of resources and support, the Center offers programming and activities outside the course of daily lesson plans. Such programs may correspond to a specific educational theme or stand alone as a resource in their role of teaching. These programs include, but are not limited to, music education, dance education, art education, guest speakers, assembly activities, group exercise, and special projects.

- Yes, include my child in special activities.
- No, Please do not include my child

Organizational Membership

As the parent of an enrolled child I hold membership in the Center as a non-profit organization. I agree to participate in the organization's annual meeting (typically held in the Fall) by attending or submitting my proxy for general

membership votes such as the election of members to the Board of Directors. Unless I request otherwise, my membership will cease when my child is unenrolled from the Center.

Parent/Guardian Signature Date Parent/Guardian Signature Date

**Eneput Children's Center
Program Schedule, Tuition, and Payment Contract**

Child's Name: _____ **DOB:** _____ **Date:** _____

Hours of Operation for Eneput Children's Center 7:00 AM to 6:00PM Monday – Friday

Full Time (exceeds 5 hours a day, max 11 hours) _

7:00 AM – 8:45 AM Before School
8:00 AM – 9:00 AM Drop Off for Full Time Care
9:00 AM – 4:00 PM Full Time Care
3:30 PM – 6:00 PM After School Care

Part Time (5 hours or less a day)

7:00 AM – 12:00 PM Morning Care
1:00 PM – 6:00PM Afternoon Care

***Beginning October 1, 2014 all new enrollees who chose part time care will have to choose between morning or afternoon care.

Rates

Age Group	Monthly	Daily
Infant (2-18 Months)	Full Time \$1180	Full Time \$80
	Part Time \$ 710	Part Time \$65
Toddlers (19-36 Months)	Full Time \$1088	Full Time \$80
	Part Time \$690	Part Time \$65
Preschool (37 months -6 yrs old)	Full Time \$800	Full Time \$75
	Part Time \$590	Part Time \$60
School Age (7yrs old – 12 Yrs)	Full Time \$600/ Summer \$690/ PT \$525	Full Time \$60 Part Time \$65

- * Enrollment Registration Fee is \$ 100 per family and non-refundable
- * Operations Fee is \$ 200 annually disbursed in four payments per family.
- * School Age Rate follows monthly rate for summer session, and daily rates for school year.

Planned Schedule

	7	7:30	8	8:30	9	9:30	10	10:30	11	11:30	12	12:30	1	1:30	2	2:30	3	3:30	4	4:30	5	5:30	6
Monday																							
Tuesday																							
Wednesday																							
Thursday																							
Friday																							

Tuition Rate Based on Schedule is _____ Full Time _____ Part Time
Your monthly rate based on above schedule will be _____

Payment Source

_____ Child Care Assistance
 _____ Child Care Assistance Co-Pay

Payment Method

_____ Credit Card
 _____ Cash

_____ Assistance – Other Agency _____ Pay-Pal
_____ Private Pay _____ Other _____
_____ Other Form of Payment _____

I/We, _____, agree to the following Tuition and Payment Schedule for Enep’ut Children’s Center for our child _____.

CONTRACT FOR CARE

I understand that my \$100.00 Enrollment Fee is Non-Refundable.

I (we) have received a copy of the pricing schedule and am aware of costs associated with having my (our) child(ren) attend Enep’ut Children’s Center. I (we) understand that I (we) are directly responsible for the timely payment of all fees, including those not covered by various forms of child care assistance (if applicable).

I (We) certify that everything stated in this application for enrollment is correct to the best of my knowledge, and if applicable, I grant full permission for Enep’ut Children’s Center to contact the child care assistance entity and discuss all aspects of my child care needs.

I further understand that payment is due in full by the 15th calendar day of the month for that month, unless a prearranged, written and signed payment plan has been approved altering the due date(s) for payment. **Payments made after the 15th will be charged a \$50 late fee.** If the account is not paid in full by the 15th, you may be given a two week notice on the 15th that the child will not be allowed to attend any further days if current fees are not paid by the last business day of that month. Please remember that a 14-day written notice is required for withdrawal of your child, even if attendance is refused to you due to lack of payment. Parents are financially responsible for these two weeks whether or not the child is attending, and regardless of who gave the notice to end the care. If accounts in arrears are not paid in full by the 10th of the following month there will be a \$50 late fee added to your account. The late fee is reposted monthly until the account is in good standing.

If payment is delinquent for more than 30 days, I understand the Enep’ut Children’s Center has the right to terminate care for my child or children without further notice. I also understand that if my balance becomes delinquent and is assigned to a collection agency, that I as parent/legal guardian am responsible for a collection fee of my balance that will be added to my account to offset costs associated with the collection process.

If you are enrolled in a “daily” rate, then prior to attendance beginning (and by the 25th of the following month) you must submit (email is best) a written schedule showing the days and times your child will be in our care, and we will estimate your bill according to that schedule.

Enep’ut authorizes a child’s initial enrollment within an assessment period of 15 days. During this time the child’s level of development, behaviors, skills, and interests are assessed. Within the 15 day period the Center retains the right to withdraw a child without notice based on conditions that are not suited for the Center milieu, its program, or its students; and/or places the safety and well-being of other enrolled children at risk.

In the event that I elect to withdraw my child from care, I am bound to honor a two-week (14 day) notice of intent in writing to the Director. I can present the notice in writing or by e-mail.

Regardless of type of enrollment, reserved child care days will be charged to you whether or not used because of the need to pre-arrange for adequate staff, food & other resources on hand for scheduled children. Any differences in charges not covered by subsidy assistance program contracts are owed directly by the parent. We do not waive fees due to standard absences, extended absences, or vacations.

A \$200 Program Fee is due annually (billed \$50.00 at enrollment and quarterly thereafter). This fee is to be paid to cover the costs of consumable supplies, learning material/supplies, and accounting/billing activities.

I have reviewed and understand my enrollment materials and agree to adhere to the Center's enrollment standards, payment policies, and operational protocols.

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date

Signature of Director Date

Eneput Children's Center
1112 Hess Avenue
P.O. Box 80452
Fairbanks, AK 99708
907-479-6844 Fax 907-479-6855
www.eneput.com

Authorization for Release of Information Child Care Assistance and Support

Today's Date: _____

I, _____, as the parent of

_____, (child name)

_____, (additional child name)

_____, (additional child name)

_____, (additional child name)

Duly authorize Eneput Children's Center and my Child Care Assistance Provider, as stated below,

(Thread/State of Alaska/Tanana Chief's Conference, Maniilaq, OCS, AVCP, or other)

To freely communicate and exchange information related to my assistance status, my benefits, my socio-economic status, my child care needs and my payment history. This authorization shall remain in effect until all enrollment and care accounts, with respect to assistance and direct payments are settled in full.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Eneput Children's Center Representative Date

Eneput Children's Center Registration Checklist

Child's Name: _____

Requested Start Date: _____

- I have completed the Enrollment Information Page with current and correct information
- I have reviewed and signed the Privacy Preference
- I have reviewed and signed the Transportation Authorization
- I have completed, reviewed, and signed the Medical Information/Authorization for Medical Care
- I have completed, reviewed, and signed the Family and Personal History
- I have reviewed and signed the Program Schedule, Tuition and Payment Contract
- I have reviewed and signed the Contract for Care
- I have completed and signed the Authorization for Release of Information for Child Care Assistance & Support
- I was provided a copy of the School Calendar
- I was provided a copy of the Parent Handbook and signed and returned the acknowledgement page
- I completed and signed the Registration Checklist
- I have included a payment in the amount of \$_____ for associated registration and other applicable fees.
- I have included a copy of my child's shot records. All records must be current before first day of attendance and updated upon request.
- I am aware of the additional pertinent and current information that can be viewed at www.eneput.com

Parent Signature Date

Parent Signature Date

Director

Date