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COMPASS  
CHILD CARE

**763-381-1616**

**[CompassCoonRapids.com](http://CompassCoonRapids.com)**

# Compass Child Care Enrollment Agreement

## Child Information

Child 's Full Name:	Nickname:
Date of Birth:	Gender:
Child's Address:	City , State, Zip:
Program Class:	Schedule <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Siblings Names & Ages:

## Parent/Guardian

Parent 1 Name:	Parent 2 Name:
Parent 1 Workplace:	Parent 2 Workplace:
Parent 1 Work Phone:	Parent 2 Work Phone:
Parent 1 Cell Phone:	Parent 2 Cell Phone:
Parent 1 Email:	Parent 2 Email:
Parent 1 Address:	Parent 2 Address:

Additional Instructions on contacting parents (Who should be contacted first, and how):

*For the protection of your child, please list below the names and phone number of those persons you authorize to pick up your child from Compass. Emergency contacts must be friends or other family members who do not live with you and are familiar with your child. Compass will only release your child to adults you designate as authorized. It is our policy to ask all unfamiliar adults for photo identification. Please notify the Teacher and Director if someone other than the primary or secondary parent/guardian will be picking up your child on a given day. If they are not listed and/or they do not have identification your child will not be released. You may adjust this list at any time.*

### Emergency Contacts (Other than Parents)

Full Name:	Phone:
Relationship to Child:	
Address:	
Full Name:	Phone:
Relationship to Child:	
Address:	

### Authorized to Pick Up Same as Emergency Contacts

Full Name:	Phone:
Relationship to Child:	
Address:	
Full Name:	Phone:
Relationship to Child:	
Address:	

*In the event that a parent or emergency contact cannot be reached during a minor emergency, Compass will contact 911 and follow the instructions given by emergency personnel. Compass will continue to attempt to contact parents & emergency contacts, until they are reached. In the case of a major emergency 911 will be contacted immediately by 1 staff while a additional staff contacts the parents. By signing below you are stating that you agree to this policy.*

Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:

## Enrollment Agreement (page 2)

### Medical Information

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Primary Care Dr.

Clinic:

---

Clinic Address:

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Insurance Company:

Phone:

---

Policy Number:

Group Number:

---

Known Allergies:

Medical Needs:

---

Ongoing Medications:

*Please include current Immunization Records*

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\*Dentist:

Phone:

*Required for everyone*

---

Dentist Address:

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Dental Insurance:

Policy Number:

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Health Care Summary Attached

Immunization Records Attached

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### Child's Physical Description

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Height:

Weight:

Hair Color:

Eye Color:

Distinguishing Marks:

---

### General Information

---

List Child's Group Care Experience:

---

Is your child  Right Handed  Left Handed  Unknown  Both

---

Describe your child's favorite types of toys & activities:

---

Tips for comforting your child:

---

### Health Information

---

Does your child have ongoing medical issues:

---

Is your child taking medications (describe):

---

Any additional medical things we should be aware of:

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**Enrollment Agreement (page 3)**

Child's Name \_\_\_\_\_

DOB: \_\_\_\_\_

Health/Development \_\_\_\_\_

**Emotional Information**

Describe your child's normal temperament (ie. happy, quiet, shy, active...):  
\_\_\_\_\_  
\_\_\_\_\_

Please list any behavioral issues your child may have:  
\_\_\_\_\_  
\_\_\_\_\_

List anything that your child might fear (ie. puppets, vacuum cleaner...):  
\_\_\_\_\_

List anything else we should know that will help your child have an easy transition into our care:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Daily Schedule (Infants)**

Describe how you usually lay your baby down for nap (ie. let them cry, rock to sleep):  
\_\_\_\_\_

Does your child use a pacifier:  No  Yes (specify approved circumstances)  Anytime  Naptime Only  Other:  
\_\_\_\_\_

Describe your child's current feeding schedule & food choices:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Daily Schedule (Toddler/Preschool)**

What helps your child nap:  
\_\_\_\_\_

Anything we should know about their current schedule:  
\_\_\_\_\_  
\_\_\_\_\_

Is your child toilet trained?  No  Yes :  Totally Trained  Occasional Accidents  Just starting  Other:  
\_\_\_\_\_

**Additional Information that will Help in the Care of your Child:**

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

My child has an IEP (Please furnish a copy of this plan to the director before the first day)

My child has an allergy (All allergies must be documented with special forms and trainings-- these things must be completed before your child can attend.)

*I certify that I have answered the above questions honestly and to the best of my ability.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Enrollment Agreement (page 4)**

Child's Name \_\_\_\_\_

DOB: \_\_\_\_\_

Tuition Agreement

Rate Notes:

Parent Initial: \_\_\_\_\_ Staff Initial Here: \_\_\_\_\_

Tuition is due the Thursday before the week the services are provided. Late fee of \$25 will be assessed on Friday at noon. If there are 2 weeks with no payment, enrollment will be terminated. Tuition owed will still be due and will be pursued. Tuition is due even if days are missed or in-case of holidays. Part time schedules are set, and based on availability, Sibling discount is 10% off the oldest child. Rates are subject to change, and reevaluated each January. Initial Here: \_\_\_\_\_

**Additional Fees:**

Application fee is \$100/child. This fee is Non-Refundable.

Field Trips are additional and optional. The cost varies. If your child does not go on the field trip they will join a class that is not attending the field trip and may not be within his/her age group. (i.e. a preschooler may spend the day in the toddler room)

Initial Here: \_\_\_\_\_

**Vacation Policy**

We offer vacation benefits to all families who have been enrolled for at least 6 months. Account must be in good standing at time of vacation. You will be granted 1 week. The Director must be notified of said vacation 2 weeks prior. For this week your child is not at the center, you will not be required to pay tuition. All other times your child is absent (due to illness, holiday, weather) your full tuition will be due. These vacation days may not be broken up, they must be used in a full Monday-Friday increment.

Initial Here: \_\_\_\_\_

**Holidays**

We are closed: New Year's Day, President's Day, Good Friday, Memorial Day, 4th of July, Friday before Labor Day & Labor Day, Thanksgiving, Friday after Thanksgiving, Christmas Eve & Christmas Day. If holiday falls on a Saturday, the center will be closed on Friday. If holiday falls on a Sunday the center will be closed on Monday. Initial Here \_\_\_\_\_

**Weather**

We will follow the local school district for snow related school closings. We reserve the right to close for any safety concerns, including, but not limited to: loss of power or extreme weather. Initial Here \_\_\_\_\_

**Staff Recruitment**

We know our staff is great! That's why we have invested so much time and finances in interviewing, screening, training and development. With this in mind, any family that recruits a member of our staff to work for them as private child care will be assessed a \$2,000 fee. Outside of work hours babysitting is acceptable and negotiated directly between staff and parents.

Initial Here \_\_\_\_\_

**Notice**

If you wish to remove your child from our program, a written 2 week notice is required. If you choose to remove your child before 2 weeks have passed you will still be required to pay tuition for those 2 weeks. Initial Here \_\_\_\_\_

**Late Pick Up**

We are licensed to operate until 6:00 p.m. If you arrive after hours, you will be required to pay the staff directly \$1/ min. you are late. Our staff clock out at 6:00 p.m. so you are hiring them as private babysitters after that time. Initial Here \_\_\_\_\_

**Parent/Teacher Conferences**

We offer parent/teacher conferences 2 times a year. Parents will receive an assessment of skills for their child at this time.

*I have read and agree to the Tuition Policies list on this page.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Enrollment Agreement (page 5)**

Child's Name \_\_\_\_\_

DOB: \_\_\_\_\_

Parent Permissions

**Transportation:**

If you have registered your child for a field trip you are also authorizing Compass to transport your child to and from said field trip. I understand that all licensing guidelines will be followed. Initial Here: \_\_\_\_\_

**Topical Cream**

You are authorizing staff to use any diaper cream that is provided by you (parent) as needed. Initial Here: \_\_\_\_\_

You are authorizing staff to use sun screen  Brought in by you and/or  Provided by Compass Initial Here: \_\_\_\_\_

**Walking Field Trips/Walks**

You are authorizing Compass to take your child on walks. All walks will be supervised (above) licensing guidelines and will be for educational purposes. Initial Here: \_\_\_\_\_

**Photos**

You are authorizing Compass to take pictures of your child during classroom activities and field trips. This will be used in-house to document the fun for parents. This includes annual class photos. Initial Here \_\_\_\_\_

**Marketing**

Some of the photos we take, we will use on social media and marketing. You have the right to refuse the use of your child's photos. **Please Circle: Yes**, I am okay with you using photos of my child's face. **No**, I prefer you don't use photos of their face.

Initial Here \_\_\_\_\_

**Nurse**

**So you are aware:** We have a monthly visit from a public health nurse. This nurse has complete access to child files.

Initial Here \_\_\_\_\_

**Parent Policies Handbook**

You are acknowledging that you received the Parent Policies Handbook and you have read them and are agreeing to the policies outlined in the handbook. Initial Here \_\_\_\_\_

**MN State DHS Licensing Guidelines**

We are bound to the guidelines laid out by the DHS . If you would like to see these guidelines there is a copy in the office for your review. Initial Here \_\_\_\_\_

*I have read and agree to the Parent Policies list on this page and laid out in the Parent Policies Handbook.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Notes:

Application Fee Paid	Check #

**Compass Child Care**  
**Health Care Summary**

Date of Enrollment:

Please send Immunization Records

Child's Name:

Date of Birth:

Address:

Phone:

Parent(s) or Guardian:

Date of last physical exam:

How long have you been seeing this child:

How frequently do you see this child when he/she is not ill?

Does this child have any allergies (including allergies to medications)?

Is a modified diet necessary?

Is any condition present that might result in an emergency?

What is the status of the child's:

Vision:

Hearing:

Speech:

List Health Problems:	Followed by you:	Followed by other medical source:	Requires Special Attention:

Other information helpful to the child care program:

Signature of Health Source:

Date:

Address:

Phone: