



Enrollment Packet

Thanks for your interest in Growing Kids Learning Centers. The Enrollment Process is as easy as...

- 1) Complete the Enrollment forms
Bring them with you when you tour or before your child's first day.
- 2) Call or Meet with the Center Director to coordinate an enrollment opening and schedule a start date.
Availability is limited and changes frequently. Children are enrolled on an as-available basis.

This Packet Includes the following forms to complete:

- o Tuition Agreement
- o Enrollment Form
- o Authorized Pick Up List & Emergency Contacts
- o Parent Questionnaire
- o Verification of Age and Consent to Report
- o Health Record (must be completed within 30 days of enrollment)
- o USDA/CACFP Food Program (for all families)

Child's Name: _____

Parent's Name: _____

Preferred Start Date: _____

Thank you for choosing Growing Kids Learning Center.



Tuition Agreement

Programs Available

(Please circle one. Ask the Director if more options are needed.)

Infant Care (6 weeks – Walking)	5 Full Days (7:00 am - 6:00 pm)		
Toddler Care (Walking - 24 Months)	5 Full Days		
Young Preschool (24mo. - 3 years)	5 Full Days	5 Half Days	3 Full Days
Preschool (3 yrs & Potty Trained - 5 years)	5 Full Days	5 Half Days	3 Full Days
Kindergarten (5 yrs. by September 1)	5 Full Days	5 Half Days	
After School Care (Elem. Grades)	5 Days	Additional charges apply for extra ½ and full days.	
Evening Care (2 yrs and older)	Care available until 11:30 p.m. weekly or as needed. Prior sign-up required.		

For the Program Selected,
Your Weekly Tuition Rate Is:

\$_____ If Paid In FULL on
Monday **with AutoPay**
Discount

\$_____ Regular Tuition Rate
(no AutoPay Discount)

This amount can change if
your child's program changes.

Payments and Due Dates

All Payments are due in advance weekly on Mon. morning.

Advanced payments are accepted.

All payments are non-refundable.

The annual registration fee of \$50 is charged upon enrollment and every August thereafter.

A Service fee of \$25 is charged for all returned payments.

Non-Payment of Tuition can terminate enrollment.

Forms of payment accepted: Debit Cards, Checks, Visa / MasterCard, ACH from Bank Account (checking or savings).

Parent(s) signing below are responsible for paying any balance due, including any balances remaining after payments from childcare voucher, 3rd party reimbursement, or other outside source.

Late Pick Up Fees

A fee of \$5 is charged for every 15 minutes a child is picked up after the scheduled pick-up time. Payment is due immediately. See the Parent Handbook for more info.

Holiday Schedule

The center will be closed on the following holidays (or closest weekday). The regular tuition is still due these weeks.

Evening Care schedule may be adjusted as well.

- New Year's Day - Memorial Day - July 4th
- Labor Day - Thanksgiving - Christmas Day

Schedule or Program Changes

If your child's schedule or program changes, your tuition will change accordingly. To request a schedule change, please notify the director in writing. Your tuition can change with 30 day notice.

To qualify for the AutoPay Discount, your balance must be paid in full by Monday of each week, through our AutoPay program.

Your tuition is due in full each week regardless of illness or other absence. The center does provide 2 weeks "Vacation" per calendar year where tuition is waived when your child does not attend. Vacation requests should be in writing -- Please see the Parent Handbook for details. Overdue accounts will be charged a service fee. The parent understands that he/she assumes all responsibility for interest charges, collection agency, legal or court fees associated with the collection of this account, if that becomes necessary. Parents electing to withdraw their child must provide two weeks written notice to the center. Any issue under this agreement or relating to the service provided shall be subject to mediation and, if not resolved by mediation, arbitration under the rules of the American Arbitration Association.

Child: _____

Parents' _____
Signatures: _____

Date: _____

Director: _____



AutoPay Registration Form

The AutoPay Tuition Discount is offered to parents who enroll in the AutoPay program. Enrolled families receive a discount on weekly tuition when their account is paid in full on Monday.

Child Name: _____ Center: _____

Payer Name: _____ Phone Number: _____

Email Address: _____ Receipt Required: ☐ yes ☐ no

Address: _____

City / State/ Zip: _____

Checking / Savings Account Payments

I authorize Growing Kids to initiate withdrawals from my checking or savings account for recurring and incidental charges at the financial institution listed below in payment of my account. This authority will remain in effect until 5 days after I provide written notice to cancel it.

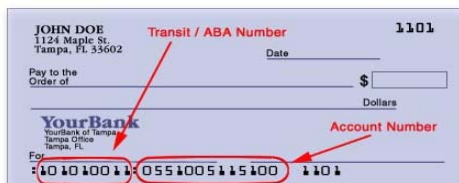
Bank Name: _____

Bank Address: _____

Transit / ABA#: _____

Account #: _____

Account Type: ☐ Checking ☐ Savings Starting Date: _____



Debit / Credit Card Payments

I authorize Growing Kids to initiate charges to my credit or debit card listed below in payment of my account for recurring and incidental charges. This authority will remain in effect until five days after I provide written notice to cancel it.

Card Type: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

Card #: _____ Expiration _____

No, thank you

I prefer not to participate in the AutoPay program at this time. I understand that I will not receive the AutoPay discount from the standard tuition rate unless I choose to participate in the program.

Payer Signature: _____ Date: _____

For Office Use Only	
Center:	Child's Name:
Tuition:	AutoPay Start Date:



Student Information

Name: _____

Birthdate: ____/____/____ Age: _____

Child Lives With: ____ Mother ____ Father

____ Other: _____

Today's Date: ____/____/____

Start of Care: ____/____/____

Gender: ____ Boy ____ Girl

Parents are: ____ Married ____ Single

____ Other _____

In the chart below, please indicate the normal **days and hours** your child is in care, and the **meals received** while in care.

	MON	TUE	WED	THUR	FRI
Please enter the normal hours your child is in care (e.g. 7:30 – 5:30pm)					
Please check (✓) the meals your child normally receives while in care	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack	<input type="checkbox"/> AM Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner <input type="checkbox"/> Evening Snack

This information is required by CACFP federal regulations at §226.15(e)(2) and (3) for each enrolled child and must be updated **annually**.

☐ Check if your child's schedule may vary

☐ Check if your school aged child might attend before/after school care and school holidays during the school year.

Parent (Guardian) Information

	First Parent	Second Parent
Relationship	____ Mother ____ Father	____ Mother ____ Father
Name:	_____	_____
Home Address:	_____	_____
City/State/Zip Code:	_____	_____
Home Phone:	_____	_____
Email Address:	_____	_____
Cell Phone:	_____	_____
Cell Phone Carrier:	_____	_____
Employer Name:	_____	_____
Employer Phone:	_____	_____
Work Hours:	_____	_____
Soc. Sec. Last 4 Digits:	____XXX-XX-____	____XXX-XX-____



Authorization and Consent

I/We state that we are the legal parent/guardian of the minor child listed below.

Please Initial

_____ **Authorization for Medical Treatment of a Minor** – I authorize, for emergency purposes only, Growing Kids Learning Center to transport my minor child and to consent to any necessary examination, medical diagnosis, surgery or treatment, and / or hospital care to be rendered to the minor child listed below, under the general or special supervision and on the advice of any physician licensed to practice in the state of Indiana.

_____ **Liability Release for Services Provided Outside of Growing Kids Learning Center** – I release and hold harmless Growing Kids Learning Center, its owners, and its employees from any liability or accident that may occur should I retain the services of any Growing Kids employee for services **outside** the learning center. I also agree not to solicit Growing Kids employees away from the learning center for alternate employment opportunities.

_____ **Photo Release** – Growing Kids, its affiliates and agents, may use photographs, video recordings, reproductions, images, and sound recordings of my child for advertising, publicity, or other lawful use.

_____ **Authorized Pick Up** - Children will be released only to a parent or a person named by the parent. Parents or persons named by the parent must make sure that a staff member is aware of the child's arrival and departure. Parents shall sign the child in and out by name and time of arrival and departure. Parents cannot share access codes, computer passwords, and other security measures with unauthorized people.

_____ **Receipt of Growing Kids Parent Handbook** – I have read and understand the Growing Kids Parent Handbook that was given to me upon enrollment.

_____ **Agreement to Pay Tuition** – I have read and signed a Tuition Agreement form that specifies the tuition amount and the frequency of payments to Growing Kids for services rendered.

Name of Child: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Thank You for Choosing Growing Kids Learning Center

We are dedicated to providing the highest quality child care. Please feel free to speak with your child's teacher or the center director regarding any question or concern you may have. We welcome your comments and involvement in the center.

Office Use Only –	Center:
Enrollment Offer Date:	Expected Start Date:
Enrollment Offered by:	Offer Expiration Date:
Classroom / Schedule:	



Authorized Pick Up List & Emergency Contact List

This form designates what adults are able to drop off and pick-up your child from the Growing Kids Learning Center and what adults to contact in the event of an emergency. Please list the adults in the order you would like us to contact them in the event of an emergency or, more likely, a student illness.

Student Name: _____

Home Address: _____

Contact
Order

	Name	Address	Relation	Phone Number	Pick Up Only
1	Mother or Father			Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
2	Mother or Father			Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
3				Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
4				Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
5				Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>
6				Home: _____ Work: _____ Cell: _____ Other: _____	<input type="checkbox"/>

Child's Doctor: _____ Phone: _____ Child's Dentist: _____ Phone: _____
Address: _____ Address: _____

Allergies or Other Restrictions: _____

Pick Up Restrictions (legal documentation generally required): _____

Parent Signature: _____ Date: _____ Parent Signature: _____ Date: _____

A copy of this form to accompany the child on all field trips.



Child Information

Child's Full Name: _____

D.O.B. ____/____/____

Name Child is Called _____

(circle gender) Male Female

Please Fill Out the Following Information

List all persons living in the household

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe child's previous child care experience

Developmental History

Type of Birth Normal Premature Complications _____

Languages spoken in the home _____ Primary Language _____

Any difficulties in speaking? _____ If yes, explain _____

Circle if child can:

Crawl	Walk (more than 5 steps on own)	Put on shoe	Button
Tie shoe	Buckle	Zip zipper	Dress self
			Feed self

Explain any difficulties in physical development _____

Toilet Training (circle)

Child is in a	Diaper	Pull-up	Training Pant	Underwear
Child is successful on the toilet		Always	Urine	BM
Child stays dry	All Day	Through Nap	Through Night	
Child will go to toilet		By Self	When Asked	

Sleep Habits

When is child's bedtime? _____ When does he awaken? _____ Does he/she share a room? _____

With whom? _____ Own bed? _____ Shared with whom? _____

What is child's general mood upon awakening? _____

Nap Schedule _____



Eating Habits

Favorite foods _____

Foods disliked _____

List any foods child can not eat (Must have a Doctor's note) _____

Is child on (circle) Breast Milk Formula 2% milk Other _____

Does child drink from a bottle? _____ Use a sippie cup? _____ Open cup? _____

Eat table food? _____ Use a pacifier? _____ Suck Thumb? _____

* **Parents of infants must complete the enclosed *Feeding Plan* and have it signed by child's doctor.**

Social and Emotional Behavior/Experience

Does child have temper tantrums? _____ Explain _____

Does child pick up toys after playing? _____

With what age group does child usually play? _____ Favorite Toy? _____

How does child relate to new people? _____

What upsets your child? _____

What makes child happy? _____

How does child demonstrate anger? _____

How do you discipline at home? _____

How best would you describe your child's disposition? _____

Child is frightened by (circle)

Animals Loud noises Sirens Darkness Water Other _____

Concerns or Comments?

Parent Signature

Date

Parent Signature

Date



Verification of Age and Consent to Report

Pursuant to Indiana law, Growing Kids must verify each child's birth date. As part of that law, we must also report the names of the children that enroll or withdraw from the center.

1. Proof of Age – Required of all children.

Please present to the Growing Kids office a documented copy of your child's birth certificate or any other documentable record. We only have to see it and make a copy. We will not keep the original.

Child's Name: _____

Birth Date: _____

- 2. Consent -** Please choose whether or not to provide permission for the center to include your child's name in the enrollment report to the Division of Family and Children. While the center is required by law to submit the report, participation is voluntary for parents.

Please Choose One

Yes, I give my permission for Growing Kids to report the name and birth date of my child to the Division of Family and Children, pursuant to IC 12-17.2-2-1.5

Signature of Parent / Guardian

Date

No, I do not give my permission for Growing Kids to report the name and birth date of my child to the Division of Family and Children, pursuant to IC 12-17.2-2-1.5

Signature of Parent / Guardian

Date

For Office Use Only -----

Proof of Birth Date Provided: Yes No

Copy Put in Child's File Yes No

Completed by: _____
Staff Member / Date



Child Care Center Health Record

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Child's Name (last, first)		Date of Birth	Admission Date
Address			
Child lives with (relationship)	Name		Telephone Number

Medical History		
Communicable Disease	Month / Year	Condition / Explain if Present
Measles		Allergies:
Rubella (German Measles)		
Chicken Pox		Handicapping Conditions:
Mumps		
Scarlet Fever		Other:
Whooping Cough		
Hepatitis B		
Other: _____		

Physical Examination	
Date of Exam:	Age of child:
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	
<p>Does this child have any health condition that would be hazardous to the child or to other children in a group setting as a result of participation in normal activities (including sports)? If yes, what modifications of normal activities would be necessary to protect the child and the child's classmates?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> NO</p>	

(Over)



Child Care Center Health Record

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History of Immunizations and Tests *(indicate month/day/year)*

	1	2	3	4	5
DTP/DT/Td					
	1	2	3	4	
Hib					
	1	2	3	4	5
IPV					
	1	2			
Measles					
	1	2			
Mumps					
	1	2			
Rubella					
	1	2			
Varicella					
	1	2	3	4	
Pneumococcal (PCV)					
	1	2	3		
HBV					

Note: To be considered adequately immunized, a child of age 24 months should have received four DTP inoculations, three polio inoculations, one inoculation against measles, mumps, and rubella, and at least 3 Hib vaccinations.

Name of physician completing form (please print)

Telephone Number

Signature of physician

Additional Notes and Instructions