

CHILD'S NAME:

ENROLLMENT CONTRACT

Admission Date: _____ Dismissal Date: _____

Childcare Rates Effective January 1, 2024			
	Infant	Toddler	Preschool
Full-time	\$315/week	\$280/week	\$255/week
Part-time	\$77/day	\$68/day	\$60/day

My child will typically attend these days:

Monday Tuesday Wednesday Thursday Friday

____ I elect to have Frosty's Learning Academy provide breakfast and lunch for my child at an additional rate of \$15/week.

Total Weekly Tuition Amount (add \$15 grocery fee if elected): _____

By signing below, I acknowledge the following:

1. A non-refundable deposit (\$50 registration fee + first week's tuition) is required to secure my child's spot. Until the contract is turned in and the non-refundable deposit is paid, my child's spot is not guaranteed.
2. Late pick-up fee:
 - a. \$15.00 for the first offense.
 - b. \$25 for the second offense.
 - c. \$35 for the third offense.

Fees are charged in 15-minute increments (i.e. if you are 18 minutes late and it is your second offense an additional \$50.00 charge is due). **We do not want to charge late fees.** However, we ask you to understand and appreciate, we are obligated to compensate our staff based on hours of operation. Late fees are applied and owed irrespective of the "degree" of tardiness. The habitual late collection of the child within your care may result in termination of our contract.

3. Late Payment of tuition:
 - a. \$5.00 per day each day until payment is received in full.
 - b. Additional late payment fees within the same 90-day period will result in a \$10.00 per day fee, each day, until payment is received in full.
 - c. If you are habitually late (i.e. three offences within the same 90 day period) the fee will be increased to \$20.00 per day, each day, until payment is received in full. This will result in a "probation" status. Further late payments made while on "probation" may result in the termination of the contract.
 - d. An NSF fee of \$3.50 will be assessed for each ProCare returned payment.
 - e. Children will not be allowed to attend the center until any delinquent balance has been settled.

CHILD'S NAME:

- 4. If my child attends the facility part-time, missed days or center closures (scheduled or unscheduled) cannot be made up or "exchanged" for future days.
- 5. It is acknowledged by you that a two-week notice is due upon early withdrawal of my child's enrollment. If notice is not provided, two weeks tuition payment is still contractually obligated, whether the child attends the center or not.
- 6. I acknowledge tuition payment is still due for all scheduled and unscheduled closures (i.e., snow days, power loss, per direction of State licensing, CDC, etc.).
- 7. I have received a copy of the Parent Handbook and am supportive of and agreeable to the content laid out therein.
- 8. I acknowledge receipt of center closure dates for 2024 (page 11 of this document).

Signature:

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

CHILD'S NAME:

Child Information

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____

Mailing Address (if different): _____

Sex: Male Female

Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone: (____) _____

Dentist's Name: _____ Phone: (____) _____

Parent / Legal Guardian #1 **Custodial parent if separated/divorced**

First Name: _____ M.I. _____ Last Name: _____

Address to include city and zip code (if different than child's):

Name and Address of Employment:

Work Phone: _____ Home / Cell Phone: _____

Email address: _____

Parent / Legal Guardian #2 **Custodial parent if separated/divorced**

First Name: _____ M.I. _____ Last Name: _____

Address to include city and zip code (if different than child's):

Name and Address of Employment:

Work Phone: _____ Home / Cell Phone: _____

Email address: _____

CHILD'S NAME:

EMERGENCY CONTACTS & AUTHORIZED PICKUP PERSONS:

YOU MAY MAKE ADDITIONAL COPIES OF THIS PAGE IF NEEDED

Emergency Contact #1

(REQUIRED – MUST BE SOMEONE OTHER THAN A PARENT/LEGAL GUARDIAN)

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Authorized to pick-up child

Grant ProCare access. I understand by granting access this person will be able to see all information I see as a parent/guardian to include all messages and billing information. Email address if granting access: _____

Emergency Contact #2

(REQUIRED – MUST BE SOMEONE OTHER THAN A PARENT/LEGAL GUARDIAN)

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Authorized to pick-up child

Grant ProCare access. I understand by granting access this person will be able to see all information I see as a parent/guardian to include all messages and billing information. Email address if granting access: _____

Emergency Contact #3

Name: _____ Phone: _____

Address: _____

Relationship to the Child: _____

Authorized to pick-up child

Grant ProCare access. I understand by granting access this person will be able to see all information I see as a parent/guardian to include all messages and billing information. Email address if granting access: _____

CHILD'S NAME:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Minor's Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Sex: Female Male

Physician's Name and Address of Practice: _____

Physician's Phone: (____) _____

Dentist's Name and Location of Practice: _____

Dentist's Phone: (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for Jennifer Frost, owner of Frosty's Learning Academy and employees (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Signed this _____ day of _____, 20____.

Parent / Guardian Signature: _____

Parent / Guardian Signature: _____

CHILD'S NAME:

OVER-THE-COUNTER MEDICATION AGREEMENT

For the below items checked, I give permission to the employees of Frosty's Learning Academy to use the following over the counter or external preparations as needed according to the directions for use on the container.

**Denotes items that must be supplied by parents. All must be in the original container clearly labeled with the child's name.*

Please check the item(s) you approve Frosty's Learning Academy personnel to use/administer to your child:

* () Acetaminophen

* () Ibuprofen

* () Baby Wipes

* () Baby Lotion

* () Sunscreen

* () Insect Repellent

() Band-Aids

() Neosporin or First Aid antibiotic Ointment

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

CHILD'S NAME:
PRIVACY PERMISSION AGREEMENT

Our program's priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant us permission to conduct the following activities. Please initial off each item to which you give your consent, and sign below:

- _____ Placing photos of your child around our program.
- _____ Giving copies of photos of your child (group photos) to other families in our care.
- _____ Showing your child's ProCare daily activity report without showing your child's name to prospective families.
- _____ Using photos of your child(ren) on our website or other social media.
- _____ Posting artwork and other crafts that include your child(ren)'s name around our program.

Signature

I, the undersigned, being the parent/legal guardian of the child listed above, grant Frosty's Learning Academy the right to use his/her photograph, likeness, or video with or without his/her name, in the above listed media format(s) and initialed as above. I hereby release any claims of copyright, libel, slander, violation of privacy or similar rights that I may have, and I will not seek compensation for usage. I understand my permission is given with no expiration date and that I may revoke this permission in writing at any time for any reason.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

CHILD'S NAME:

PERMISSION TO USE HIGH-RISK EQUIPMENT AGREEMENT

High-Risk Equipment Waiver of Liability

I understand that the use of and play on high-risk equipment is voluntary and at our own risk. As a condition of agreeing and giving permission for my child's use of and play on high-risk equipment, I, and on behalf of my heirs', shall forever discharge, waiver any and all liability, and release of Jennifer and Herbert Frost (hereinafter "Frosty's Learning Academy, LLC"), management, insurers, and employees from any and all claims, demands, injuries, damages, actions, for all acts of active and passive negligence on the part of the company on account of physical injury, mental anguish, death and/or property damage arising from any accident, loss, damages or injury suffered by child resulting from, connected with or caused by my child's use of or play on Frosty's Learning Academy's high-risk equipment.

I understand my permission is given with no expiration date and that I may revoke this permission in writing at any time for any reason.

____ I **DO NOT** give permission for my child to use high-risk equipment.

____ I **DO** give permission for my child to use each of the initialed pieces of equipment listed below while under supervision at Frosty's Learning Academy.

Please initial before each piece of equipment you approve your child to use, if age appropriate; your child will not be able to use the listed equipment if nothing is initialed even if you do give permission above:

____ All riding equipment including but not limited to scooters, tricycles, and wagons.

____ Wooden Playhouse with swings, rock climbing wall, and slide

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

CHILD'S NAME:

PERMISSION TO LEAVE PREMISES

I understand my permission is given with no expiration date and that I may revoke this permission in writing at any time for any reason.

____ I **DO NOT** give permission for my child to leave the Frosty's Learning Academy premises.

____ I **DO** give permission for my child to leave the Frosty's Learning Academy premises for the following activities.

Please initial before each activity to approve which activities your child can leave the premises for; your child will not be able to leave the premises if nothing is initialed even if you do give permission above.

____ Walk to Earl C. McGraw Elementary school to use their playground during summer vacation.

____ Walk to Erickson's Ice Cream for a treat.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

CHILD'S NAME:

PERMISSION TO USE KIDDIE POOL

Kiddie Pool Waiver of Liability

I understand that the use of and play in kiddie pools is voluntary and at our own risk. As a condition of agreeing and giving permission for my child's use of kiddie pools, I, and on behalf of my heirs', I shall forever discharge, waive any and all liability, and release of Jennifer and Herbert Frost (hereinafter "Frosty's Learning Academy, LLC"), management, insurers, and employees from any and all claims, demands, injuries, damages, actions, for all acts of active and passive negligence on the part of the company on account of physical injury, mental anguish, death and/or property damage arising from any accident, loss, damages or injury suffered by child resulting from, connected with or caused by my child's use of Frosty's Learning Academy's kiddie pools

I understand my permission is given with no expiration date and that I may revoke this permission in writing at any time for any reason.

_____ I **DO NOT** give permission for my child to use the kiddie pool.

_____ I **DO** give permission for my child to use and play in a kiddie pool under teacher supervision offered by Frosty's Learning Academy. I am aware that the use of kiddie pools is done so at our own risk, and there is no lifeguard on duty during the use of kiddie pools.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

CHILD'S NAME:

2024 FROSTY'S LEARNING ACADEMY CLOSURE DATES

Frosty's Learning Academy is closed the following dates in 2024:

- Monday, January 1, 2024: New Year's Day
- Friday, May 3, 2024: Early Childhood Education Conference
- Monday, May 27, 2024: Memorial Day
- Thursday, July 4, 2024: Independence Day
- Monday, September 2, 2024: Labor Day
- Thursday, November 28, 2024: Thanksgiving
- Tuesday, December 24, 2024: Christmas Eve
- Wednesday, December 25, 2024: Christmas

CHILD'S NAME:

CHILD & FAMILY PERSONAL HISTORY

Child's Full Name _____ Nickname _____

I have _____ brothers & _____ sisters. Their names and ages are:

Has your child been in any other childcare facilities before? Yes _____ No _____

If yes, reason care was terminated: _____

Are there any other adults (other than parents) that live in your household? Yes _____ No _____

Their names, ages, and relation to your child are: _____

Are there any cultural practices or holidays you would like us to know about? Yes _____ No _____

Does your child use any special words to describe his/her needs? Yes _____ No _____

Health Concerns

What arrangements have you made for the care of your child should he/she become ill while in childcare? _____

Does your child have any known health concerns? Yes _____ No _____

If yes, please describe: _____

Does your child take any medications on a regular basis? Yes _____ No _____

If yes, list the medication(s), dosage, and how often taken:

Are there any hearing or vision problems? Yes _____ No _____

If yes, please describe: _____

Does your child have any known allergies? Yes _____ No _____

CHILD'S NAME:

If yes, please list the allergy and how it manifests: _____

How do you handle / treat the allergy? _____

Does your child suffer from any of the following on a regular basis?

- | | | |
|---------------------|------------------------|----------------------|
| Nosebleeds _____ | Runny nose _____ | Fall Allergies _____ |
| Headaches _____ | Colds _____ | Tonsillitis _____ |
| Sore throats _____ | Spring Allergies _____ | Ear infections _____ |
| Stomach aches _____ | Summer Allergies _____ | |

Does your child vomit easily? Yes _____ No _____

Does your child often run high fevers over 100 degrees? Yes _____ No _____

Has your child been involved in any serious accidents that continue to impact their life?

No _____ Yes, please describe _____

Eating Habits

Does your child have a special diet? No _____ Yes, explain _____

Are there any foods that should not be served to your child? If yes, please list the food and the reason.

Your child's favorite foods _____

Your child's least favorite foods _____

Can your child eat independently either with silverware or hands? Yes _____ No _____

Does your child require special mealtime equipment? Sippy cup _____ Table Booster Seat _____

Is your child usually hungry at mealtimes? Yes _____ No _____ Between meals? Yes _____ No _____

Does your child have any eating issues that you feel we should know about? Yes _____ No _____

If yes, please describe: _____

CHILD'S NAME: Sleeping Habits

Will attending childcare interfere with your child's regular sleep schedule? Yes _____ No _____

How so? _____

Does your child take naps? Yes _____ No _____ *If no, skip to next section.*

What does your child require for sleeping? Cot _____ Pillow & Blanket _____

Other _____

Does your child have any problems getting to sleep or staying asleep? If yes, please explain _____

What is your child's mood upon awakening? _____

Toilet Habits

Can your child indicate his/her toileting needs at least 90% of the time? Yes _____ No _____

Is your child frightened of the bathroom? Yes _____ No _____

Does your child have toileting accidents? Yes _____ No _____

How does your child react to toileting accidents? _____

Does your child need help with toileting? Yes _____ No _____

If yes, please check off the appropriate items:

Undressing _____

Wiping _____

Getting off toilet _____

Redressing _____

Getting on toilet _____

Hand washing _____

Social Relationships

Who does the child live with? Mom _____ Dad _____ Both Parents _____ Legal Guardian(s) _____

Is your child adopted? Yes _____ No _____ Does the child know? Yes _____ No _____

Marital Status of Parent(s) / Guardian(s):

Married _____ Dating _____ Separated _____ Divorced _____ Widowed _____ Single Parent _____

If separated, divorced, or widowed, since when? _____

Has your child had experiences playing with other children of varying ages? Yes _____ No _____

Is your child: Friendly _____ Assertive _____ Shy _____ Withdrawn _____ Other: _____

How does your child get along with siblings (if applicable)? _____

How does your child get along with adults? _____

CHILD'S NAME:

Will your child know any other children at this childcare? Yes _____ No _____

Do you feel your child will adjust easily to the childcare situation? Yes _____ No _____

If no, please explain: _____

What makes your child angry or upset? _____

How does your child show his/her feelings? _____

How do you reward your child for good behavior and how do they react to that?

How do you discipline your child for poor behavior and how do they react to that?

What is your child afraid of? _____

Favorite toys and activities at home: _____

Does your child like to be read to? No _____ Yes _____

Does child like to listen to music? No _____ Yes _____

Where does your child prefer to play? Indoors _____ Outdoors _____ No preference _____

Has your child had experience with:

Clay _____ Finger Painting _____ Sand / Kinetic Sand _____

Scissors _____ Blocks _____ Liquid Glue _____

Easel Painting _____ Water Play _____ Glue Stick _____

Please check the words that BEST describe your child:

Confident _____ Cooperative _____ Follower _____ Excitable _____

Secure _____ Loving _____ Leader _____ Energetic _____

Responsible _____ Shy _____ Loud _____ Bossy _____

Self-reliant _____ Anxious _____ Quiet _____

CHILD'S NAME:

CONTRACT & POLICY AWARENESS SIGNATURE FORM

1. I have completed the following forms as part of my child(ren)'s admittance to childcare and understand that the forms will be maintained by Frosty's Learning Academy, at least 3 years following discontinuation of care.

Forms:

- a) Financial Agreement (Contract)
 - b) Registration
 - c) Emergency Contacts & Non-Guardian Authorized Pick-Up Persons
 - d) Medical Release Authorization Form
 - e) Child & Family Personal History
 - f) Release for Permission to Use Likeness
 - g) Privacy Permission Agreement
 - h) Over-The-Counter Medications Authorization Form
2. All material required by Licensing that guardians be made aware of regarding how Frosty's Learning Academy handles:
 - a) Child guidance practices
 - b) Expulsion and suspension practices
 - c) Management of child illness
 - d) Emergency preparedness for natural disasters and human-caused events, including but not limited to, fire drills
 - e) Release of children to non-custodial caregivers
 - f) Mandated reporting
 - g) Serious injury and child death reporting.

My signature here indicates that I have reviewed/completed each form, the information provided is both current and correct, and that I am aware of the material required by the State as part of Licensing and where I can access it at any time.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____