

Application for Enrollment

Child Information

Date _____

1 st Child					
Last Name		First Name		MI	Nickname
Race/Ethnicity	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City: _____ State: _____	
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Photos: May we take and maintain a photo of your child for security purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			Start Date:		
Primary Hours of Care FROM _____ AM / PM TO _____ AM / PM			Days of the Week in Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
2 nd Child					
Last Name		First Name		MI	Nickname
Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City: _____ State: _____	
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Photos: May we take and maintain a photo of your child for security purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Primary Hours of Care FROM _____ AM / PM TO _____ AM / PM			Days of the Week in Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		

How did you hear about us? _____

Additional Comment: _____

Primary Guardian Information

Names(s) of person(s) with whom child is living

1st Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
2nd Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
Which guardian should be called first?			
Home Phone	Preferred language for written communication		
Home Resident Street Address	Apt#	City	Zip Code
Mailing Address (if different than above)	Apt#	City	Zip Code

Additional Comment: _____

Secondary Guardian Information

Non-primary custodial parent

1st Non-primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

2 nd Non-primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
Which guardian should be called first?			
Home Phone		Preferred language for written communication	
Home Resident Street Address	Apt#	City	Zip Code
Mailing Address (if different than above)	Apt#	City	Zip Code

Additional Comment: _____

Emergency Contacts and Authorized Pickups

1 st Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	
2 nd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	
3 rd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	

FILLED BY DAYCARE

Required Forms

- | | |
|---|---|
| 1. Allergy Action Form | 6. Medication Administration Authorization Form |
| 2. Asthma Action Form | 7. MD Health Immunization Certification Form |
| 3. Emergency Form | 8. Payment Contract |
| 4. Health Inventory | 9. Photograph Permission Form |
| 5. Seizure Medication Administration Authorization Form | 10. Policy Acknowledgment Form |

Tuition Information

Your tuition will be:
\$ ____ per week

Required Deposit
\$

Signature

Parent/Guardian Signature

Date



I, _____, give permission for _____ to photograph my child,
(Parent or Guardian name) (Child Care Provider)

_____, for the following purposes:
(Child's name)

Description of Use	Grant Permission	Decline Permission
Still Photos		
Display on facility's bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care social media pages (Instagram, Facebook, etc.):	<input type="checkbox"/>	<input type="checkbox"/>
Videos		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other: Promotional video on child care social media pages (Instagram, Facebook, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other		
Parent Communication App for daily newsfeed with current parents	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter for current parents	<input type="checkbox"/>	<input type="checkbox"/>

**Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the program website.*

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)



Child's Name: _____

Rates: Full Time, 0 – 2 years - \$325/week

Full Time, 2 years and up - **\$275/week; Part-Time, \$90/day**

This Registration Form, a \$75 non-refundable Registration Fee, and a Deposit of **\$308.75** is due at the time of enrollment to reserve a spot (regardless of the start date). The deposit is required to save a spot at Joyful Hearts Child Care and is non-refundable should you decide to not start care at the agreed upon date. The deposit will be applied towards your last week of care (if proper 2-week written notice is given).

Joyful Hearts Child Care will be closed for the following holidays:

New Year’s Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans Day, Memorial Day, Thanksgiving Day & the day after, Christmas Day.

Full childcare fees for all these holidays are required.

When the holiday falls on a Saturday or Sunday, then the acknowledged Federal/State holiday prevails, i.e., Independence Day is on a Sunday and the acknowledged Federal holiday is Monday, July 5th. Joyful Hearts Child Care will be closed for 3 weeks during the course of the calendar year (specific dates will be made available to parents in advance) as outlined in the Parent Handbook. No tuition is required during these closures.

***You will be charged \$1/minute for each minute past your pick-up time.
A \$5.00/day late fee will be charged if your payment is not paid on time.
If a holiday falls on a Friday, payment will be due on the Thursday.***

This agreement is made by and between Ninma Fearon, Licensed Child Care Provider and _____, Parent/Guardian of _____. The following has been agreed upon between the two parties beginning _____.

I understand that a 2-week written notice is required before leaving the program. I understand I will be responsible for paying tuition for the full duration of the notice, whether my child attends or not. I agree to the weekly rate of \$____, to be paid each Friday before the week begins for my child, _____. Our arrival time will be _____ and pick up time will be no later than _____ from Monday through Friday. Any added time before or after those times will be discussed beforehand or will be subject to late pickup fees or early arrival fees.

This agreement shall be in effect until which time parent/guardian or provider has given termination notice in accordance with the Parent Handbook policy, or negotiation of a new contract.

THIS AGREEMENT AND THE PARENT HANDBOOK WHOLLY STATE THE OBLIGATIONS OF THE PROVIDER; THERE ARE NO OTHER IMPLIED OBLIGATIONS. ANY AMENDMENTS TO THIS AGREEMENT MUST BE IN WRITING AND SIGNED BY BOTH PARTIES.

Licensed Child Care Provider _____ Date

BOTH PARENTS MUST SIGN OR PARENT/GUARDIAN WITH SOLE CUSTODY OF THE CHILD:

(Parent/guardian) _____ (Date)

(Parent/guardian) _____ (Date)



Family Intake Survey and Care Plan

Dear Parent,

We are excited to learn more about your family! Please complete the form below. Write 'N/A' where non-applicable.

Child's Name _____

Date of Birth: _____

What would you like us to call your child?		
With whom does your child reside?		
Other than yourself, who has cared for your child?		
Does your child have siblings?		
What are some of your child's favorite types of toys?		
What are some of your child's favorite types of books?		
What are your child's interests? What does your child enjoy doing?		
Development & Feelings		
When your child is upset, how do you comfort them?		
How do they express anger, or react to frustration?		
How do they express feelings of pleasure, excitement, or joy?		
Please describe your guidance/ discipline styles and strategies.		
Does your child exhibit Separation Anxiety? Please describe in comments.		
Does your child have a security object or favorite toy?		
Does your child use a pacifier?		
Does your child prefer to play	Alone?	In groups?

Family Intake Survey and Care Plan

Napping	
What time does your child go to bed?	pm
What time does your child wake up?	am
Does your child have a regular nap schedule?	
Does the nap schedule change on the weekends?	
Please describe your child's go-to-sleep routines (i.e., Do they need to be rocked, read a story, just laid down and left alone?)	
Please describe your child's wake-up routines.	

Family Intake Survey and Care Plan

Does your child...	Yes	No	Comments
Hear well?			
Walk, run, and climb like other children?			
Have any diagnosed physical conditions or disabilities? <i>If yes, please list in comments.</i>			
Have a special needs diagnosis? <i>If yes, please specify in comments.</i>			
Have any recent medical problems? If yes, please list in comments.			
Receive any special services? If yes, please list in comments.			
Take any regular medications? If yes, please list what and why.			
Eating			
Have food allergies? If yes, please specify in the comments.			
Follow a specialized diet?			
Feed them self?			
Have any food dislikes or eating problems? If yes, please list in comments. **			
Toileting/Diapering			
Use the toilet independently?			
Have regular bowel movements?			

** Sometimes children don't feel like eating. If this happens, our general rule will be to try again in an hour or next scheduled snack time.



Family Intake Survey and Care Plan

What are the top three goals you have for your child while they are in our care?

- 1.
- 2.
- 3.

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other)?

Parent Signature

Date

Joyful Hearts Child Care Management Signature

Date

Thank you for taking the time to help us learn about your family! We look forward to using this information to help your child reach his/her fullest potential!