

NEW CHILD INFORMATION FORM — CLIFTON PARK

Complete for business office

Child's Full Name

Date of Birth

Referral: Family Employee Referring Person's Name:

Mother's Name: Mobile Ph: E-mail:

Father's Name: Mobile Ph: E-mail:

Home Street Address:

Billing E-mail Address:

Child's Program:

Infant

Preschool

After School

Young Toddler

School-Age — Summer Camp, etc

Wrap Around Kindergarten

Toddler

Before School

Before & After School

Child's Schedule and Drop-Off/Pick-Up Times:

Monday	Drop-Off	<input type="text"/>	Pick-Up	<input type="text"/>
Tuesday	Drop-Off	<input type="text"/>	Pick-Up	<input type="text"/>
Wednesday	Drop-Off	<input type="text"/>	Pick-Up	<input type="text"/>
Thursday	Drop-Off	<input type="text"/>	Pick-Up	<input type="text"/>
Friday	Drop-Off	<input type="text"/>	Pick-Up	<input type="text"/>

Payment Type: Monthly Invoice (Invoiced monthly, due on the 25th of the month prior to service)
 Weekly EFT(attach EFT Authorization Form & voided check) Drawn down every Monday.

Subsidy: NY Childcare Subsidy Program

of additional key fob(s): Family will be invoiced a \$5.00 usage fee for each additional key fob

Miscellaneous Info:

ENROLLMENT AGREEMENT

Complete and submit with Final Weeks Tuition and \$50.00 Registration Fee to enroll.

Child's Full Name	M/F <input type="checkbox"/>	Date of Birth
Schedule: Mo Tu We Th Fr	Scheduled Drop-Off:	Scheduled Pick Up:
1. Mother/Guardian Name	E-mail Address	
Home Address	City/ST/Zip	
Home #	Mobile #	Work #
2. Father/Guardian Name	E-mail Address	
Home Address	City/ST/Zip	
Home #	Mobile #	Work #
Referred By	Start Date	

REGISTRATION FEE & FINAL WEEKS TUITION PRE-PAYMENT — A \$50 registration fee is due with the final weeks tuition pre-payment for the child's last week of enrollment, regardless of whether the child attends the center. *The registration fee and final weeks tuition are not refundable under any circumstances.*

TUITION PAYMENT OPTIONS
(please check one)

EFT — Weekly payments are drafted on Fridays, 3 days before the week of enrollment. EFT form must be submitted 7 days before child's enrollment begins to use EFT.

Check* — Clients will receive a monthly invoice for the following month's tuition. Payments are due on the 25th of each month for the following month's tuition. **Payment is determined by the number of Mondays per month times the weekly tuition.*

LATE PAYMENT FEES — Late payments will be subject to a 10% late fee. Checks or drafts returned for non-sufficient funds will be subject to a \$45 fee.

LATE PICK UP FEE — A late fee of \$5 for every 5 minutes or fraction thereof is due if child is not picked up by 6:00PM. Police will be notified if child is not picked up by 7:00PM.

ABSENCES — Full tuition is expected for any absences. This includes, but is not limited to: sick days, holidays and weather closings. Children may not switch scheduled days due to these absences.

WITHDRAWAL/ENROLLMENT CHANGE — A two-week written notice is required for all withdrawals. The Final Weeks Tuition pre-payment will be applied to your remaining invoices. No cash refunds will be given. A two-week written notice is required for all enrollment changes

MANDATORY FORMS — The following forms are required before your child can be dropped off at the Center:

- NY Medical Statement of Child in Childcare — Signed by Physician, Physician's Asst., or Nurse Practitioner & current as per NY State Dept. of Health
- Child Emergency Information Form
- Enrollment Agreement (This form)
- Parent Manual Sign Off (This is the last page of the Parent Manual).

Parties agree that the registration fee and final weeks tuition pre-payment is not refundable and is reasonable compensation to SmartEarly Learning Centers for any damages suffered as a result of not attending or withdrawal from the program and is not intended as a penalty.

I give SmartEarly Learning Centers permission to use my child's photo (website, social media, marketing, etc.)

Initial here

I UNDERSTAND THIS IS A FORMAL CONTRACT. I HAVE REVIEWED AND UNDERSTAND THE POLICIES AND PROCEDURES CONTAINED IN THE PARENT MANUAL.

Parent/Guardian's Signature

Date

Director's Signature

Date

ELECTRONIC FUNDS TRANSFER FORM

EFT Information

Electronic Funds Transfer (EFT) is the easiest way for you to pay your weekly child care cost. It's simple, secure...and best of all FREE!

HOW DOES IT WORK?

Once you enroll in EFT, your financial institution will automatically send us your weekly payment from your checking or savings account. It's your choice.

After your EFT request is processed, you will receive written notification from us that your electronic payments are ready to begin.

WHAT ABOUT SECURITY?

Payment is made by your financial institution only with your authorization. Federal banking regulations assure that only you can change the payment amount and method.

What's more, Federal consumer safeguard regulations are even more stringent for EFT than when you pay by check, which means that EFT is more secure than conventional checking.

IS EFT THE RIGHT CHOICE FOR ME?

If saving time and money are important, then EFT is the right choice for you. Consider all that EFT offers...

CONVENIENCE — EFT reduces the time and hassle of paying your bills. Automatic payment means never having to remember to write a check.

CONTROL — You determine the method of payment. And you can cancel this free payment service for any reason, at any time.

VALUE — Not only is EFT free, but it saves you time, money and simplifies your busy life.

REGISTER NOW FOR EFT...IT'S EASY AND FREE

To register for EFT simply:

1. Complete the enrollment form below.
2. Place your completed form in an envelope.
3. Deliver it to SmartEarly Learning Centers the next time you drop off your child.

EFT Authorization Form — *Complete the sections below and return to SmartEarly.*

I hereby authorize

(Name of your financial institution)

to make weekly child care payments on my behalf from the checking or savings account listed below and transfer it to:

SmartEarly Learning Centers

CHOOSE ONE:

Checking Account Transfer
Voided check must be attached.

Savings Account Transfer
Direct Deposit Form must be attached. Must be on financial institution letterhead documenting name, account # and routing #.

I understand that I am in full control of my EFT payment, and if at any time I decide to make any changes or discontinue this service, I will call or write SmartEarly Learning Centers.

Name

Address

City

State

Zip

Payment Date: Mondays, beginning

Customer Signature

Date

CHILD EMERGENCY INFORMATION FORM

Child's Full Name _____ Date of Birth _____

Home Address _____ City/ST/Zip _____

1. Parent/Guardian Name _____ E-mail Address _____

Home Address _____ City/ST/Zip _____

Home # _____ Mobile # _____ Work # _____

2. Parent/Guardian Name _____ E-mail Address _____

Home Address _____ City/ST/Zip _____

Home # _____ Mobile # _____ Work # _____

Alternate Pick Up Person(s) — *The below listed person(s) is authorized to come and pick up the child when parents cannot be reached or to have access to health information about the child. If only one parent is listed on the Enrollment Agreement, then at least two Alternate Pick-Up Persons must be listed.*

1. Full Name _____ Relationship _____

Home # _____ Mobile # _____ Work # _____

2. Full Name _____ Relationship _____

Home # _____ Mobile # _____ Work # _____

3. Full Name _____ Relationship _____

Home # _____ Mobile # _____ Work # _____

Child's Medical Insurance _____ Policy # _____

Child's Physician _____ Physician's Phone # _____

Physician's Address _____

Instructions for special health needs such as allergies or chronic illness _____

I give my permission for the staff at SmartEarly Learning Centers to do the following for my child in a medical emergency:

- Administer First Aid
- Transport my child via EMS, Private Ambulance or Staff Member(s) to a Hospital or another Emergency Facility
- Obtain needed medical treatment
- Post my child's full name, photo and medical information on a Health Alert Form, if necessary.

Any expenses incurred through the transporting and/or treatment of the child are the parent's responsibility.

Parent/Guardian's Signature

Date

BACKGROUND INFORMATION FORM

Dear Parent,

This form is designed to help us in giving your child the best possible care available. It allows us to know your child's individual interests, strengths and needs. Please answer the following questions and add any additional information you may feel we need to know about your child and your family.

Child's Name

Does your child have any siblings? If so, what are their names and ages?

Who are the adults in your household?

Family's primary language:

At what age did your child:

Begin to speak words?

Repeat short sentences?

Begin toilet training?

Complete toilet training?

Does your child dress self? Yes No

Undress self? Yes No

Is your child left or right handed, or undecided?

Does child enjoy eating? Yes No Please explain

What are his/her favorite foods?

Any food dislikes?

Any food allergies or restrictions?

What time is usual bedtime?

Awake in morning?

Does child sleep well?

Does child nap?

What are your child's interests?

What is your child's favorite book/story?

What are your child's fears?

If you have pets, what are they and what are their names?

Describe any cultural traditions your family celebrates?

What would you like us to know about your child?

CHILD VIDEO AND PHOTO RELEASE AGREEMENT

Date:

Child's Full Name:

Parent(s) Full Name:

I understand that SmartEarly Clifton Park, LLC has installed a product, **WatchMeGrow**, that allows secure internet viewing of classrooms and specific cameras by parents and/or guardians of children enrolled in the center. I understand that **ONLY** the Owner, Directors of SmartEarly, parents and/or guardians assigned by parents will have access to the live video feed.

I also understand and agree that WatchMeGrow is a tool that I am paying for that allows me as a parent to 'check in' on my child(ren) throughout the day. I understand it is not a tool to watch my child all day. I understand and agree that SmartEarly has the right to limit the amount of times I can log into WatchMeGrow each day and also limit the amount of time for each logon session should I be using the system for reasons other than to 'check in' on my child(ren). I understand these limits are set to manage bandwidth in the center.

I will not, **under any circumstances**, either record my screen or allow others to view my screen and if found violating this Agreement SmartEarly can at it's sole discretion dis-enroll my child immediately.

I also understand and agree that SmartEarly **ONLY** provides a live video feed and should SmartEarly poses any recorded video that I have no rights whatsoever to recorded video at any time. Recorded video, if any, is the sole property of SmartEarly Clifton Park, LLC.

I would like to enroll in the WatchMeGrow Service for an additional \$25.00 per month and both understand and agree in full with STIPULATIONS 1 and 2 of this Agreement.

I decline to enroll in the WatchMeGrow Service.

I also understand that SmartEarly will be taking photos of children throughout the center for Social Media purposes.

I approve for my child to be photographed and their photos placed on SmartEarly's Facebook pages.

I do NOT approve for my child to be photographed and their photos placed on SmartEarly's Facebook pages.

Parent Signature

Date

CHILD STOCK MEDICATION RELEASE FORM

Date: _____

Child's Full Name: _____

Parent(s) Full Name: _____

My child has been administered the following non-prescription medications with no adverse side effects, including but not limited to, an allergic reaction.

Diphenhydramine (i.e. Children's Benadryl)

Parent Signature

Date

Acetaminophen (i.e. Children's Tylenol)

Parent Signature

Date

I understand that in a case of emergency, SmartEarly may contact me to obtain verbal permission to administer the proper age-appropriate dosage of Diphenhydramine or Acetaminophen.

Parent Signature

Date

ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATION PARENTAL WRITTEN CONSENT FORM

(Must be recorded in ink as per State of New York.)

As per state regulation topical medications shall include:

Diaper cream or ointment free of antibiotic, antifungal, or steroid components
Sunscreen
Insect Repellant

Child's Full Name: _____ Date of Birth: _____

Parent's Names: _____

Full Address: _____

Home Phone #: _____

Circle/List Specific Name of Topical Medication to be Administered: *Please list brand names*

A&D	Balmex	Desitin	DiaperGuard	Vaseline
Insect Repellent:	Sunscreen SPF 15 or higher:	Other:		
_____	_____	_____		

Schedule of Administration:

(i.e. "as needed" or be specific, Insect Repellent containing DEET may only be applied once per day)

Route of Administration:

Date administration starts: _____ Date administration ends: _____

Medication error (if applicable): _____ Administered by: _____

I give my permission for SmartEarly Learning Centers staff members to administer the above topical medications to my child. My child has had this topical medication administered previously without adverse effect.

Parent Signature

Director

Date

Date

WHAT SHOULD PARENTS PROVIDE?

INFANT PROGRAM

- Initial feeding & napping schedule
- Pre-filled, labeled & covered bottles
- Infant food
- Feeding utensils
- Bibs (*Velcro closure*)
- Burping/feeding cloths
- Pacifiers (*labeled*)
- Diapers
- Wipes
- Ointments, powders, etc*
- Extra changes of clothes
- Thin blanket for naps
- Special cuddly nap toy

TODDLER PROGRAM

- Breakfast (*if arriving early*)
- Lunch (cut into safe bite size pieces)
- Bowls & eating utensils
- Diapers
- Wipes
- Ointments, powders, etc*
- Extra changes of clothes
- Seasonal outdoor apparel
- Crib sheet & blanket
- Special cuddly nap toy
- Labeled zippered bag for nap items

YOUNG TODDLER PROGRAM

- Breakfast (*if arriving early*)
- Lunch (cut into safe bite size pieces)
- Sippy cups
- Bowls & eating utensils
- Bibs (*Velcro closure*)
- Pacifiers (*labeled*)
- Diapers
- Wipes
- Ointments, powders, etc*
- Extra changes of clothes
- Seasonal outdoor apparel
- Crib sheet & blanket
- Special cuddly nap toy
- Labeled zippered bag for nap items

PRESCHOOL PROGRAM

- Breakfast (*if arriving early*)
- Lunch (cut into safe bite size pieces)
- Eating utensils
- Extra changes of clothes
- Seasonal outdoor apparel
- Blanket
- Special cuddly nap toy
- Labeled zippered bag for nap items