

Enrollment Agreement



Date of Application: _____

Requested First Day: _____

Classroom: _____

CHECK COMPLETED FORMS

State: OFFICE USE ONLY

- Enrollment Agreement
- Enrollment Policies Agreement
- Preschool Health Statement
- Immunization Record
- Hearing/Vision Screen
- FARE Form

Center: OFFICE USE ONLY

- Financial Agreements
- Transportation Agreement
- Field Trip Permission
- Child Profile
- ACH Form
- Authorized Pick-Up ID

CHILD INFORMATION

Child's Name: _____ Sex: M F

Date of Birth: _____ Age: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Yes No Has your child been previously enrolled at Imagine Nation Learning Center?

Yes No Will your child have a sibling enrolled? If yes, sibling's name: _____

Yes No Has your child been previously enrolled in a learning center, preschool, day care or group play?

Yes No Is your child potty trained?

Yes No Does your child speak a different language? Specify: _____

Yes No Will Imagine Nation transport your child to/from school? If yes, name of School: _____

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian

Name: _____ Relationship: _____ DL#: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Provider _____

E-Mail: _____ Text Messaging Authorization: Yes No

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Secondary Parent/Guardian

Name: _____ Relationship: _____ DL#: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Provider _____

E-Mail: _____ Text Messaging Authorization: Yes No

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

EMERGENCY INFORMATION

Should my child become ill or suffer an accident, I hereby authorize Imagine Nation Learning Center, to call for, or secure the necessary emergency care of medical attention as deemed necessary by Imagine Nation Learning Center. I understand that an effort will be made to contact myself or the designated persons if possible, before any action is taken. I also understand that any expense incurred will be accepted by me.

Child's Physician: _____ Phone: (____) _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

Preferred Emergency Medical Facility: _____ Phone: (____) _____

Facility Address: _____ City: _____ State: _____ Zip: _____

*Please list any continuing treatment for a medical or behavior disorder your child is receiving.

*Please list any medical problems or chronic illnesses which the school should be aware of.

*Please list any parent preference dietary restrictions: _____

*Please list any food or drug allergies: _____ Reaction(s): _____

**(Please have your child's physician complete the provided FARE form for any known allergies and please indicate "none known" if applicable)*

List an individual OTHER than parents/guardians who may be contacted to pick up your child in case of an emergency.

Name: _____ Relation to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Work Phone : (____) _____

With whom does the child live with? _____ Both Parents _____ Mom _____ Dad _____ Other (Specify: _____)

**(If the child does not live with both parents, a copy of the court-ordered custody decree must be maintained in the child's permanent file. The guidelines of the custody decree will be strictly enforced.)*

AUTHORIZED "PICK-UP" INFORMATION:

Name: _____ Relation to Child: _____

Home Phone: (____) _____ Cell Phone: (____) _____ DL#: _____

Name: _____ Relation to Child: _____

Home Phone: (____) _____ Cell Phone: (____) _____ DL#: _____

Name: _____ Relation to Child: _____

Home Phone: (____) _____ Cell Phone: (____) _____ DL#: _____

Name: _____ Relation to Child: _____

Home Phone: (____) _____ Cell Phone: (____) _____ DL#: _____

RECORDS

I understand that I am required to provide a copy of my child's updated shot records. A copy must be turned in with the enrollment packet. I must also provide a written preschool health-statement from my health care professional. If my child is 4 years old by September 1st, I must also provide the center with vision and hearing screening results completed by a healthcare professional.

OR

My child, _____, attends public/private school and has a current immunization and vision/hearing screening record on file at the school.

School Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____ Date: _____

REGISTRATION AND SUPPLY

A non-refundable registration fee of \$_____ is due and payable at the time of enrollment. I understand when my child is enrolled fulltime and is 18 months - 5 years of age, I am responsible for a \$_____ a month supply fee due the 1st Monday of every month. Payment Options include Automatic Bank Draft, Cash or Check OR for a convenience fee of \$7.00 per transaction, Credit or Debit Cards.

Applicant understands the importance of and assumes responsibility for notifying the school of any significant changes in enrollment information such as phone numbers, email address, emergency contacts, authorized pick-ups, medical information, custody information, etc.

TUITION

Tuition is due by close of business on Monday each week. If payment is not received by 6:30pm Monday, I will lose any discounts that may apply and a late payment fee of \$_____ will be applied. Failure to stay current in your child's tuition fees may result in the loss of your child's spot in our program and will constitute a default which will entitle our schools to all remedies as prescribed by law including reasonable attorney's fees. The Standard tuition rate is \$_____ per week for the _____ program. My tuition is \$_____ per week. I understand that rates are subject to change with reasonable notice as conditions require. If I choose to change my enrolled program, I will be required to complete a new Enrollment Agreement. There are no deductions for holidays or partial week attendance.

SCHOOL AGE PROGRAMS: My tuition is \$_____ per day my child attends when the local public does not hold classes. I understand that my winter/spring/summer break tuition is \$_____ plus any cost of field trips.

LATE PICK-UP CHARGES

The center is open from 6:00 am to 6:30 pm, Monday through Friday all year, except holidays listed in the Family Handbook. If a child is left after closing, an administrator will attempt to contact the parents first, then will proceed to the listed emergency contacts to pick up the child. I understand that I will be charged a late pick up fee of \$_____ per every 15 minutes or portion of a 15-minute period, per child, until the child is picked up. This fee must be paid at the time of pick up.

WITHDRAWAL

Should it become necessary to withdraw your child for any reason, be sure you have reviewed the withdrawal procedures listed in the Parent Handbook. A two week written notice is required when withdrawing. Verbal notice will not be considered a withdrawal notification. A charge of up to two weeks will be incurred for improper notification.

RETURNED CHECKS

I understand I will be charged a fee of \$_____ if my check is returned for non-sufficient funds and my check will be resubmitted electronically up to three times. If more than two checks are returned within a calendar year, I will be required to make future payments by money order, credit card or cash.

VACATION CREDITS

We encourage families to take advantage of Vacation Credits if your child is going to be out for an entire week. Vacation Credits reduce your weekly tuition payment by 100%. The Vacation Credits must be taken in full week increments. There is no credit given for single days. Regular tuition must be paid when your child attends any part of the week. Vacation Credit requests must be submitted in writing to the Center Director two weeks prior to use. Each family will receive one vacation credit per year, per child. See Center Director for vacation credit details.

ILLNESS

I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature (*see parent handbook for details*), severe headaches, upset stomach, pink eye or diarrhea, he/she cannot be accepted into the center until well. Children must be fever free for 24 hours (*without fever reducing medications*) before returning to the school. In the event my child has a communicable disease, a release from a medical source may be required before my child re-enters the school. Imagine Nation will notify me if a reportable disease has been introduced into the school.

MEDICATION

Medication will only be administered once a day and all medications must be signed into the front desk. **No medication may be placed in the child's bag.** Only medication specifically labeled as a prescription with doctor's name, child's name, and dosage procedures will be administered. The school will only administer over the counter medications according to the directions on the label. When the directions indicate "ask doctor," the school requires written authorization from my child's physician, Benadryl or its generic form will not be administered.

Parent/Guardian Signature: _____ Date: _____

SIGNING IN AND OUT

I understand that it is my responsibility to escort my child in and out of the school as well as sign my child in and out of the center. I understand that staff members will escort my child into the center when being transported from school by district or Imagine Nation transportation.

PERMISSION TO APPLY SUNSCREEN, LOTION, AND CREAMS

I authorize permission for staff to apply sunscreen, diaper rash cream, bug spray, and lotions to my child, when needed, each day they attend school. I understand that, 1) I am to provide the sunscreen, lotion, and/or cream labeled with my child’s name, and 2) Only the items I provide will be applied to my child.

I DO grant permission: _____ I DO NOT grant permission: _____

PHOTOGRAPHY/VIDEO/SOCIAL MEDIA RELEASE

I authorize permission to Imagine Nation Learning Center, its agents, affiliates and licensees to make, reproduce, publish and otherwise use photographs, videos, and/or sound recordings of my child for the purpose of illustration, advertising, and publicity, in any manner or in any form, including broadcast, print, electronic, and social media. I agree to indemnify, defend and hold harmless Imagine Nation Learning Center, its agents, affiliates, licensees and employees from claims arising from or relating to the use of the videotape/photograph or sound recordings of my child and hereby waive release, and discharge any claims I may have against Imagine Nation Learning Center, its agents, affiliates, licensees and employees arising from such use. I understand that my child will not be identified without written consent. I understand that this approval may be revoked at any time by written request to the management of the school my child attends.

I DO grant photography permission: _____ I DO NOT grant photography permission: _____

I DO grant social media permission: _____ I DO NOT grant social media permission: _____

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES: *(please initial)*

_____ All program activities, including the use of indoor and outdoor equipment.

_____ Water-related activities supervised by my child’s school.

_____ Transport to and from the Elementary school my child attends.

_____ Any scheduled field trips in age-appropriate classes.

I, _____, agree that I have read and understand the terms and agreements listed herein. I am in receipt of an agree to comply with all of the policies and procedures set forth in the Parent Handbook and Addendums, and agree to the provisions which are incorporated herein, by reference and are a part hereof.

Parent/Guardian: _____ Date: _____ Director: _____

HOW DID YOU HEAR ABOUT US?

Drive by Website Google Referral : _____ Other: _____

The information contained on this for must be verified annually or when a situation changes, such as a phone number. For subsequent years, parents/guardians must validate by signing below.

I have verified that all the information on this form is accurate and up-to-date:

_____ Initial Date verified: (mm/dd/yy) _____ Relationship to child: _____

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_____ Initial Date verified: (mm/dd/yy) _____ Relationship to child: _____