



Enrollment Contract

Welcome to Early Beginnings for Young Learners. We are so happy you picked us for your childcare needs. During your child's time with us they will learn, grow and development in a safe, clean, and caring environments. Here at EBYL we follow all state and local laws pertaining to childcare. We believe strongly in open communication and ask that you please bring any comments, concerns, and positive feed back to your child's teacher or the admin team.

Drop off and pickup: We ask that you please stick to your drop off and pick up times. For example: If your drop off time is 8:30am we ask that you please not arrive before 8:15. If your pickup time is 5:30pm, we are that you arrive no later than 5:45 pm. Children are able to be dropped off and pickup any time between your scheduled time. All children **MUST** arrive by 9:30am. The only exception is for a medical appointment. We use the times you provide to ensure we always maintain state ratios. If your child arrives or is picked up more than 15-minutes before/after their scheduled time, will have a fee of \$1.00 per minute added to their tuition. If you need to adjust your child's time, please notify Kay at kay@EBYLNH.com, at least 1-week before. We are happy to accommodate 😊.

Children are required to only attend 10-hours per day. Children who attend longer than 10-hours, will have a fee of \$3.00 per minute added to their tuition. Children who are picked up after 6:00pm, will have a fee of \$5.00 per minute added to their tuition. We ask that you please notify staff if you will be later than your intended time.

Payments: Tuition payments are due weekly. Parents are encouraged to enroll in autopayment through ProCare. For ACH payments there is a processing fee of \$1.00. For credit card and debit card payments, the fee is 2.5%. Payments are due by the close of business on Fridays for the upcoming week. Failure to pay on time, will result in a \$25.00 late fee. After 2-weeks of non-payment, children will be suspended until payment is full is made. If you are struggling to make payments, we kindly ask that you speak to someone on the admin team so that we can help to come up with a plan! Denied payments, will result in a fee of \$50.00. Tuition rates will be adjusted every June and as your child ages.

Enrollment: Parents who wish to enroll in our center, must place one week's tuition deposit. This deposit will go towards your child's first week of care. If at any time, you choose to unenroll your child, we ask that you please inform us in writing 2-weeks prior to leaving. This will allow your us to help prepare your child for their departure. Failure to provide a 2-weeks' notice, will result in your account being debited 2-weeks' worth of tuition.

If you are on vacation, your child is out sick, or the center is closed due to weather, illness, or other emergency, tuition will still be required. This allows us to continue to operate and to pay our team. If you would like to take a break in care longer than 30-days, you must inform us in writing so that we are able to stop payments for that time. A deposit must be placed to hold a spot once returned.

Discounts: We provide a \$10.00 discount on siblings. For Military (current and former), 1st responders and medical personal there will be a 10% discount off tuition. Teacher and public school personal will receive a special teacher's contract.

Child's name: _____ DOB: _____ Start Date: _____

Days and **times** attending:

Mon: __: __ am to __: __ pm **Tues:** __: __ am to __: __ pm

Wed: __: __ am to __: __ pm **Thurs:** __: __ am to __: __ pm **Fri:** __: __ am to __: __ pm

Your weekly tuition will be: _____ with the following discount: _____, total: _____

Parent Sign: _____

Enrollment Packet

Early Beginnings for Young Learners

CCB-06938

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name: _____ Date of birth: _____

Address: _____

Phone number (s): Cell: _____ Work: _____

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD

Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.

First Contact Name: _____ Home phone: _____

Address: _____

First Contact Business Name: _____ Number: _____

Hours at work: _____ to _____ Email: _____

Special Instructions for reaching parent/guardian: _____

Second Contact Name: _____ Home phone: _____

Address: _____

Second Contact Business Name: _____ Number: _____

Hours at work: _____ to _____ Email: _____

Special Instructions for reaching parent/guardian: _____

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Emergency Contact Name: _____ Number: _____

Relationship: _____ Address: _____

Emergency Contact Name: _____ Number: _____

Relationship: _____ Address: _____

(Parent/Guardian Signature) _____ authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Non-Emergency Contact Name: _____ Number: _____

Relationship: _____ Address: _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, childcare licensing unit. Childcare programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the childcare program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

I give permission for childcare licensing staff to interview my child at the childcare program separate from their class or group.

I wish to be notified prior to childcare licensing staff interviewing my child at the childcare program separate from their class or group.

I do not give permission for childcare licensing staff to interview my child at the childcare program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician: _____ Phone number: _____
Physician's Address: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by childcare program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature: _____ Date: _____

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Registration and Tuition Agreement

Child's Name: _____ DOB: _____

Person filling out this from: _____ Relationship to child: _____

_____: I understand that I will have to pay weekly in the amount of \$ _____. This amount must be paid by check or through ProCare.

_____: I understand that tuition is due by close Friday for the upcoming week. Failure to pay in a timely manner will result in a \$25.00 later fee per week.

_____: I understand that failure to pay will result in suspension of care until the balance is paid. If after 4-weeks of non-payment, your child will be unenrolled from care. The past due balance will be placed in collections if not paid in full.

_____: I understand that if my child does not attend a scheduled day, I am still responsible for payment. This includes holiday closures, snow emergency's, child is out sick, and/or emergency closures that are not the fault of the center.

_____: I understand that my child can attend 10-hours per day. After 10-hours, your account will be charged 3.00 per minute.

_____: I understand that if my child is here past 6:00pm, parents will be charged \$5.00 per minute. If no communication with parents of emergency contacts after 7:00pm, the child will be picked up by the local police department. Please note, the center will try all emergency contacts and you before contacting the police.

_____: I understand that my child must attend consistent times. If my child is dropped off more than 15-minutes before their scheduled time you will be charged \$1.00 per minute up to 15-minutes before their scheduled start time.

_____: I understand that I must give 2-weeks' notice to end childcare. If I forgo a 2-weeks' notice, I understand that I must pay for those 2-weeks. Notice must be in writing.

_____: I understand that all forms must be filled out yearly.

Parent sign: _____

Date: _____

Family Questionnaire

To help us better understand you and your family, we ask that you take some time to answer the following questions. This will allow our teachers to become familiar with your family. This will also help make your child's time with us an enjoyable experience. This information will help us to meet your child's needs and plan a program that will be fun and full of learning at your child's age-appropriate level. The information will be kept in a confidential file and not shared with your child's teacher. If you are uncomfortable answering any of the questions, please feel free to skip that question. Thank you for your understanding and cooperation with this important process.

Child's Name: _____ DOB: _____

Nickname: _____

Please list all the adults living in your household and their relationship to the child:

Please list each child in the family with their age and gender:

Are there pets in the home? If so, what are they and their names: _____

Is a language other than English spoke in the home? If so, which one (s): _____

Has your child attended Pre-School or childcare before? If so, what kind? (Ex. Full Day, Half Day, Pre-School, in home or center):

What are your child's interests and at-home play activities?: _____

Does your child nap or rest regularly in the afternoon? If so, for how long and is there anything we should be aware of during this time? : _____

Does your child have a daily routine that they follow at home with you? If so, what does it look like:

What type of personality does your child have?: _____

Any fears we should know about? _____

Eating and feeding habits: _____

Allergies: _____

Daily medication/ Vitamins: _____

Permission Form

Naptime Ratios:

I _____, am aware that per state regulations (He-C 4002.23/ section O), for children 24-months to 5-years, that during naptime, a center-based program may have one less staff member in the classroom while children are resting in according with, He-C 4002.23 through He-C 4002.36.

_____: I CONSENT to my child being in a classroom where there may be one less teacher during naptime at Early Beginnings for Young Learners.

_____: I DO NOT consent to my child being in a classroom where there is one less teacher during naptime at Early Beginnings for Young Learners.

Sunscreen:

_____: I give EBYL permission to apply parent provided sunscreen UVA/UVB 30 of higher to my child. (Please label)

Bug Repellent:

_____: I give EBYL permission to apply parent provided Bug Spray. (Please label)

Diaper Rash Ointment:

_____: I give EBYL permission to apply parent provided Diaper Rash Cream to my child. (Please label)

Photo:

_____: I give EBYL permission to take photos of my child to post on ProCare and throughout the school only. We do not post photos on our website or Facebook without a consent to release form separate from this one. Staff members are not allowed to keep photos of students on their phones, they are required to delete them right away.

Walking Field Trip:

_____: I give EBYL permission to take my child for a walk around the building/ Rite Aid parking lot.

Emergency Evacuation Information

Early Beginnings for Young Learners will bring children to 32 Daniel Webster Highway, Merrimack NH 03054, located at 30 Daniel Webster Highway, Merrimack, NH 03054 if we must relocate due to an emergency. You will be noticed via phone call and ProCare alert.

In the event of a fire drill students will be brought to the playground or Rite Aid parking lot. We will follow the instructions of First Responders.

If your child needs to be brought to a hospital, we will use the closest hospital and available one according with EMS and Paramedic recommendation. You will be notified by phone and via ProCare.

Emergency Contact\ Owners for EBYL:

Kay Garber (kay@ebylnh.com), Kristen McCormick (kristen@ebylnh.com), Kristina Ducey (kristina@ebylnh.com)

Release and Assumption of Risk

I am aware that my child is participating in activities of a normal childcare center. These activities are always supervised, however, as children are learning they sometimes do get hurt. When children are hurt, we will provide you with an accident report. If the injury is above the neck, we will contact you via phone and ProCare.

_____: I release and agree to hold harmless McCormick and Amrock Inc. DBA Early Beginnings for Young Learners their agents, their employees and contractors from any liability or damage which my child may suffer or insure arising out of his/her participation.

Expulsion Acknowledgment

_____: This page acknowledges that I have received the expulsion policy, that I understand it and that any questions I have had have been answered.

Parent Handbook

_____: I have read and understand all the parts of the parent handbook that was provided to me at enrollment. By initialing, I agree to abide by the terms and conditions set forward in the handbook. I also understand that this handbook can be changed/ revised at any time and would require me to sign an agreement that states: "I understand the changes made by Early Beginnings for Young Learners".

Parent Sign: _____ Date: _____