Childcare Enrollment Forms

Child's Name: _____

Start Date: _____

Enrollment Checklist

- Registration Form:
- Emergency Contacts:
- Confidentiality & Non-Disclosure Agreement:
- Acknowledgment of Health Care Policies, Disaster Policies & Family Handbook:
- Emergency Consent Form:
- Photo & Video Release Consent Form:
- Authorization for Transportation and Walking Activities:
- USDA Form:
- Immunization Records:
- Financial Agreement Form:
- ASQ Form was started:

Registration Form

Child's Information Date of Enrollment: End Date:

Child's full Name:

Preferred Name:

Date of Birth:

Address:

City: Postal Code:

Home Phone:

Child Lives With:

Parent/Guardian #1

Name:

Relationship with Child:

Phone Number:

Occupation/ Employer:

Work Phone:

Email:

Preferred Method Of Contact: Phone: ☐ Email: ☐ Text: ☐

Parent/Guardian #2

Name:

Relationship with Child:

Phone Number:

Occupation/ Employer:

Work Phone:

Email:

Preferred Method Of Contact: Phone: ☐ Email: ☐ Text: ☐

Scheduled Days and Times

Please indicate your child's expected arrival and departure times for each day they are scheduled to be in care.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Drop Off:						**CLOSED**	
Pick Up:							

Emergency Contact #1

Name:

Relationship with Child:

Phone Number:

Alternative Phone Number:

Emergency Contact #2

Name:

Relationship with Child:

Phone Number:

Alternative Phone Number:

Emergency Contact #3

Name:

Relationship with Child:

Phone Number:

Alternative Phone Number:

Emergency Contact #4

Name:

Relationship with Child:

Phone Number:

Alternative Phone Number:

Additional People Allowed To Pick-Up

Name: _____

Relationship with Child: _____

Phone Number: _____

Name: _____

Relationship with Child: _____

Phone Number: _____

Name: _____

Relationship with Child: _____

Phone Number: _____

Medical Information

Primary Care Physician

Name: _____

Office Name: _____

Phone Number: _____

Last Exam: _____

Primary Care Dentist

Name: _____

Office Name: _____

Phone Number: _____

Last Exam: _____

Known Medical Conditions

Does your child have any medical conditions we should be aware of or take any medications?
(Examples: Asthma, diabetes, seizures, eczema, ADHD, etc.)

Yes ☐ No ☐

If yes, please specify:

_____

_____

_____

Confidentiality and Non-Disclosure Agreement

This Confidentiality and Non-Disclosure Agreement ("Agreement") is entered into between Children Are Special (hereafter referred to as the "Provider") and the undersigned Parent/Guardian (hereafter referred to as the "Parent"). This Agreement outlines the responsibilities of the Parent concerning confidentiality and privacy regarding all information related to the daycare, its staff, other families, and any sensitive matters related to the children in the daycare's care.

1. Confidentiality of Family and Child Information

- The Parent agrees to keep all personal, medical, and family information shared with or obtained from the Provider confidential and will not disclose this information to any third party, unless required by law or with the express written consent of the Provider or the parent of another child involved.
- This includes but is not limited to, personal contact details, medical information, behavioral or developmental information, and any other confidential details shared by the Provider or another family.

2. Confidentiality Regarding Other Families

- The Parent agrees not to share or discuss information related to other families, children, or staff members with others. This includes personal experiences, interactions, or any other sensitive information observed during the time spent at the daycare.
- The Parent agrees not to disclose, share, or post information about other children in the daycare, including their names, behaviors, or situations, to any other parties or on any public platform.

3. Social Media and Public Communication

- The Parent agrees not to post any content that could be harmful, damaging, or defamatory to the reputation of the daycare, its staff, or any families attending. This includes but is not limited to, comments, pictures, or other social media activity related to the daycare environment.
- The Parent agrees not to use social media, blogs, or any other public platform to discuss their experiences at the daycare in a negative manner.

4. Sharing Concerns and Feedback

- If the Parent has concerns or feedback regarding the care, staff, or policies of the daycare, they agree to communicate these issues directly to the Provider, in private, either in person or through appropriate communication channels (e.g., email or scheduled meetings).
- The Parent agrees to work with the Provider in a constructive and respectful manner to resolve any concerns or complaints in a private and professional manner.

Continued:

Confidentiality and Non-Disclosure Agreement

5. Breach of Confidentiality

- Any breach of this confidentiality agreement, including but not limited to sharing sensitive information, making defamatory comments about the daycare or its staff, or discussing other families' private matters in any public or private forum, may result in immediate termination of childcare services.
- In the event of a breach, the Parent acknowledges and agrees that the Provider reserves the right to terminate services immediately, and the Parent will forfeit any deposit or fees paid to the Provider. No refunds will be issued for the deposit or any pre-paid fees, as these are considered non-refundable in the event of contract termination due to a breach of confidentiality.
- The Provider may also seek legal recourse if necessary to address any reputational or financial damages caused by the breach.

By signing below, the Parent acknowledges and agrees to the terms of this Confidentiality and Non-Disclosure Agreement and commits to uphold the privacy and reputation of the daycare, its staff, and other families.

Child's Full Name:_____

_____	_____	_____
Parent/Guardian Signature	Name of Parent/Guardian *(Printed)*	Date

Acknowledgement of Important Policies and Handbooks

Please visit children-r-special.com and click on Parent Corner. Please read and become familiar with the Parent Handbook, Health Care Policies and Disaster Plan. By signing below, you are acknowledging that you are aware of and agree to follow the information outlined in these documents. A printed copy of these can be given at your request.

_____	_____	_____
Parent/Guardian Signature	Name of Parent/Guardian *(Printed)*	Date

Emergency Consent Form

Child's Full Name: _____

Date of Birth: _____

I, the undersigned parent or legal guardian of the above-named child, acknowledge and agree to the following:

1. **Consent to Administer CPR and Emergency First Aid**

In the event of a medical emergency, such as choking, respiratory distress, unconsciousness, or any other life-threatening condition, I authorize the staff at Children Are Special Early Learning Center *("Facility")* to administer Cardiopulmonary Resuscitation (CPR) and/or basic first aid as required to stabilize my Child until emergency medical services (EMS) arrive.

2. **Acknowledgment of Provider Training**

I understand that Children Are Special Early Learning Center staff have been trained in CPR and first aid.

3. **Emergency Contact and Notification**

I understand that every reasonable effort will be made to contact me or the emergency contacts listed in my Child's file immediately following any medical emergency. However, I acknowledge that in life-threatening situations, the priority will be to administer CPR/first aid and secure EMS assistance.

4. **Release of Liability**

I release and hold harmless Children Are Special Early Learning Center from any liability related to the administration of CPR or first aid, provided such actions are conducted in good faith and in accordance with their training. This release does not extend to gross negligence or willful misconduct.

5. **Responsibility for Medical Costs**

I acknowledge that I am responsible for any medical costs incurred as a result of the emergency care provided, including but not limited to EMS transport or hospital treatment.

_____	_____	_____
Parent/Guardian Signature	Name of Parent/Guardian *(Printed)*	Date

Photo and Video Release Consent Form

Authorization for Use of Photographs and Video Recordings

I, the undersigned parent or legal guardian of _____ *("Child")*, hereby grant or deny permission to Children Are Special Early Learning Center to capture and use photographs and/or video recordings of my Child for the following purposes (check all that apply):

- ☐ Display within the childcare environment *(e.g., crafts, displays in the home)*
- ☐ Provider's social media platforms
- ☐ Provider's website
- ☐ Promotional materials *(e.g., brochures, advertisements)*

I understand and agree that the photographs and video recordings:

1. May be used solely in connection with the Provider's childcare operations, communications, or marketing.
2. Will not be sold, shared, or distributed to any third parties without my additional written consent.

☐ **Permission Granted**: By checking this box, I grant the Provider permission to use photographs and video recordings of my Child as indicated above.

☐ **Permission Denied**: By checking this box, I do not grant the Provider permission to use photographs and video recordings of my Child in any context.

I acknowledge that it is my responsibility to notify the Provider in writing if I wish to revoke or modify this authorization at any time. I agree that, unless updated or revoked in writing, this authorization remains valid for the duration of my Child's enrollment with the Provider.

_____	_____	_____
Parent/Guardian Signature	Name of Parent/Guardian *(Printed)*	Date

Please note that video surveillance is being recorded 24/7 in all classrooms and on the playground unless the equipment is broken. We use this recording for staff evaluations, in-service trainings, and in some cases when children are hurt or misbehaving to share with parents. If you have questions or concerns, please see Josh or Crystal.

Authorization for Transportation and Walking Activities

I, the undersigned parent or legal guardian of _____ *("Child")*,
hereby grant or deny permission to Children Are Special Early Learning Center to transport my Child in a vehicle or walk my Child to and from various activities. This consent applies to, but is not limited to, the following destinations:

Transportation in Vehicle (check one):

☐ **Permission Granted** ☐ **Permission Denied**

I grant permission for my Child to be transported in a vehicle owned or operated by the Facility and/or its designated staff members to the following destinations, including but not limited to:

- Activities (e.g., field trips, special events)
- School
- Playground/Parks

_____

Walking to Activities (check one):

☐ **Permission Granted** ☐ **Permission Denied**

I grant permission for my Child to participate in group walks with the Facility to the following destinations, including but not limited to:

- Activities (e.g., field trips, special events)
- School
- Playground/Parks

_____

I acknowledge and understand that:

1. It is my responsibility to update this authorization if I no longer wish for my Child to be transported or walked as described above.
2. This authorization remains valid throughout my Child's enrollment at the Facility unless I provide written notice to modify or revoke it.
3. The Facility follows all relevant local regulations and safety protocols when transporting children, including child-to-staff ratios and vehicle safety standards.

Release of Liability:

I release and hold harmless the Facility and its staff from any liability related to the transportation or walking of my Child to and from approved activities, except in cases of gross negligence or willful misconduct.

_____	_____	_____
Parent/Guardian Signature	Name of Parent/Guardian *(Printed)*	Date