

ENROLLMENT PACKET

"Our house is your house"



Enep'ut Children's Center

Administrative Use Only

Enrollment Start Date: _____
Date Packet Received: _____ Staff: _____
Enrollment Fee: _____ Cash Check Paypal
Tuition Amount : _____
Authorized Care Amount: _____ Co-Payment Amount: _____
Authorizing Agency: _____
Immunization Records Received: _____ SoA System Entry _____

Name of Child

Date of Birth

- New Family**
- Returning Family**

Requested Start Date: _____

ENROLLMENT INFORMATION

Childs Information:

Name:	SSN:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	DOB:
Special Needs:	Age:
Does your Child Nap? <input type="checkbox"/> YES <input type="checkbox"/> NO	Potty Trained? <input type="checkbox"/> YES <input type="checkbox"/> NO

Mothers Information:

Name:	SSN:
Email:	Primary Phone:
Mailing Address:	Employer: (Name & Number)
Physical Address:	Employment Address:

Fathers Information:

Name:	SSN:
Email:	Primary Phone:
Mailing Address:	Employer: (Name & Number)
Physical Address:	Employment Address:

Emergency Contacts/People Authorized to pick up your child

Name	Relationship to Child	Phone Number

Individuals who specifically MAY NOT pick up or have contact

Name	Relationship to child	Date	Document****

****** We can only restrict access to parents or legal guardians if there is a legally binding document such as a restraining order or Order of Protection in place. If applicable, please ensure we have a copy on file.**

******This form will need renewed if change of information occurs.**

PARENT SIGNATURE: _____ Date: _____

PARENT SIGNATURE: _____ Date: _____

PRIVACY PREFERENCE

Child Name: _____

Enep'ut Children's Center recognizes and honors the privacy of our children and their families. Enrollment records are confidential. Enrollment and/or family information is not shared without the expressed permission of the Parent/Guardian. The Center is open to parents who may wish to enroll their child. Visits are scheduled by appointment only and are scheduled in advance with the primary parent(s) or caregiver.

In relation to the use of a child's likeness in Center related activities and events, please read the following carefully and let us know your preferences.

CHILD PHOTOS

Please mark only **one** of the following and sign.

- You may use my child's photograph as above and in Enep'ut Children's Centers' Facebook page, and website. We do not include personal information with these photos.
- You may use my child's photograph as above and in Enep'ut Children's Center advertising materials such as flyers, brochures, advertisement, etc.
- You may not use my child's photographs other than classroom use or professional development***

*** We require that all parents allow us to use photographs of their children for classroom use and professional development. If your child is used for professional development no personal information will be exchanged such as Name or DOB without verbal or written consent given to the staff member needing it beforehand. This is because we require all staff to seek further education through the university or other classes offered in our community. This sometimes requires observations of teacher/child interactions, observations of the child to further their development, or observations for improvements to our environment.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Medical Information

Child's Physician or Medical Care Provider:	Phone #:
Address of Provider:	Fax #:
Medical Insurance:	Name of Insured:

Illness

I understand that I will be contacted to pick up my child from the Center if he/she has a temperature of 100.5 degrees or higher, has diarrhea, is vomiting, or shows symptoms of a contagious illness.

Signature: _____

Date: _____

Allergies

Allergy (Food/Medication)	Description of reaction	Medicine for Allergy (If applicable)

IMPORTANT: Parents of children with severe allergies should complete an Allergy Action Plan available at enrollment.

Medications

Please List medications taken on regular basis:

Eneput Children's Center is authorized to give my child the following medications:

Any over-the-counter medications

Only the following:

Acetaminophen (such as Children's Tylenol) for pain & fever relief

Ibuprofen (such as Advil or Motrin) for pain & fever relief

Diphenhydramine (such as Benadryl) for allergic reactions

Pseudoephedrine (such as Dimetapp or Triaminic)

You will be notified in writing with a Cubby Message if your child is given any of the above approved medications.

***** Children are not allowed to have any form of medication at their cubby or within their belongings.

CONSENT FOR EMERGENCY TRANSPORTATION & MEDICAL CARE

In the event that I cannot be contacted immediately, my signature authorizes Eneput Children's Center to transport or authorize emergency transportation for my child. I further give permission to medical or hospital personnel to provide emergency medical care for my child _____. I understand that a conscientious effort will be made to locate me, or my child's other parents, legal guardian, extended family, or other emergency contacts prior to any actions being taken. I understand my obligation to keep Eneput Children's Center informed of my contact information and availability.

Parent Signature: _____ Date: _____

Master Permission Slip

This Certifies that I am allowing my child to participate in events and practices that are recurring for Enepe'ut Children's Center during all times of the year. I will ensure that my child is dressed adequate for each event and has the proper gear and/or shoes. I understand that upon signing this permission slip, I am allowing my child to participate in any and all practices and events listed unless extenuating circumstances are involved. If extenuating circumstances have occurred, I will notify the staff and/or director in a timely manner. Due to staff ratios, I understand that not participating in certain events may require that I provide alternate care on those dates. By initialling below, I certify that I have read and understand each event and will comply with the terms.

INITIALS	EVENTS/PRACTICES
	Use for Professional Development. We require that all Enepe'ut Staff have continued education, rather it be through the University, online courses, or Thread training classes. Staff need to be able to use children in their classroom for observations & any classwork or assignments provided. This may include use of pictures for both CDA and Professional Development Portfolios.
	Classroom use of observations & photographs for child development portfolios and everyday use such as sign in and out boards, family photos, and more. This is to ensure that my child is receiving the best learning experience possible and to track development of skills.
	Campfires located in the Enepe'ut play yard. All fires will be contained and will follow state guidelines for licensed childcare facilities.
	Walks in our immediate walking area (UAF, The Neighborhood for trash pickup, Hotlicks)
	The Use of Public Transportation for field trips that are out of immediate walking distance, I understand that safety procedures are in place and my child will be reminded of them prior to leaving the school. I understand that all parents are able to volunteer during field trips depending on their availability.
	Trips to the Neighborhood "Fun Time Park", I must provide a cold sack lunch and closed toed walking shoes. This includes use of their playground equipment consisting of tall slides, swings, a merry go round, teeter totter, etc.
	The use of kitchen supplies and tools such as hammers, screwdrivers, and drills in classroom projects pertaining to our learning goals and practical life skills.

By Signing this Document, I certify that, I have read and understand the terms. I am allowing my child, _____ to participate in all events and practices that are recurring at Enepe'ut Children's Center. I understand that I will I Will be notified of any and all upcoming field trips in advance to plan accordingly.

Signature: _____ Date: _____

Child/Family Cultural Profile

The purpose of this survey is to acknowledge and support the culture of each child and family. The information will be used individualized services and implement culturally relevant curriculum in the classroom and throughout the program.

Childs Name/Nickname:	Age:
Siblings Name:	Age:
Siblings Name:	Age:
Siblings Name:	Age:

Who are the favorite and/or special people in your child's life?

With whom does your child spend the most time with?

Has your child recently moved to Fairbanks?

YES We Moved From: _____ NO

Does your child use of language other than English? Do you want that language supported in the classroom?

With which ethnic group or culture do you and your family most identify?

Does your family celebrate holidays? Which activities do you do during the celebration/holiday?
(Music, dance, art, food, games, etc.)

Please tell us about any religious Preferences/beliefs that you would like us to know about

Would you or someone else from your family you willing to share any talents, activities, or skills
with the class? (Examples: reading books, helping with our, playing an instrument, etc.)

Child Strengths and Interests

Child's Name: _____

Date: _____

What does your child like to do?

Art Projects (paint, color, cut & paste)

Cooking

Exploring new places (Museums, parks)

Large Motor Activities (rides bikes/trikes, run, climb, play ball or soccer)

Read Books

Pretend Play (house, dinosaurs, stuffed animals, toy figures, dolls, trucks)

Sensory Play (sand, water, clay)

Builds things (legos, blocks, etc.)

Music (listens to or plays instruments)

Watch a video/go to a movie

Other

Are there any activities that your child does not like? (paint on their hands, loud music, ect)

What is your child's favorite book or types of books? (example: books about transportation, nature, animals, etc.)

What is your child interested in or curious about?

What is a favorite memory of your child or something you enjoy about/her?

Special Custody Arrangements: YES NO N/A

Is the Child: Left Handed Right Handed

Food Preferences/Dislikes:

Family Pet? YES NO Type:

Does the Child respond to adult directives and requests readily? YES NO

Methods of discipline you find most effective?

How does your child respond to correction and redirection?

Does your child interact well with other children? YES NO

Behavioral Habits/Issues: (Be Specific)

My child has concerns or fears about:

Current Issue:

Special Habits/Hobbies:

I am most interested in seeing my child develop in the following areas:

During the course of enrollment, communications are made available to parents related to development and behaviors of a child. Parent interviews will be planned by the child's either before or shortly after enrollment to provide the parent with proper contact information as well as getting to know the teacher. Parent-Teacher conferences serve as a mechanism to share information related to the child's participation, interest, learning, and development. Conferences will be held twice a year.

Behavioral and academic standards for the Center are posted on our website. The Center operates utilizing best practice standards as put forth by the National Association for the Education of Young Children. Annual curriculum, monthly educational themes, weekly lesson plans, and program activities are available for parents to review.

Organizational Membership

As the parent of an enrolled child I hold membership in the Center as a non-profit organization. I agree to participate in the organization's annual meeting (typically held in the Fall) by attending or submitting my proxy for general membership votes such as the election of members to the Board of Directors. Unless I request otherwise, my membership will cease when my child is unenrolled from the Center.

Program Schedule, Tuition, and Payment Contract

Child's Name: _____ DOB: _____ Date: _____

Hours of Operation for Eneput Children's Center 7:00 AM to 6:00PM Monday – Friday

Full Time Care (exceeds 5 hours a day, max 11 hours)
Part Time Care (5 hours or less a day or 15 hours a week)

Rates

Age Group	Monthly	Daily
Infant (2-18 Months)	Full Time \$1180	Full Time \$80
	Part Time \$ 710	Part Time \$65
Toddlers (19-36 Months)	Full Time \$1088	Full Time \$80
	Part Time \$690	Part Time \$65
Preschool (37 months -6 yrs old)	Full Time \$800	Full Time \$75
	Part Time \$590	Part Time \$60
School Age (7yrs old – 12 Yrs)	Full Time \$600/ Summer \$690/ PT \$525	Full Time \$60 Part Time \$65

- * Enrollment Registration Fee is \$100 per family and non-refundable
- * Operations Fee is \$ 25 monthly per family to be billed with tuition
- * School Age Rate follows monthly rate for summer session, and daily rates for school year.

Planned Schedule

Day of Week	Times Attending: (Ex: 8am-5pm)
Monday-	
Tuesday-	
Wednesday-	
Thursday-	
Friday-	

Tuition Rate Based on Schedule is: Full Time Part Time

Your monthly rate based on above schedule will be _____

Payment Source

- Child Care Assistance
 Child Care Assistance Co-Pay
 Private Pay
 Assistance (Other Agency: _____)
 Other form of Payment: _____

Payment Type

- Cash
 Check
 Credit Card (Online Only)
 Paypal
 Other: _____

Tuition Agreement

I/We, _____ & _____, agree to the following
 Tuition and Payment Schedule for Enep'ut Children's Center for our child
 _____.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

CONTRACT FOR CARE

Please read carefully and initial by each to insure that you have read and understand.

Initials	Agreement
	I understand that my \$100.00 Enrollment Fee is Non-Refundable
	I (we) have received a copy of the pricing schedule and am aware of costs associated with having my (our) child(ren) attend Enep'ut Children's Center. I (we) understand that I (we) are directly responsible for the timely payment of all fees, including those not covered by various forms of child care assistance (if applicable).
	I (We) certify that everything stated in this application for enrollment is correct to the best of my knowledge, and if applicable, I grant full permission for Enep'ut Children's Center to contact the child care assistance entity and discuss all aspects of my child care needs.
	I further understand that payment is due in full by the 15 th calendar day of the month for that month, unless a prearranged, written and signed payment plan has been approved altering the due date(s) for payment. Payments made after the 15th will be charged a \$50 late fee. If the account is not paid in full by the 15 th , you may be given a two week notice on the 15 th that the child will not be allowed to attend any further days if current fees are not paid by the last business day of that month. Please remember that a 14-day written notice is required for withdrawal of your child, even if attendance is refused to you due to lack of payment. Parents are financially responsible for these two weeks whether or not the child is attending, and regardless of who gave the notice to end the care. If accounts in arrears are not paid in full by the 10 th of the following month there will be a \$50 late fee added to your account. The late fee is reposted monthly until the account is in good standing.
	If payment is delinquent for more than 30 days, I understand the Enep'ut Children's Center has the right to terminate care for my child or children without further notice. I also understand that if my balance becomes delinquent and is assigned to a collection agency, that I as parent/legal guardian am responsible for a collection fee of my balance that will be added to my account to offset costs associated with the collection process.
	If you are enrolled in a "daily" rate, then prior to attendance beginning (and by the 25 th of the following month) you must submit (email is best) a written schedule showing the days and times your child will be in our care, and we will estimate your bill according to that schedule.
	Enep'ut authorizes a child's initial enrollment within an assessment period of 15 days. During this time the child's level of development, behaviors, skills, and interests are assessed. Within the 15 day period the Center retains the right to withdraw a child without notice based on conditions that are not suited for the Center milieu, its program, or its students; and/or places the safety and well-being of other enrolled children at risk.

Enep'ut Children's Center
Since 1971

	In the event that I elect to withdraw my child from care, I am bound to honor a two-week (14 day) notice of intent in writing to the Director. I can present the notice in writing or by e-mail.
	Regardless of type of enrollment, reserved child care days will be charged to you whether or not used because of the need to pre-arrange for adequate staff, food & other resources on hand for scheduled children. Any differences in charges not covered by subsidy assistance program contracts are owed directly by the parent. We do not waive fees due to standard absences, extended absences, or vacations.
	A \$25 Program Fee per family is due monthly (to be billed with tuition costs). This fee is to cover the costs of consumable supplies, learning material/supplies, and accounting/billing activities.

I have reviewed and understand my enrollment materials and agree to adhere to the Center's enrollment standards, payment policies, and operational protocols.

Parent Signature _____ Date _____

**Authorization for Release of Information
Child Care Assistance and Support**

Today's Date: _____

I, _____, as the parent of

_____, (child name)

_____, (additional child name)

_____, (additional child name)

_____, (additional child name)

Duly authorized Enepe'ut Children's Center and my Child Care Assistance Provider, as stated below,

(Thread/State of Alaska/Tanana Chiefs Conference, Maniilaq, OCS, AVCP, or other)

To freely communicate and exchange information related to my assistance status, my benefits, my socioeconomic status, my child care needs and my payment history. This authorization shall remain in effect until all enrollment and care accounts, with respect to assistance and direct payments are settled in full.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Enepe'ut Children's Center Representative

Date

Registration Checklist

Child's Name: _____ Requested Start Date: _____

- I have completed the Enrollment Information Page with current and correct information
- I have reviewed and signed the Privacy Preference
- I have reviewed and signed the Medical Information/Authorization for Medical Care
- I have completed, reviewed and signed, the Master Permission Slip
- I have completed, and reviewed, the Family cultural and child history
- I have reviewed and signed the Program Schedule, Tuition and Payment Contract
- I have reviewed and signed the Contract for Care
- I have completed and signed the Authorization for Release of Information for Child Care Assistance & Support
- I was provided a copy of the School Calendar
- I was provided a copy of the Parent Handbook and signed and returned the acknowledgement page
- I completed and signed the Registration Checklist
- I have included a payment in the amount of \$ _____ for associated registration and other applicable fees.
- I have included a copy of my child's shot records. All records must be current before first day of attendance and updated upon request.
- I am aware of the additional pertinent and current information that can be viewed at www.eneput.com

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Director Signature _____ Date _____