



ENROLLMENT AGREEMENT

Parent Updates _____ (Signature) (Date)
Parent Updates _____ (Signature) (Date)
Parent Updates _____ (Signature) (Date)

DAY	HALF	FULL
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian

List the family members your child lives with—include names and ages of siblings:

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Home Address: _____

Email Address: _____ Employer: _____

Employer's Address: _____ Work Phone/Extension: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Home Address: _____

Email Address: _____ Employer: _____

Employer's Address: _____ Work Phone/Extension: _____

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state childcare licensing regulations.

Mandatory:

Name #1: _____	Relationship to Child: _____
Primary Phone: _____	Secondary Phone: _____
Home Address: _____	Gov Issue Photo ID Type: _____
Employer: _____	Employer's Address: _____
Work Phone/Extension: _____	
<input type="checkbox"/> Emergency Contact and Release <input type="checkbox"/> Release Only	

Person #2 (Optional):

Name: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____

Emergency Contact and Release Release Only

Person #3 (Optional):

Name: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Home Address: _____ Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____

Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

Please read each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

BASIC SERVICES: I understand that Curious Minds provides childcare and development services for families with children from age 1 year (must be walking) through kindergarten.

REGISTRATION FEE: I understand that the payment of non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

PAYMENT OF TUITION: I understand that tuition is due and payable on the first day of each month. I understand that rates are subject to an annual increase in January.

LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$15 per day starting from the 2nd of the month which will be added to the following month's bill. I understand that if my account is delinquent for two weeks, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid amounts may be referred to a third-party collection agency.

CHARGES AND PROCEDURE FOR LATE PICK-UP: is open from 7:30 a.m. to 5:30 p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of 15-minute period, per child, until the child is picked up.

ADDITIONAL FEES: School-age camp will be open during the summer months and scheduled school breaks according to the local public-school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well.

DISCOUNTS: I understand that if I have more than one child enrolled and attending from my immediate family, a 10% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s).

RETURNED CHECKS: There will be a \$35 charge for returned checks.

SECTION 2: DAILY PROCEDURES

DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. I agree to complete the required computer and manual sign-in and sign-out procedures.

ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school. I have received a copy of the Curious Minds Illness Policy. I have read and understand its contents and policies and agree to be bound by same.

PHOTO'S/VIDEOS: Curious Minds may may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

WITHDRAWAL FROM PROGRAM: I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether my child attends or not. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Application Fee at the current rate. I understand all fees (Tuition, Application Fee, or Activity Fees) are non-refundable.

Any advance payments that have been made will not be refunded.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

HOLIDAYS: I understand the school is closed on certain holidays and I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness).

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time, I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to five (5) business days. Delays and early closures due to weather will not be credited or discounted.

I have read, understood, and agree to comply with the policies included in this Enrollment Agreement and the Parent Handbook.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

School Management Signature: _____ Date: _____

CHILD PROFILE

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us? _____

2. What language is spoken in your home? (Is more than one language spoken in the home?) _____

3. What are your child's strengths or interests? _____

4. Does your child have any fears? _____

5. Are there any concerns that you may have regarding your child's development? _____

6. Describe your child's morning and nighttime routine. _____

7. Does your child take naps? Yes No If so, for how long? _____
8. For Preschool Aged Children: Does your child need a comfort item for a nap? Yes No
9. Has your child ever been in a group care setting before? If so, please describe the previous experience. _____

10. Please check the appropriate boxes to describe your child's current social and emotional development. (This list is for informational purposes only; answers will not delay the enrollment process.)

Social and Emotional Development	Not Yet	With Support	Most of the Time	Always
Able to identify emotions in self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to identify emotions in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates affection and empathy toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains from aggressive behaviors toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to self-soothe when upset or overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits impulse control (e.g., uses appropriate words to show anger when a toy is taken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to resolve conflict with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in being part of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to easily transition from one place to another? (e.g., being dropped off at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with peers during play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICAL INFORMATION

Child's Name: _____

Date of Birth: _____

Emergency Contact (Name and Phone Number):

Authorization for Medical Treatment of a Minor

Physician's Name: _____ Phone Number: _____

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

In the event of a medical issue requiring a physician's care, would you like us to call your family physician? Yes No

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____.

I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Colorado.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider _____ Policy Number: _____

Secondary Health Insurance Provider _____ Policy Number: _____

Has your child been immunized in accordance with the Immunization Schedule from the Centers for Disease Control and Prevention?

Yes No Please explain: _____

Please list any special medications or additional pertinent information: _____

Parent/Guardian Signature: _____

School Management Signature: _____

MEDICAL HISTORY

Child's Name: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs: _____

3. Can your child effectively communicate his or her needs? Yes No

Explain: _____

4. Does your child have any medical or physical needs? Explain:

5. Does your child have any allergies? Explain:

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Allergen: _____

Reaction: _____

Food Allergen: _____

Reaction: _____

Other: Allergen: _____

Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Per state regulations, a written statement is required for waiver of immunization requirements.

Parent/Guardian Signature: _____

School Management Signature: _____

ENROLLMENT CHECKLIST

- Enrollment application & fee
 - Up to date physical
 - Immunization Form
 - Annual registration fee
 - Spare change of clothes /clothes for inclement weather/potty training clothing and underwear
 - Diaper ointment/diapers/pull ups/wipes if needed to be kept in child's cubby
 - Sunscreen clearly labeled
 - Bug Repellant (summer only)
 - Hat clearly labeled
 - Spare pacifier (if needed for naps)
 - Sunscreen/topical ointment form
 - Inside shoes to remain in child's cubby
-



TOPICAL PREPARATIONS

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission.

Child's Name: _____

Parent/Guardian's Name: _____

SUNSCREEN

I give my permission for the staff at Curious Minds to apply or assist my child in applying sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs, and tops of feet 30 minutes before outdoor activities. Curious Minds requires all parents/guardians to provide sunscreen with a minimum SPF of 15.

Curious Minds will regularly check expiration dates and recall information. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

I understand that it is my responsibility to notify Curious Minds of any allergic reactions my child has had to sunscreen.

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at Curious Minds to apply or assist my child in applying lotion/cream to my child's skin. I understand I must provide the lotion/cream/balm in the original, over the counter container, labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to the ingredients. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____

Special instructions: _____ My child may NOT use any other skin lotion/cream/balm than the one he or she brings.

Parent/Guardian Signature: _____ Date: _____

DIAPER OINTMENT/CREAM

I give my permission for the staff at Curious Minds to apply over the counter diaper rash ointment/cream to my child when necessary. I understand that I may only provide diaper ointment or cream, free of antibiotics, antifungal or anti-inflammatory components, without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child's name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Name of product: _____

Special instructions: _____ My child may NOT use any other skin lotion/cream/balm than the one he or she brings.

Parent/Guardian Signature: _____ Date: _____

BUG REPELLENT

I give the staff at Curious Minds to apply bug repellent to my child during the day and before outdoor play. I understand that bug repellent will not be applied to any broken skin or open wounds. I understand that for safety reasons, aerosol sprays are not allowed but Curious Minds will accept pump action bottles or creams to be applied.

Name of product: _____

Special instructions: _____ My child may NOT use any other skin lotion/cream/balm than the one he or she brings.

Parent/Guardian Signature: _____ Date: _____