Enrollment Contract

We are a childcare center caring for students 6 weeks to 4th grade in an organic manner. Nurturing curiosity, building confidence, and creating a love for learning through a calm, community based environment.

Below is our enrollment contract. This contract states some simple rules regarding tuition and any fees that may come up during your time at Wildcat Falls Early Learning Center. Before enrolling, you must read the following: Parent Handbook, Health Handbook, and the Emergency Handbook. By signing this form, you state that you have read and understand our rules and regulations.

Fees: Tuition is due every Friday for the upcoming week. Families must enroll in autopay via Brightwheel. You can pay with a checking account (.90 processing fee per transaction) or a credit/debit card (2.9% fee per transaction). Failure to pay at the scheduled time will result in a $25.00 late fee. Bounced payments will result in a $.00 late fee. Tuition must be paid even if your child does not attend due to illness, vacations, holiday closures and snow closures. Failure to pay on Friday (for the upcoming week) will result in a pause of care until payment is made. If you are having financial difficulties, you are highly encouraged to speak with Kelsey to create a payment plan so there is no disruption of care. Students must be picked up by 6:00pm. We ask that you arrive no later than 5:50pm. Failure to pick students up on time will result in a $5.00 per minute late fee per child.

Full-time enrolled students with full-week enrolled siblings will receive a $10.00 discount on their weekly tuition. Full-time enrolled students can get 10% off military and first responders discount on tuition. Public school teachers are also offered a special contract. Please inform the office at the time of enrollment if any discounts apply.

Student Schedule: You are required to provide us with the time frame your child will be attending. This policy is to ensure that children are cared for in the saftest way possible and to meet the state ratio requirements. We use this schedule as a baseline to schedule our staff. If you are going to be late picking up, please send a Brightwheel message for us to plan accordingly with staff. If you need to drop your child off earlier than normal, please message the night before (or days before if you know) so we can accommodate you. Students dropped off more than 15 minutes before their scheduled time will incur a $3.00 per minute charge, and students picked up more than 15 minutes after their scheduled time will incur a $3.00 per minute charge (unless prior arrangements were made).

The enrollment contract, enrollment forms, NH Health Assessment Form, physical, immunizations records, and school clearance forms are required on or before the first day of care. All forms must be up to date per state regulations. Failure to keep forms up to date will result in a pause in care.

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

Days and times attending: Mon: ____-____Tues: ____-____Wed: ____-____Thurs: ____-____Fri:____-____

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

Parent Sign: _____ Date: _____

Enrollment Packet for Wildcat Falls Early Learning Center

This form must be completed for each of your children who will be enrolled in the program and must be updated whenever information changes and/or yearly.

Child's Legal Full Name: _____ Date of birth: _____

Physical Address: _____

Mailing Address (if different): _____

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

Allergies / Chronic Health Issues: _____

Daily Medications: _____ School Medications: _____

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. Your child must be able to be picked up within one hour of being notified of illness.

First Contact Name: _____ Home phone: _____

Physical Address: _____

Mailing Address (if different): _____

Employer Name: _____ Number: _____

Hours at work: _____ to _____ Email: _____

Special Instructions for reaching parent/guardian: _____

Second Contact Name: _____ Home phone: _____

Address: _____

Mailing Address (if different): _____

Employer 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 was 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: _____

I, (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: _____

CHILDCARE REGISTRATION AND EMERGENCY INFORMATION

The licensing authority for this program is the childcare licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Childcare programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: https://new hampshire.my.site.com/nhccis/NH_ChildCareSearch or by contacting the unit at cclunit@dhhs.nh.gov or 603-271 9025.

WHAT WE DO: The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: https://www.dhhs.nh.gov/programs-services/childcare parenting-childbirth/child-care-licensing.

CONVERSATIONS WITH CHILDREN – MONITORING VISITS: During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the childcare program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS: During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure childcare programs are safe.

The LC will ask your child if they want to talk to the LC about their childcare. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC. The LC will ask children questions such as routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about childcare.

Based upon the information above, please indicate your preference:

- ☐ I give permission for childcare licensing staff to speak with my child while with their class or group.
- ☐ 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 my permission for childcare licensing staff to speak with my child while with their class or group.

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

Child's Physician: _____ Phone number: _____

Physician's Address: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of **WILDCAT FALLS EARLY LEARNING CENTER** 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: _____

Parent Permissions (initial all that apply)

First aid/ Emergencies

_____: I give permission to the staff of Wildcat Falls Early Learning Center to perform CPR and administer First Aid to my child.

_____: I give permission for my child to be transported to the closest hospital, should my child suffer from a serious injury. *All parents/gardens will be contacted after contacting emergency services.

Emergency Evacuation Information

Wildcat Falls Early Learning Center will bring children to the Merrimack Police Department if we must relocate due to an emergency. You will be notified via phone call and a Brightwheel alert. (Please note, this location could change due to emergency service recommendations).

In the event of a fire drill students will be brought to the side yard between the animal pen and shed.

If your child needs to be brought to a hospital, we will use the closet hospital available, according to EMS and Paramedic recommendation. You will be notified by phone and Brightwheel.

Emergency Contact/Owner for Wildcat Falls Early Learning Center Cheyanne DeMattia enrollment@WildcatFallsLearning.com or via cell at 603-275-1064.

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 notify you via Brightwheel and ask if you would like a written injury report. From time to time, small bruises or scratches may be missed by staff. If the injury is to the head or face, we will send a message via Brightwheel.

_____: I release and agree to hold harmless Wildcat Falls Early Learning Center and its owners, agents, employees, and contractors, from any liability or damage, should my child get hurt during normal childcare activities and events.

Termination of care

_____: At any time, Wildcat Falls Early Learning Center has the right to ask a family to leave our program. Some reasons for termination may be aggressive behavior, failure to pay, failure to follow the rules and regulations set forth in our parent handbook, and failure to follow state regulations. This includes posting school photos with other children on social media, giving a key fob to another family member without school permission, or any other issues, and or safety concern.

_____: This page acknowledges that I have reviewed the expulsion policy within the parent handbook, that I understand it and that all of my questions have been answered.

Handbooks

_____: I have read and understand all aspects of the parent handbook found on www.natureswaynh.com

_____: I have read and understand the medical handbook.

_____: I have read and understand the emergency handbook.

Registration and Tuition Agreement, please place your initials next to each section.

I understand that I will have to pay weekly tuition that is reflected in my tuition contract. _____

I understand that I must pay tuition on Friday before the upcoming week, via Brightwheel. _____

I understand that if my child does not attend due to school closing, illness, or other, I am still required to pay. _____

I understand that failure to pay may result in a pause in care, late fees, or termination. _____

I understand that my child is unable to attend for more than 10 hours per day. _____

I understand that my child must only attend care during their scheduled hours. _____

I understand that my child MUST be picked up no later than 5:50pm. Should my child not be picked up by 6:00pm, I understand that I will be charged $5.00 per minute. After 7:00pm, my child will be placed with the Merrimack police department should we be unable to get ahold of anyone. _____

I understand that I must give a 2-weeks' notice of withdrawing from the program. _____

I agree to follow all the rules and regulations set forth by both Wildcat Falls Early Learning Center and the state of New Hampshire. _____

I understand that enrollment forms, immunizations, physical and school clearance forms are due yearly. _____

Other

I am aware that per state regulations, my child's classroom (ages 24 months – 5 years) may reduce the teacher to student ratio during nap time. One staff member will always be in the classroom at this time. _____

I give Wildcat Falls Early Learning Center permission to apply **school-provided** sunscreen when the UV Index is 3 or higher _____ ((Lotion based sunscreen ONLY if you would like to provide your own))

I give Wildcat Falls Early Learning Center permission to apply **parent-provided** bug repellent to my child. (Non-aerosol bug spray only) _____ ((If not provided, we will not place it on your child))

I give Wildcat Falls Early Learning Center permission to apply **parent-provided** diaper rash cream to my child should they need it _____. ((creams will not be applied to open sores/rashes))

I give Wildcat Falls Early Learning Center permission to take photos of my child and use them for: (please only initial what you will allow for your child)

Facebook: _____ Website _____ Marketing _____ In the building _____ Brightwheels **only** _____

I give permission for my child to take walks in a stroller/walking up to one mile from the school. _____

I give permission for my child to be brought to the lawn area around Wildcat Falls Early Learning Center. _____

I give permission for my child to watch a short educational video when age appropriate. _____

I give permission for my child to watch a movie occasionally when age appropriate. _____

Parent signature: _____ 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.

Child's Name: _____ Nickname: _____

Who lives at home where the child resides:

_____

_____

_____

Language spoken at home: _____

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?: _____

_____

What type of personality does your child have?: _____

_____

Any fears we should know about? _____

Eating and feeding habits: _____

Allergies: _____

Daily medication/ Vitamins: _____

Child's Daily Schedule:

Parent Sign: _____ Date: _____