

# Marks of Excellence Child Care

## Enrollment Package

About Your Child		General Information	
Child's Name:		Start Date:	
Date of Birth:	M   F	Days of Attendance (circle): M T W TH. F	
Primary Language:	Gender		
Home Phone #		Time of Arrival:	Time of Departure:
Home Address:		Meals are served at the following times:	
		B: 8:30-9:00 AM L: 11:00-12:30 PM S: 3:15-4:00 PM	
Ethnicity: <input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT-HISPANIC			
Race:			

**Allergies/Special Health Considerations:**

HISTORY OF ANAPHYLAXIS  ASTHMA

Any food allergies or asthma will need other documentation from your child's doctor. Please contact our office for more information.

### Parent information

**Person responsible for paying the tuition:**

Father	Mother	Stepparent	Legal Guardian	Father	Mother	Stepparent	Legal Guardian
Name				Name			
Home #		Cell #		Home #		Cell #	
Work #		Ext #		Work #		Ext #	
Address:				Address:			
Email:				Email:			
Employer:				Employer:			

### Emergency Contact & Authorization for Pick up

The following people are allowed to be contacted in case of emergency or pick up. (Picture ID is required for our files)

Name	Relationship	Phone Number

In an emergency, when no one on your list can pick up, please contact the school, and tell us who you are sending.

I (we) \_\_\_\_\_ am the parent/guardian of the above-named child who resides with me at the above address.

Parent's/Guardian's Signature	X	Date	X
Administrative Signature	X	Date	X

<b>NAPPING AGREEMENT</b>			
I understand and agree that my child will be sleeping on a _____cot or _____crib supplied within their classroom. For their safety and protection, children will be supervised during naptime according to the staff-to-child ratios.			
Parent/guardian Signature X		Administration Signature X	
<b>IMPORTANT DAYCARE POLICIES &amp; CONTRACTUAL AGREEMENT</b>			
1. Tuition must be paid Friday for the week to come.		7. I have read and understand the Nutrition Policy.	
2. A child sent home because of fever, vomiting, two very loose bowel movements or a heavy cold, he/she must be out for at least 48 hours before he/she can return to school.		8. Jewelry or hair beads are not permitted in the center as they are choking hazards. Marks of Excellence is not responsible for any lost, broken, or stolen accessories.	
3. If your child is sick and is home for a week or you choose to take vacation time, your tuition is still due.		9. You must sign in your child during drop off and pick up every day. If your child is not signed in at drop off, you will be called to do so immediately. It is a mandate.	
4. The daycare needs to know if your child is sick or away and is going to be out for a day, a week or more.		10. We are not able to administer any medications. We can only apply topical creams after a Non-Medication Consent form is filled out.	
5. If you know your child is sick, please do not medicate the child and bring him/her to school. It puts the other children and staff at risk of illness.		11. The daycare closes at 5:30 PM. If you pick up your child after your scheduled time, you will be given a warning the first time, but after that, the next time you are late picking up, you will be charged \$10.00 for every 15 min. or part thereof that you are late.	
6. Outside foods are not allowed in the center due to allergies.		12. Children under 18 are not allowed to pick up.	
<b>Medical Information</b>			
I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in case of an emergency. _____YES_____NO_____			
Physician's Name:		Phone Number:	
<b>Other Considerations that we should know about:</b>			
Parent's/Guardian's Signature		X	Date
<b>PHOTO RELEASE</b>			
Marks of Excellence may use my child's pictures for classroom use, send letters of gratitude or cards for donations, post on Brightwheel app, and Marks of Excellence website. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Parent Signature		X	Date
Our program has taken several steps to implement recommended guidance and protocols issued by local, state and federal Public Health Agencies for slowing the transmission of COVID-19 and other illnesses. The undersigned acknowledges and agrees that: the program may revise its procedures at any time based on updated recommended guidance and protocols issued by said local, state, and federal Public Health and Regulatory Agencies, and further agrees to comply with the program's revised procedures while utilizing the facilities and services. The undersigned further acknowledges and agrees that, due to the nature of the facilities and services offered, social distancing between children and their caregivers in a childcare setting is not possible. I understand that the program will be following procedures to ensure that children and families are coming into a safe and clean environment daily. Despite the program's heightened efforts to mitigate such dangers, exposure to COVID-19 or other illnesses, for my child or a member of my family may happen. I hereby release the program from any liability as a result and will not sue the program or any staff member affiliated with the program, should my child or a member of my family contract this virus or other viruses.			
Parent's/Guardian's Signature		X	Date
Administration Signature		X	Date