



ENROLLMENT AGREEMENT

Please complete this Enrollment Agreement accurately and completely, as this information is necessary for First Steps to comply with state child care licensing regulations, as well as to understand your child and meet his or her individual needs. Completion of the Enrollment Agreement is required for enrollment at First Steps Child Care & Preschool.

CHILD INFORMATION

| | | | |
|---|--|--|--|
| First Name- | Middle Name- | Last Name- | <input type="checkbox"/> Check here if Drop In ONLY |
| Birthdate- | Due date if expecting- | Enrollment date- | Home Language- |
| Child's Home Address- | City, State, Zip Code- | Home Phone number- | Individuals living in child's home- |
| Child's Schedule- <input type="checkbox"/> 5 days/wk <input type="checkbox"/> 4 days/wk <input type="checkbox"/> 3 days/wk | Days of the week- <input type="checkbox"/> Rotating <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri | Hours of Attendance- _____ to _____ | <input type="checkbox"/> Check here that you understand First Step's policy on schedule changes. |

PARENT/GUARDIAN INFORMATION

Individuals listed here are authorized to regularly pick up your child and may have the security door code. If an authorized pick up is not the Primary or Secondary Parent/Guardian listed here they are not authorized to know First Step's security door code.

| | | | |
|---------------------------|-------------------|-----------------------|---|
| Primary Parent/Guardian | Relation to Child | Phone Number | E-mail Address |
| Employer | Employer Address | Employer Phone Number | <input type="checkbox"/> Check here that you understand you MUST update First Steps of any changes. |
| Secondary Parent/Guardian | Relation to Child | Phone Number | E-mail Address |
| Employer | Employer Address | Employer Phone Number | <input type="checkbox"/> Check here that you understand you MUST update First Steps of any changes. |

EMERGENCY CONTACT & RELEASE PERSONS-OTHER THAN PARENT/GUARDIAN

For the protection of your child and in any emergency situation which may arise, please list below the names and contact information of those persons other than yourself you hereby authorize to pick up your child from the center. First Steps will only release your child to adults you designate as authorized here. It is our policy to ask all unfamiliar adults for photo identification. If possible, please notify the center if someone other than the primary or secondary parent/guardian will be pick up on a given day by completing an "Authorization to Pick Up" Form found at the Parent Communication Cubby. Licensed Child Care facilities are required to have at least 3 individuals to contact in the event of an emergency or illness.

| | | | |
|-----------------------|-------------------|-----------------------|---|
| Emergency Contact # 1 | Relation to Child | Phone Number | E-mail Address |
| Employer | Employer Address | Employer Phone Number | <input type="checkbox"/> Check here that you informed this individual that they will need their I.D to pick up. |
| Emergency Contact #2 | Relation to Child | Phone Number | E-mail Address |
| Employer | Employer Address | Employer Phone Number | <input type="checkbox"/> Check here that you informed this individual that they will need their I.D to pick up. |

In the event you or one of the authorized persons is unable to pick up your child, do you want First Steps to accept a telephone authorization? Yes No

FIRST DAY AT FIRST STEPS

| | | | |
|---|--|------------------|------------------------------|
| Required to hold your child's spot with First Steps- | Required to attend First day at First Steps- | Only if desired- | First Steps Provides- |
| 1. This Enrollment Agreement | 1. Food Program Packet | 1. Pacifier | 1. Sam's Club Infant Formula |
| 2. Two week's deposit & Enrollment fee or CCAP approval | 2. Immunizations | 2. Sippy Cup | 2. Gerber Infant Cereal |
| | 3. Health Care Summary | 3. Swaddle | 3. Gerber Baby Food |
| | 4. Diapers | | 4. Meals by Chef Toni |
| | 5. 3 changes of clothes | | 5. Enrichments & Field Trips |
| | 6. 3 bottles or Pre-portioned Breastmilk | | 6. Tippy Toes Diaper Wipes |
| | | | 7. Equate Sunscreen |
| | | | 8. Kid's Crest Toothpaste |
| | | | 9. Toothbrush |
| | | | 10. Art Supplies |
| | | | 11. Bibs/Burp Cloths |

ENROLLMENT AGREEMENT

HEALTH AND DEVELOPMENT HISTORY

Full Name- _____ Hair Color- _____ Eye Color- _____ Distinguishing Marks- _____

General History

1. Has your child had previous child care experiences? If yes, please list location(s) of previous child care experience: _____ Yes No
2. What is your child's favorite toy? _____
3. What is your child's favorite activity? _____
4. How do you comfort your child? (i.e. pacifier, blanket, hugs, toy) _____

Health History

1. Does your child seem healthy most of the time? Yes No
2. Is your child taking any medication now? If yes, what? _____ why? _____ Yes No
3. In the past year, has your child had any ear infections? Yes No
4. In the past year, has your child had any colds or sore throat infections with a fever? Yes No
5. Has your child had trouble with his/her eyes or vision? Yes No
6. What arrangements have you made for the care of your child should he/she become ill at the center? _____
7. Does your child have any special needs that the staff should be aware of? Please attach a copy of your child IEP, if applicable. Yes No
If yes, explain: _____
8. Does your child have, or ever had, other illnesses or diseases the staff should be aware of? If yes, list type, when and how treated. Yes No

9. Has your child ever been hospitalized? If yes, for what? _____ Yes No
10. Has your child ever had any serious accidents or poisonings? If yes, list type, when and how treated. _____ Yes No
11. Does your child have any food/environmental allergies, asthma or special food accommodations as determined by a physician or religious preferences? Yes No
If yes, please explain. _____
12. Check any of the following your child has ever had:

| | |
|---|---|
| Seizures or convulsions <input type="checkbox"/> Yes <input type="checkbox"/> No | Premature birth <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trouble breathing at birth <input type="checkbox"/> Yes <input type="checkbox"/> No | Head Injury <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Birth injury or defect <input type="checkbox"/> Yes <input type="checkbox"/> No |

Emotional Behavior

1. Please indicate which word(s) you feel are most applicable for you child.

| | | | | | | |
|---|------------------------------------|-------------------------------------|---|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Generally Cheerful | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Talkative | <input type="checkbox"/> Group Leader | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Physical | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Easily Excited | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Quiet | <input type="checkbox"/> Group Follower | <input type="checkbox"/> Active | <input type="checkbox"/> Independent Player | <input type="checkbox"/> Often Shy |
| <input type="checkbox"/> Eager learner | <input type="checkbox"/> Explorer | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Possessive | | | |
2. List any other comments about child's behavior: _____
3. What behavior do you consider most difficult to deal with? _____
4. What fears does your child have? Describe the history and how the child shows fear. _____
5. Does your child have any communication habits we should know about? _____
6. Is there anything you think, that we, as teachers, should know about your child to help us work with him or her more effectively? Please include cultural preferences. _____

Daily Sleep Routines

1. Does your child cry when going to sleep? Yes No
2. Does your child need a pacifier to sleep? Yes No
3. Do you have any special ways of putting your child to sleep? _____ Yes No
4. What is your child's present sleeping schedule? Night time: _____ to _____ AM Nap _____ to _____ PM Nap _____ to _____
5. Does your child need a blanket or toy for sleeping? Yes No

Toileting

1. How frequently does your child have a bowel movement? _____
2. Is your child toilet trained? Yes No
3. What words does your child use for urination? _____ Bowel Movement? _____ N/A
4. Does your child frequently have a diaper rash? If yes, how is it treated? _____ Yes No



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MEDICAL CONSENT FORM

| | | | |
|---------------------------|---------------------------|----------------------|-----------------------|
| First Name- | Middle Name- | Last Name- | Birthdate- |
| Child's Physician- | Physician's Phone Number- | Physician's Address- | Hospital- |
| Dentist Office- | Dentist Number- | Dentist Address- | |
| Primary Parent/Guardian | | Relation to Child | Phone Number |
| Employer | | Employer Address | Employer Phone Number |
| Secondary Parent/Guardian | | Relation to Child | Phone Number |
| Employer | | Employer Address | Employer Phone Number |

I give my permission for....

1. My child to receive emergency treatment (First Aid and CPR) by any of the qualified staff persons at First Steps Child Care
2. The center staff to act in the case of an emergency, or when a contact cannot be reached or is delayed
3. My child to be transported by ambulance, aid care or Director's vehicle to an emergency center for treatment
4. The medical, surgical and hospital care treatment and procedure to be performed for my child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health

In the event of an emergency, I agree to pay all costs of transportation and all medical related costs.

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____

AUTHORIZATIONS

By signing below I agree to the following terms.

1. First Step's policies and procedures are re-evaluated once yearly in October, tuition is subject to change effective January.
2. I have read and understand First Step's policies and procedures as outlined in the Parent Handbook, found on First Step's website.
3. I understand and agree to notify First Steps staff by 9:00 am when my child is going to be absent.
4. I understand and agree to promptly update in the enrollment agreement if there is a change in any information provided.
5. First Step's staff may assist my child in diapering in toileting needs.
6. First Step's staff may administer sunscreen, diaper ointment, bug repellent, and chapstick.
7. First Step's Directors may enter Immunization records of my child into the Minnesota Immunization Information Connection database if they have not already been documented.
8. First Step's staff may transport my child to and from field trips and educational outings. I understand that my child will be under appropriate supervision at all times during transportation. Off-site field trips and all transportation will meet state child care licensing regulations and center policies. I will authorize specific off-site field trips by signing the Authorization Form for each field trip my child participates in.
9. First Steps may take my child on walking field trips within the local area.
10. First Steps may photograph and videotape my child during program functions and field trips. I will be notified if any photograph/videos taken by staff are used for public relations purposes and understand that I have the right to refuse permission for such use.
11. I authorize a professional portrait company to take individual and class portraits of my child. The photos will be available for purchase- not for publicity, marketing, advertising ect. For tracking purposes, my child's name and class will be given to the photographer. A First Steps staff member will always be present during photograph session.
12. I understand that First Step's nurse/health consultant has access to my child's file during center visits.

I certify that I have read, understand and accept all of the terms and conditions described in the agreement. This agreement is effective the date signed below.

Primary Parent/Guardian _____ Date _____ Secondary Parent/Guardian _____ Date _____



ENROLLMENT AGREEMENT

TUITION AGREEMENT

EFFECTIVE JANUARY 1ST 2018

Child's Full Name _____

Birthdate- _____

Start Date- _____

Weekly Tuition Rate- \$ _____

Infant Toddler Preschool

Tuition Policy

Tuition weekly rates: (Subject to alteration each January 1st, rates determined in October the year previous)

Infants (6 weeks- 16 months)- rates will not be prorated

5 days/ week = \$315 4 days /week = \$300 3 days/week = \$280 Daily Drop In rate= \$100

Toddler (16 months-3 years)- rates will not be prorated

5 days/ week= \$270 4 days / week = \$255 3 days / week= \$240 Daily Drop In rate= \$90

Preschool (3 years and older)- rates will not be prorated

5 days/ week= \$242 4 days / week = \$222 3 days / week= \$202 Daily Drop In rate= \$80

Enrollment Fees:

1. An Enrollment fee of \$100 is due to hold a student's slot and due again each year in October per family, this fee is non-refundable.
2. A two weeks deposit is due to hold a student's slot for any pre-determined amount of time, approved by the Center Director. This deposit may be put towards the student's first two weeks of care. This deposit may not be used for the withdrawal notice period and is non-refundable.

Additional Fees:

1. A charge of \$5 per 10 minutes will be charged in the event an authorized individual does not pick up ill student from care within 1 hour of being informed of illness.
2. An automatic \$25 will be charged for any amount of time in attendance after First Steps has closed in addition to above charges.
3. A \$25 fee will be charged for each NSF check returned to First Steps. After a second NSF check, First Steps has the right to only accept cash.
4. Payments are due in the drop box outside of Director's office by Friday for the week to follow. If they are not received by Monday at drop off a \$20 fee will automatically be added at noon each day until it is received. If payment is not received by Wednesday at drop off your child will not be able to attend First Steps until it is received. If this happens a third time the contract will be terminated.
5. First Steps will automatically submit year end tuition statements to each family by the end of each January. First Steps will only send invoices via E-mail upon tuition being late or upon a request.

Schedules:

1. Schedule of attendance must be stated on the enrollment form prior to first day of care. A schedule of attendance allows First Steps to staff according to students in attendance. Due to state licensing regulations on ratio of teacher to students, this schedule is of high importance.
2. First Steps will accept rotating schedules with 2 weeks' notice via E-mail or in writing. In the event a schedule is not received by the Director with 2 weeks' notice, First Steps reserves the right to no longer allow the rotating schedule.
3. Schedule changes must be approved with 2 weeks' notice, First Steps reserves the right to not allow schedule changes in the event the change affects our capacity. Schedules may not be altered the weeks of holidays or due to illnesses.
4. Clients may request to add days of attendance at the next step weekly rate at any point. In the event this added day is no longer required, 2 weeks' notice must be given to drop the additional charge.
5. Fluctuating number of days per week, in regards to tuition rates, is not permitted. First Steps signs contracts with clients for 5 days, 4 days or 3 days per week.
6. Any change of hours or scheduled days, either permanent or one time only will require a change of hours form found at the parent communication cubby.

Holiday, Vacation, Sick Time & Discounts:

1. Holidays First Steps is closed: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Black Friday, Christmas Eve and Christmas Day. First Steps will be paid normal contract rates. First Steps reserves the right to close either the Friday before or the Monday after a holiday in the event the holiday falls on a weekend. Clients will be informed of these dates on monthly calendar or may ask a Director in advance.
2. First Steps offers 1 consecutive week of vacation for each family who has attended care for over 6 months. This means if your child does not attend care for 5 consecutive (Monday-Friday) days First Steps will waive the weekly tuition fee one time per January-December year. The chosen week must be E-mailed to the Director at least 3 weeks prior to use and you must inform the director you want to use the week as your one free week this year. Vacation weeks may not be used for 2 week termination notice or during a week with a holiday. In the event your child is ill and cannot attend care First Steps will be paid normal contract rates. We suggest seeking a backup sick care program on call.
3. First Steps offers a 5% discount on total weekly tuition for families of 2 or more.

Withdrawal Notice:

A two week trial period begins on your child's first day of enrollment, this time period is used to make sure First Steps is a good fit with your family. During this two week trial period, First Steps may terminate the tuition contract without further commitment, although payment is still due. Any time after the two week trial period, if either party wishes to terminate the tuition contract, a "Withdrawal Form" (found at www.firststepsrochester.com) and payment in full whether or not your child attends care is due two weeks prior to the end date to the Executive Director, Cassie Fenstra (cassie@firststepsrochester.com). Payment will continue to be expected until both this form and payment in full has been received. Any payments not received by First Steps will be presented to our lawyer for collection and late fees apply as stated above. If First Step's teachers or children are harmed, threatened or safety becomes a concern in any manner, First Steps has the right to ban the person from the facility, give written explanation and two weeks' notice with the same guide lines as stated above. In the event a Director cannot contact a client and the student does not attend care for 3 consecutive days First Steps considers this withdrawal from the program.

I certify that I have read, understand and accept all of the terms and conditions described in the agreement. This agreement is effective the date signed below.

Primary Parent/Guardian _____

Date _____

Secondary Parent/Guardian _____

Date _____