

Enrollment Agreement

Enrollment Information



Country Acres
CHILD DEVELOPMENT CENTER

Completion of this Agreement is required for enrollment. This information is necessary for Saginaw Educators, LLC DBA Country Acres Child Development Center, to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs. Grey shaded areas are for office use only. White areas are for parent/guardian use.

Child Information					
Child's First Name		Child's Middle Name	Child's last Name		Nickname
Date of Birth	Age	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Primary language	Home Phone
Child's home Address (Street/City/State/Zip):				Guardians <input type="checkbox"/> Living together <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
List family members your child lives with – include names and ages of siblings					
Does your child attend school? <input type="checkbox"/> YES <input type="checkbox"/> NO		Elementary School Name		Grade in School	School Phone
School Address					

PRIMARY CONTACT AND RELEASE PERSONS *Include parents and guardians*

Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No			Copy on file day of enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No		
PRIMARY PARENT/GUARDIAN(Legal Guardian ONLY)		Relationship to child	Home Phone	Cell Phone	
Home Address (Street/City/State/Zip):		Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized for Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Photo ID on File <input type="checkbox"/>	
Employer:	Employer Address:	Email Address:		Work Phone:	
Driver's License Number	DL State	Social Security Number	Military or Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Verify DL INITIALS ____	
Other Parent/Guardian(Legal Guardian ONLY)		Relationship to child	Home Phone	Cell Phone	
Home Address (Street/City/State/Zip):		Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized for Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Photo ID on File <input type="checkbox"/>	
Employer	Employer Address	Email Address		Work Phone	
Driver's License Number	DL State	Social Security Number	Military or Retired Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Verify DL INITIALS ____	
Name of child's doctor:			Phone:		
Address/City/State/Zip:					
Name of child's dentist:			Phone:		
Address/City/State/Zip:					

EMERGENCY CONTACT *Do not include parents and guardians*

If neither mother nor father can be reached, in case of an emergency call: **(This is a contact person ONLY – they cannot pick up your child unless they are listed under the Release Authorization.)**

Name:	Relationship to Child	Home Phone	Cell Phone
Home Address/City/State/Zip:	Authorized for Pick Up: <input type="checkbox"/> YES <input type="checkbox"/> NO	Work Phone	Photo ID on File <input type="checkbox"/>

GREY AREAS ARE FOR OFFICE USE ONLY	START DATE	HOURS IN ATTENDANCE	MEALS	WITHDRAWAL DATE	WITHDRAWAL REASON:

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Release Authorization: Who is authorized to pick up your child other than the person enrolling the child?						
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: YES <input type="checkbox"/> NO <input type="checkbox"/>
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: YES <input type="checkbox"/> NO <input type="checkbox"/>
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: YES <input type="checkbox"/> NO <input type="checkbox"/>
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: YES <input type="checkbox"/> NO <input type="checkbox"/>
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: YES <input type="checkbox"/> NO <input type="checkbox"/>
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: YES <input type="checkbox"/> NO <input type="checkbox"/>
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: YES <input type="checkbox"/> NO <input type="checkbox"/>

- The persons designated in this section will be contacted by CACDC and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older.
- Center staff will release your child only to you or to those persons you have listed above. For the safety of your child, we will request all authorized Release Persons with whom staff are not familiar to provide Government issued photo ID at time of pick up. If you want a person who is not identified above to pick up your child, you must notify center management in writing. Your child will not be released without prior authorization. In the event someone is sent to pick up the child, and they are not on the list, they will be denied access until a letter in writing is received.
- It is imperative that you use the check in/out system when dropping off/picking up your child(ren).

Also, in consideration of the acceptance of my child into child care by Country Acres Child Development Center, I hereby release, indemnify, and hold harmless Country Acres Child Development Center, its Employees, Agents, Representatives, from any loss or damage to toys, clothing, or other personal articles.

In consideration of the acceptance of my child into childcare by Country Acres Child Development Center, I hereby release, indemnify, and hold harmless Country Acres Child Development Center, its Employees, Agents, Representatives, from any and all claims, damages, or other liabilities or injuries to my child which are not caused as a result of the gross negligence by Country Acres Child Development Center, its Employees, Agents, Representatives

***Transportation:** I hereby give do not give my consent for my child to be transported and supervised by Country Acres Child Development Center Staff: on field trips to and from public school

***Water Activities:** I hereby give do not give my consent for my child to participate in water activities: Splash Park

I hereby warrant to Country Acres Child Development Center that I am entitled to legal custody and possession of my child, and accordingly am authorized to place my child in your care and custody, and am responsible for all day care fees, and am further authorized to sign this enrollment form. I agree to be responsible for all day care fees and other expenses incurred on behalf of my child. By signing this agreement, I am stating as the guardian that I have received, read, know I have the opportunity to ask questions and will adhere to Country Acres Parent Handbook/Operational Policies and Procedures.

Parent's Signature

Date

Director's Signature

Date