

Enrollment Agreement



Welcome!

You've made a great choice for your child! We're honored to become a part of your child's early learning experiences—and we're excited to get to know you, your family members, and the other important people in your child's life.

This enrollment agreement collects the information we need to ensure that we all have the best start possible. We use this information to complete your enrollment, assign your child to the appropriate classroom or program, communicate with you, and comply with childcare licensing regulations (We can provide you with a copy of those regulations if you would like). It is your choice to provide us with information about yourself and your family, and whether you consent to us using your information in the ways described below.

The most important thing we want you to know is this: We are committed to making your time with us a positive one. Please call us any time, no matter how small your question may seem—especially in the first few weeks, as your family gets used to a new routine. You can reach us at 1-888-525-2780. We'll also set up a time to review our Family Handbook with you very soon.

TELL US ABOUT YOUR CHILD			
First Name	Middle	Last Language spoken at home	Nickname
Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Child's home address			Primary phone
Please list family members your child lives with, including the names and ages of siblings:			

TELL US ABOUT YOU		
The safety of children in our centers is our top priority. Center staff will release your child only to the parents and guardians listed—or to the other emergency contacts you authorize below.		
If you do need to authorize a new pickup person by phone, you may do so—but we will ask you to answer the two security questions you provide here to verify your identity. For your child's safety, any time a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID.		
Parent / Guardian	Relationship to child	Primary phone
Home address	Email address	Secondary phone
Employer and address	ID number and type	Other phone
Security Questions (2 Required)	Question _____ Answer _____	
	Question _____ Answer _____	

WHO ARE EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD (18 or older)?					
The people named here are authorized to pick up my child. I will notify the center on days when an authorized "Emergency Contact" will pick up my child.					
	Name	Relationship	Address	Primary phone	Secondary phone
Contact #1					
Contact #2					
Contact #3					
Contact #4					

OFFICE USE ONLY				
BACKUP CARE CASE #	CENTER/SITE #	START DATE	FAMILY/CASE/FILE #	CLASS

Center Number	<input type="text"/>
Parent/Guardian Signature	Date

Care Information

Child's Name

Height	Weight	Hair color	Eye color
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Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

- Physical therapy
 Speech therapy
 Occupational therapy
 Applied Behavior Analysis
 Other: _____
 Mobility device
 Communication device
 Feeding tube
 Visual support
 Auditory support

Would you like your child's therapists to deliver services at the center? Yes No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

List of current medications: _____

MY CHILD'S MEDICAL CARE PROVIDER	
Medical Care Provider name	Practice / Clinic name
Provider address	Phone
Preferred hospital / clinic	Date of last physical examination
Dentist name	
Dentist Address	Phone
Health Insurance Provider and policy number	

MY CHILD'S ALLERGIES	
<input type="checkbox"/> Medications _____	Reaction _____
<input type="checkbox"/> Food _____	Reaction _____
_____	_____
_____	_____
<input type="checkbox"/> Respiratory _____	Reaction _____
<input type="checkbox"/> Bee sting _____	Reaction _____
<input type="checkbox"/> Other _____	Reaction _____
Are any of the allergies severe or life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please talk to your Center Director about completing an allergy plan.)	

MEDICAL ACKNOWLEDGMENTS

- Medication** I will provide written permission for center staff to administer medication with written instructions from me or the child's health care provider, as permitted by local child care licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).
- Immunizations** I will provide the center with updated immunization information or an exemption for my child.
- Nurse/Health Consultant** Child care centers in some states are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. I agree my child's records may be reviewed by the nurse/health consultant.
- Illness** If center staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return only when he or she is well, as described in the Family Handbook.
- Emergencies** In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:
 - Consult the physician or dentist named above.
 - Administer first aid and/or cardiopulmonary resuscitation.
 - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
 - Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
 - Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

Center Number	<input type="text"/>
Parent/Guardian Signature	Date

Schedules / Transportation / Tuition

Child's Name	Child's Date of Birth
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CENTER HOURS

The center is open from _____ a.m. to _____ p.m., _____ through _____.

Most centers will be closed New Year's Day, Martin Luther King Jr. Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and day after, as well as Christmas Day. We also dedicate time every year for professional development. Your Center Director will inform you when your center will be closed for these training days. The center will be open whenever possible on a regularly scheduled day, except in the case of severe weather or other emergency. Tuition is not reduced as a result of center closures.

TRANSPORTATION INFORMATION (For School-Age Children Only)

School	Grade	School phone
School address	School start time	School end time
Transportation provided by: <input type="checkbox"/> Elementary School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Center <input type="checkbox"/> Other (specify) _____		

SCHEDULE AND TRANSPORTATION ACKNOWLEDGMENTS

- Transportation Changes** I agree to notify the center if my school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.
- Regular Schedule** Tuition is assessed on the child's regular schedule and not attendance. I will be charged additional tuition if my child's attendance increases beyond this schedule. If my child's schedule changes in any way, I will notify the center immediately. Tuition and fees are not pro-rated for illness, holidays, or emergency closures.
- Absences** I will notify the center by 9:00 am when my child will be absent. I agree to pay the full tuition if my child is absent for one or more days.
- Child Not Picked Up** If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached within _____ minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities.

TUITION AND FEE INFORMATION

My Tuition is: Weekly Monthly

TUITION	DISCOUNT/ADJUSTMENT TYPE (if applicable)	LEARNING ADVENTURES TUITION	TOTAL TUITION
\$ _____	_____	\$ _____	\$ _____

- Late Payment Fee*** All tuition is due in advance of services rendered.
 - Monthly:** Tuition is considered late on the 15th of the month and a late fee of \$60.00 will be automatically charged. For KinderCare Education at Work Centers, the monthly late payment fee amount may vary. The late payment fee is \$____.0
 - Weekly:** Tuition is considered late on Wednesday and a late fee of \$30.00 will be automatically charged. For KinderCare Education at Work Centers, the weekly late payment fee amount may vary. The late payment fee is \$_____.
- Registration Fee** A nonrefundable annual registration and/or equipment fee of \$_____ is due at the time of enrollment and payable each year. If my child has withdrawn from the program and subsequently re-enrolls, a new registration and/or equipment fee is due at that time.
- Late Pick-Up Fee** A late pick-up fee of \$_____ per _____ per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service.
- Additional Fees** Your child may have the opportunity to participate in special programs, summer programs, or field trips with an additional fee.
- School-Age Care Fees** If your child regularly attends elementary school but school is not in session due to a school holiday, closure, or early release, he or she may attend a full/half day at the center for an additional \$_____ per day or \$_____ per half day. When school is not in session for the entire week, full-time tuition is \$_____ per _____.

SCHEDULED ATTENDANCE

DAY	HOURS OF CARE (e.g., 8 am–5 pm)
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

FOR CACFP USE ONLY

MEALS (please circle)	MEAL DEFINITION:
B A L P	B = Breakfast
B A L P	A = AM Snack
B A L P	L = Lunch
B A L P	P = PM Snack

Center Number _____

Parent/Guardian Signature _____ Date _____

Financial & Other Terms

Child's Name

FINANCIAL ACKNOWLEDGEMENT

- **Payment Authorizations** I authorize KinderCare Learning Companies (KLC) to:
 - Process my payment according to my instructions on the online portal as per payment processing terms & condition either one time or for recurring payment (Autopay).
 - Maintain the payment authorization granted online in effect until I remove the authorization from the online portal.
 - Attempt to collect on returned (unsuccessful) electronic check activity (also referred to as ACH) up to two additional times
 - Automatically refund payments upon approved request.
- **Financial Obligations** I understand:
 - As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility.
 - Payments that I authorize will be made from a bank or financial institution account (the "Payment Method") that I designate.
 - It is my responsibility to establish and maintain the Payment Methods and to pay all fees associated with this contract.
 - Accounts two weeks in arrears may result in immediate termination of services; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee.
 - Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.
 - Families with returned electronic check activity / non sufficient funds (NSF) may be subject to immediate termination of services.
 - Accounts with returned (unsuccessful) electronic check activity may be subject to a returned item fee in the maximum amount allowed by State law
 - Any prepaid balance of \$25 or less which remains at the time of my child's disenrollment will not be refunded unless requested in writing within 90 days.
 - Two weeks written notice is required prior to the last day of attendance. If I do not give written notice of withdrawal, I agree to pay full tuition and fees due for the final two weeks regardless of my child's attendance.
 - For KinderCare Education at work centers, the written notice may vary. The written notice required at my KinderCare Education at Work center is _____. If I do not give written notice of withdrawal, I agree to pay full tuition and fees due for the final _____ weeks regardless of my child's attendance.

PHOTOGRAPHY OF CHILDREN

I do / do not give permission for my child to be photographed and videoed in the center and during program functions and field trips. I understand that photographs/videos may be taken by center staff or by other parents/guardians, and by giving permission I consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communications by email, website, mobile applications, or other means (see "Communications").

Parent/Guardian Initials _____

OTHER TERMS

Assessments and Screenings

I give permission for my child to participate in early learning assessments and screenings administered by KLC. The results of these assessments will be used by KLC to measure my child's progress and may be used to evaluate, market and update KLC's programs. I will have access to all results of these assessments.

Babysitting

We don't encourage private babysitting by our staff. If you hire any of our employees, however, how that works is solely between you and the employee. KLC is not responsible for those services.

Communications

I give KLC permission to communicate with me about services, offers, and promotions, payment, debt, and collection efforts by telephone, text, e-mail, or other means. I understand that data and messaging charges may apply to these communications and that I can opt-out of certain communications via text or by contacting KLC at 1-888-525-2780.

Privacy

I understand that KLC's Privacy Notice and Terms of Use (www.kindercare.com/kindercare-legal/legal-information) apply to the information I provide under this Agreement and notifies me of my privacy rights and how to exercise those rights.

Resolving Disputes

We do not expect any disagreements. However, we agree that, in the unlikely event we have one we can't resolve, any dispute or claim will be submitted to nonbinding mediation before beginning arbitration, litigation, or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.

Center Number

Parent/Guardian Signature _____ Date _____

Financial & Other Terms

Child's Name

OTHER TERMS

FOR CALIFORNIA ONLY – California Department of Social Services (CDSS)

The CDSS or other public agencies authorized by CDSS to assume such responsibilities shall have the authority to interview children or staff, and to inspect and audit school records without prior consent. The Center shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the Center. The Department shall also have the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

USDA Non-discrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

I have read, understand and accept all of the terms in this Agreement, as well as KinderCare's Privacy Notice and Terms of Use. I specifically consent to KLC collecting and using my information as described in this Agreement and the KLC Privacy Notice. I will promptly update any information provided for in this Agreement if any information changes. Center management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 30 days' notice.

This Agreement will begin on . Center Director Signature Date

OFFICE USE ONLY	<input type="checkbox"/> Immunization Information
	<input type="checkbox"/> Medical Information form, if applicable
	<input type="checkbox"/> State-specific licensing forms, if applicable
	<input type="checkbox"/> Family Handbook (<i>new enrollees only</i>)
	<input type="checkbox"/> Infant or Toddler Intake Form, if applicable
	<input type="checkbox"/> Income Eligibility Form, if applicable

Center Number	<input type="text"/>
Parent/Guardian Signature	Date

Emergency Contact Information Addendum

Child's Name

WHO ARE EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD (18 or older)?

The people named here are authorized to pick up my child. I will notify the center on days when an authorized "Emergency Contact" will pick up my child.

	Name	Relationship	Address	Primary Phone	Secondary Phone
Contact #5					
Contact #6					
Contact #7					
Contact #8					
Contact #9					
Contact #10					

Center Number	
Parent/Guardian Signature	Date