

Enrollment Agreement

Little Frogs & Polliwogs Learning Center

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Today's Date _____

How did you find out about our center? _____

Start Date: _____

Enrollment Information					
Child's Information					
Child's first name		Child's middle name		Child's last name	
Child's nickname					
Date of Birth	Sex	Child's primary language		Parent/guardian/sponsor primary language	
Child's home address			City	State	Zip
Family Information					
Parent/Guardian One					
Parent/guardian/sponsor		Relationship to child		Home phone	
Cell phone					
Mailing address if different from above			City	State	Zip
Email		Car license plate		Work phone	
Employer	Employer address		City	State	Zip
Work hours					
Parent/Guardian Two					
Other parent/guardian/sponsor		Relationship to child		Home phone	
Cell phone					
Home address if different from above			City	State	Zip
Email		Car license plate		Work phone	
Employer	Employer address		City	State	Zip
Work hours					
Contacting You					
Which parent/ guardian should be contacted first?			Which is the best phone number to use?		
Instructions on how to be contacted during the hours your child will be at the center.					
List family members & pets your child lives with – include first names, relation and ages of siblings					
Please notify the center if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up and know the child's password.]					
My child's password will be:					
Person #1	Relationship to child		Home phone		Cell phone
Person #2	Relationship to child		Home phone		Cell phone
Person #3	Relationship to child		Home phone		Cell phone

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent Signature _____

Date: _____

Staff Initials _____

Medical Information					
Child's name	Birth date	Height	Weight	Hair color	Eye color
Distinguishing marks					
Child's Medical History					
1. Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
2. Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
3. Please list a brief history of your child's serious injuries, hospitalizations and surgeries _____					
4. Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
5. Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
6. Does your child have any physical restrictions or disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
7. Is your child prone to ear infections? <input type="checkbox"/> Yes <input type="checkbox"/> No , if so how do they react? _____					
Disease History (please check all that apply and add the date)					
<input type="checkbox"/> Chicken Pox (Varicella) _____ Date: _____		<input type="checkbox"/> Bronchiolitis _____ Date: _____		<input type="checkbox"/> Botulism _____ Date: _____	
<input type="checkbox"/> Measles Rubeola _____ Date: _____		<input type="checkbox"/> Pneumonia _____ Date: _____		<input type="checkbox"/> Haemophilus Influenza _____ Date: _____	
<input type="checkbox"/> Rubella (German Measles) _____ Date: _____		<input type="checkbox"/> Pertussis (Whooping cough) _____ Date: _____		<input type="checkbox"/> Meningococcal Infection _____ Date: _____	
<input type="checkbox"/> Mumps _____ Date: _____		<input type="checkbox"/> Tetanus _____ Date: _____		<input type="checkbox"/> Rabies _____ Date: _____	
<input type="checkbox"/> Scarlet Fever _____ Date: _____		<input type="checkbox"/> Diphtheria _____ Date: _____		<input type="checkbox"/> Bacterial Meningitis _____ Date: _____	
Child's Current Medication					
List all medications taken regularly					
Medication: _____			Reason: _____		
Medication: _____			Reason: _____		
Medication: _____			Reason: _____		
Will medication be administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please attach care instructions from your physician.</i> _____					
					Initial
I/we authorize the staff of Little Frogs and Polliwogs (LF&P) to assist my child in taking medication (per directions on the Medication Slip) and agree not to hold LF&P liable in doing so.					
If my child develops pain, fever or an injury I would like to be contacted. I authorize the staff of LF&P to administer, Tyle nol/Benadryl generic medication if I give direction over the phone. This applies only if symptoms develop during the day. Tylenol dosage _____ Benadryl dosage _____					
Allergies (please list)					
Medication Allergies	Reaction	Food Allergies	Reaction		
_____	_____	_____	_____		
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction		
_____	_____	_____	_____		
Other Allergies	Reaction	Are any of these allergies life-threatening?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____	_____		Please attach care instructions from your physician for any life-threatening allergies...	

Parent Signature _____

Date: _____

Staff Initials _____

Medical Information (continued)

Child's Name	Birth Date
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Miscellaneous Screenings and Tests

1. Does your child have an IEP in place? Yes No. If yes, please enclose a copy

2. Does your child function at the level of other children in his/her age group?
 Yes No Unsure: Explain _____

3. Is your child able to walk Yes No Please provide details if your child is still developing in that area. _____

4. Can your child communicate his/her needs? Yes No , if no please explain _____

5. Does your child need assistance at meal time? No Yes Explain _____

6. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? No Yes Explain _____

7. Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc? No Yes Explain _____

Sleeping Habits

Does your child rest/nap during the day? No Yes How long is a regular nap? _____

We allow babies to sleep naturally; To reduce the risk of SIDS, infants under 7 months of age will be placed on their backs to sleep, unless there are written medical orders requiring alternate positioning. Also for babies under 12 months of age no pillows, comforters, sleep positioners, any soft items or toys will be placed in the crib.

Toileting/Diapering Habits

Is your child toilet trained? No Yes
 Our procedure is to change babies every two hours. All BM's are changed immediately, however sleeping children will not be woken for changes. Please send in plenty of LABELED diapers and wipes.

Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone	
Physician's practice address	City	State	Zip
Preferred hospital/clinic for emergency care	City	State	

To the best of my knowledge the information contained above is accurate.

Parent Signature _____

Date: _____

Staff Initials _____

Medical Information (continued)

Child's name	Birth date
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Additional Medical Policies

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.	Initial _____
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.	_____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	_____
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .	_____

Emergency Medical Authorization & Consent

In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician.	Initial _____
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	_____
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	_____
In case of a medical emergency, I will be responsible for the emergency medical expenses.	_____
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	_____

Policy Acknowledgement & Releases

I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. <i>Please check which product you will permit.</i>	Initial _____
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date , and it will be labeled with my child's name. I also understand that sunscreens cannot contain retinol or retinyl palmitate.	_____
I have special instructions for the application process. <input type="checkbox"/> None <input type="checkbox"/>	_____
I understand that Little Frogs & Polliwogs Learning Center reduces the staff to child ratios during naptime hours in accordance with New Hampshire Code of Administrative Rule He-C 4002.33 through He-C 4002.36	_____
I/we have read and follow the guidelines set out in the LF&P 'Family Handbook', that can be found online at: www.littlefrogsandpolliwogs.com	_____
My child may learn about and participate in activities involving all cultures/religions	_____
In the event of an emergency it is the policy of LF&P that no guarantee is implied by a perfect incident management system. As personnel and resources may be overwhelmed, LF&P can only endeavor to make every effort to manage the situation with the resources and information available at the time. In the event of an off-site evacuation children will be transported, by any means necessary, to another location. I/we understand that I should not contact the center, but will be notified of the location ASAP.	_____
I will provide a small blanket and crib sheet for nap (after age 1), formula, baby food, a ready to serve lunch (in a microwavable container if heating is required), diapers and wipes (if needed), a bathing suit and towel in the summer and proper winter clothing in the winter.	_____
I understand that if my child is under 6 years old they may not wear necklaces (therapeutic or otherwise)	_____
Preschool, Pre-K, Kindergarten & School Age Only With prior approval, my child will be allowed to participate in class field trips.	_____

Parent Signature _____

Date: _____

Staff Initials _____

Rate Agreement and Contract

Child's name	Birth date
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Hours of Operation

Regular operating hours are **Monday through Friday from 6:30 AM to 5:30 PM** except closings for all Federal holidays, clean-up day(Friday before Labor Day) and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Fee Policy

- Tuition is due and payable by Friday 5.30pm for the following weeks tuition _____
- Tuition is not subject to discounts for holidays, emergency required closures, inclement weather, or absence due to illness. _____
- I agree to pay the full tuition in advance of services rendered and understand that tuition changes can occur with a 30-day notice at any time of the year. _____
- I agree to pay the full tuition fee even if my child is absent for one or more days. _____
- A late fee of **\$35** is due if tuition is not received by 5:30pm Friday and every subsequent day thereafter until payment is received. _____
- A non-refundable family registration fee of **\$80** is due yearly. This registration fee is necessary in order to secure my child's placement for the following September. _____
- A late pick-up fee of **\$2** per minute per child is due if my child is not picked up before closing. _____
- A fee of \$5 will be charged if lunch is forgotten or one is not supplied by 11:30am _____
- Accounts two weeks in arrears may result in immediate termination of service and that any remaining balance with LF&P at the termination of services is payable immediately to avoid further action. _____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip will be required. _____
- All returned checks or ACH transactions (automatic debits) will be charged a fee up to the maximum amount allowed by law. Two or more returned checks or ACH transactions will result in my account being placed on "cash or money order only" status. _____
- Should I forget to provide diapers and/or wipes , I agree to pay \$2 per diaper, \$2 per day for wipes _____
- I/we realize and agree to give a two-week paid written notice when I decide to terminate my child's care. _____

For Private Pay Families

- Starting on _____ based upon the scheduled attendance indicated above, I agree to pay a weekly tuition of \$_____ for _____ Initial
 care in the _____ room. _____

For State Assisted Families

- Starting on _____ based upon the scheduled attendance indicated above, I agree to pay a guardian portion weekly tuition, (amount as indicated below), for care in the _____ room. _____ Initial

Cost share \$_____ | Level of service _____ time | Guardian portion \$_____ | State portion \$_____

IMPORTANT INFORMATION: I understand that I am responsible for full weekly tuition amount until tuition scholarship starts. _____

- I/we agree to pay for sick days, holidays or any other days that I/we do not bring my child into the center. Attendance will be tracked on a 'daily sign in/out sheet' in each classroom to ensure your child meets the hours required dependent on the service level (full, part or half time). I/ we also understand that the state of NH only assists with days my child is at the center. I am aware that NH childcare scholarships may change at any time and I am responsible for the remaining balance each week. _____

Other Agreements

Child's name	Birth date
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Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.	Initial _____
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	_____
I understand that information contained in the Family Handbook may be subject to change without notice.	_____

Private Employment Acknowledgement and Release

As a parent/guardian of Little Frogs & Polliwogs, I agree to indemnify and hold harmless Little Frogs & Polliwogs, its owner and management from any and all liability arising out of, or injury sustained as a result of, a Little Frogs & Polliwogs staff member providing child care or transportation of my child(ren).

Signature: _____

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial _____
I authorize photographs of my child to be shown on social media (Facebook) <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at: <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y';> or by calling the unit at 603-271-9025; or 1-800-852-3345 ext. 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and **at no time will a child be forced to speak with a licensing coordinator.**

If licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

a. I give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.
 b. I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group.
 c. I do not give my permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.

Please check one option - a b c

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement* and the *Family Handbook*.

I/we would like a copy of this contract

Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature	Date
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Expulsion Policy

We all respect the rights and property of others. Routine, role modeling, kindness and consistency help to reinforce acceptable behavior. Inappropriate behavior is handled with redirection and healthy conversation first and quiet time away from the group secondly (if necessary). Children are taught acceptable modes of behavior and are encouraged to follow them by positive reinforcement. The Director will only be called when redirection and time away is unsuccessful. Although we do not desire to expel a child from our center, reasons for expulsion includes the following:

The Child:

- Extremely challenging/disruptive behavior that does not improve after intervention.
- Child’s continuous use of profanity and vulgar language.

Little Frogs and Polliwogs strives to provide a safe, stable and healthy learning environment for all children in our care. We understand that some children may have challenging behaviors in which we are willing to work with families and community services (such as PTAN- NH Preschool Technical Assistance Network) to help them improve. Parents will be made aware of what the problem is and the actions to be taken by both the center and the parent to correct the problem. Unfortunately, if no improvements have been made within a reasonable amount of time and a child continues to be harmful (where the safety and well-being of both children and staff are being compromised) and/or disruptive then they will be expelled. Upon expulsion, parents will be given a two-week written notice to remove their child.

The Parent/Guardian:

- Failure to make payments, habitually late payments or checks submitted frequently with insufficient funds.
- If you are more than 10 minutes late three times within the period of one month, your child’s registration will be cancelled (noncompliance with the operating hours).
- Actions deemed prejudicial to the center, its staff or to the children in its care.
- Physical or verbal violence towards a member of the staff, a child, other parents or any other person on site (immediate termination).
- Failure to complete required forms including the child’s immunization records

In the case of unpaid fees, parents will be given a written notice, followed by a warning letter, and then by a final notice cancelling the child’s registration to our center.

By signing below, I understand and agree to all information stated above regarding Little Frogs and Polliwogs Expulsion Policy.

Parent 1:

Print Name: _____

Signature: _____ Date: _____

Parent 2:

Print Name: _____

Signature: _____ Date: _____

Authorization to Release Information

Child's name		Birth date	
Parent/guardian/sponsor		Parent/guardian/sponsor	

For State/Government assisted families

"I authorize Little Frogs & Polliwogs Learning Center, Inc. to obtain information – verbal or written –from the following sources. I understand that this information will be used solely for the purpose of the well being of my child or in regard to State/Government assisted payments for child care services I receive. I further understand that this information will remain confidential and will not be shared with organizations/offices other than what I have specified below."

NH Division of Health and Human Services
 361 Lincoln St
 Manchester NH 03103
 Case Worker: _____

Bureau of Data Processing
 6 Hazen Dr
 Concord NH 03301

 Parent/guardian/sponsor signature Date

 Parent/guardian/sponsor signature Date

For all families

"I authorize Little Frogs & Polliwogs Learning Center, Inc. to obtain information – verbal or written –from their physician or other professional. I understand that the following information will only be used to obtain current Health Forms and Immunizations records for my child". The information will remain confidential and will not be shared with any organizations/offices.

 Parent/guardian/sponsor signature Date

 Parent/guardian/sponsor signature Date

Pediatrician/Doctor

Primary physician's name		Primary physician's practice name		
Physician's practice address		City	State	Zip
Phone		Fax		

Other (specialists, counselors, school officials, etc.)

Name/Title		Service		
Address		City	State	Zip
Phone		Fax		