

Childcare enrollment form and agreement

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Fill in the [bracketed] details, delete what doesn't apply and make sure the policies here match your parent handbook. Check your state's licensing rules for what an enrollment record must include, and have a lawyer review the agreement before families sign it.

Program (filled in by the program)

Program name and license number (if licensed) _____

Address and phone _____

Director or provider _____

Hours we're open _____

Holidays and other days we're closed _____

Child

Please fill out one form for each child.

Full name _____

Name they go by _____

Date of birth _____

Languages spoken at home _____

Start date _____

Parent or guardian 1

Name _____

Relationship to child _____

Cell phone _____

Email _____

Address _____

Workplace and work phone _____

Parent or guardian 2

Name _____

Relationship to child _____

Cell phone _____

Email _____

Address (if different) _____

Workplace and work phone _____

Custody and court orders

If a court order limits a parent's or guardian's access to this child, such as a custody or protective order, attach a copy. Without one, we may not be able to refuse pickup by a parent or guardian.

☐ A copy of a court order is attached

Schedule

Check the days your child will attend. Please tell us in writing at least [number] days ahead if your schedule needs to change. Changes depend on space and may change your tuition.

- ☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday

Usual drop-off time _____

Usual pickup time _____

Full-time or part-time _____

Other days or a schedule that changes (such as for shift work)

Emergency contacts (other than parents)

An emergency contact can pick up your child only if they're also on your authorized pickup form.

Name, relationship, phone _____

Name, relationship, phone _____

Health basics

Please also fill out the health forms on the checklist below, and tell us right away if anything changes.

Allergies (and how serious) _____

Medications _____

Health conditions or special needs staff should know about

Child's health care provider and phone _____

Health insurance company and policy or member ID

Forms we need before the first day (filled in by the program)

We'll check off each form when we receive it.

- ☐ Immunization and health record
☐ Authorized pickup form
☐ Medical and allergy form (if your child has allergies, medications or health needs)
☐ Tuition and fee agreement
☐ Infant feeding plan (for babies)
☐ Photo and media release
☐ Sunscreen and insect repellent permission

- ☐ Parent handbook acknowledgment
- ☐ [Other forms your state requires]

Our policies

By signing, you agree to these policies. Our parent handbook explains each one in more detail.

- Drop-off and pickup: Please sign your child in and out each day. We release children only to parents, guardians and adults on their authorized pickup list, and staff check photo ID for anyone they don't know. Late pickup: [policy and fee].
- Illness: Please follow our sick child policy. If we call to say your child is sick, someone must pick them up within [time].
- Medicine: Staff give medicine only with a signed medication authorization form, with the medicine in its original labeled container.
- Tuition and fees: as set out in our tuition and fee agreement.
- Visits: Parents and guardians are welcome to visit any time their child is here, unless a court order limits their access. [Any sign-in rule for visitors.]
- Behavior: We use positive guidance: clear expectations, praise and redirection. We never use physical punishment, shaming or withholding food.
- Child protection: All staff [and regular volunteers] pass a background check and are trained to spot and report suspected abuse or neglect. Staff report concerns as [state] rules require.
- Closures: We close for [holidays] and when [conditions, such as severe weather]. We'll tell families by [text, email or phone] by [time].
- Leaving the program: Please give us [number] weeks' written notice before your child's last day. Our tuition and fee agreement explains what's due during the notice period.
- Ending care: If we need to end care, we'll give you [number] weeks' written notice, unless a child's or staff member's safety is at risk. We'll talk with you first whenever we can.

Consent for emergency care

In an emergency, staff will call 911 if needed and contact me as soon as they can. If they can't reach me, I authorize program staff to get emergency medical care for my child, including ambulance transport and treatment by a doctor or hospital, and to share this form with the medical staff who treat my child.

Signatures

I have read and agree to this enrollment agreement and the program's policies, and I give the consent for emergency care above. The information on this form is correct, and I'll tell the program right away if anything changes.

Parent or guardian 1 printed name _____

Parent or guardian 1 signature and date _____

Parent or guardian 2 printed name _____

Parent or guardian 2 signature and date _____

Director or provider signature and date _____