



Enrollment Application and Agreement

Name of Child _____ Date of Birth _____

Address _____ Zip Code _____

Home Phone (____) _____ Alternate Phone Number (____) _____

Date attendance will begin _____

Normal attendance will be approximately _____ a.m. to _____ p.m. on the following day's:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

APRES SCHOOL - Elementary school Attending _____

Phone (____) _____

MOTHER or guardian _____ Occupation _____

Employer Work Address _____ Work phone (____) _____

MOTHER Drivers License Number _____ Mobile Phone (____) _____

FATHER or guardian _____ Occupation _____

Employer Work Address _____ Work phone (____) _____

FATHER Drivers License Number _____ Mobile Phone (____) _____

OTHER PERSONS TO WHOM CRÈME de la CRÈME IS AUTHORIZED TO RELEASE A CHILD: Under no circumstances will Crème de la Crème release a child to anyone not identified below or not otherwise known to staff without specific authorization from the parent or guardian. Additions or changes to the list of persons appearing below will be made on the "Parent's Special Instructions" form.

Name _____ Relationship _____

Address _____ Phone (____) _____

Mobile Phone (____) _____

Name _____ Relationship _____

Address _____ Phone (____) _____

Mobile Phone (____) _____

PERSONS WHOM YOU AUTHORIZE CRÈME de la CRÈME TO CONTACT FOR GUIDANCE IN AN EMERGENCY such as a medical or other emergency, when the parent or guardian or (if appropriate) physician are unavailable.

Name _____ Relationship _____

Address _____ Phone (____) _____

Mobile Phone (____) _____

Name _____ Relationship _____

Address _____ Phone (____) _____

Mobile Phone (____) _____

**CHILD'S
PHYSICIAN** _____

Address _____ Phone () _____

DENTIST _____

Address _____ Phone () _____

In order to comply with state law, it will be necessary for the parent or guardian to supply Crème de la Crème with a physician's report form, on a form supplied by Crème de la Crème, no later than one week after the date actual attendance begins.

STATUS OF CHILD'S PARENTS: Married _____ Separated _____ Divorced _____ Other _____

Stepmother _____ Stepfather _____ If the child is adopted, does she/he know? _____

CHILD'S BROTHERS AND/OR SISTERS Name _____ D.O.B. _____

Name _____ D.O.B. _____

HEALTH - Any health or special situations concerning the child of which Crème de la Crème should be aware, such as allergies, existing/pre-existing illnesses, injuries, disabilities, or hospitalization during the past twelve months, or any medications prescribed for long term use.

*Please specify any dietary restrictions (if an infant, specify formula): _____

GENERAL AUTHORIZATION - We hereby grant to Crème de la Crème permission for the above named child to:

- (a) take part in all program activities including the use of all indoor and outdoor equipment;
- (b) be photographed or videotaped in connection with daily program activities;
- (c) be transported to or from the premises of Crème de la Crème to take part in planned educational field trips or activities supervised by the staff of Crème de la Crème (provided that such field trip or activities will be separately announced to the parent or guardian 48 hours in advance of the trip or activity);
- (d) to be transported to and from public school;
- (e) participate in water activities on Crème de la Crème premises.

Mother or guardian _____ Date _____

Father or guardian _____ Date _____

MEDICAL AUTHORIZATION - We hereby grant to Crème de la Crème permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. We understand that, consistent with the circumstances of the situation and available time, Crème de la Crème will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated by us above. In the event Crème de la Crème is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to Crème de la Crème to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by Crème de la Crème in making emergency medical treatment available to the above named child.

Important: If your child appears ill, has had a fever above 100.4 degree F within the past 24 hours, is vomiting, or shows evidence of a communicable disease, please make arrangements for alternative care. If your child has such symptoms and is present at Crème de la Crème, you will be asked to pick her/him up immediately.

Mother or guardian _____ Occupation _____

Father or guardian _____ Occupation _____

HOURS - Unless otherwise specified, hours of operation of the school are from 6:30 a.m. to 6:30 p.m. Monday through Friday. A late fee is charged of 1 (one) dollar per minute after closing that the child remains on the premises. This fee will be assessed to your account.

DAYS OF OPERATION - The school will operate Monday through Friday throughout the year except for: New Years Day, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, the day of and after Thanksgiving Day, Christmas Day, and certain other days specified by Crème de la Crème from time to time. No discount from tuition will be made for holidays or other days on which the facility does not operate.

CHILDRENS' UNIFORM - The parent or guardian agrees to provide uniform garments for the above named child as required by Crème. Children are required to wear the Crème uniform Monday through Thursday starting with Toddler Club and for field trips. Uniforms can be purchased at the T. Bear & Co. Mercantile, located in the Village Square of Crème de la Crème.

ENROLLMENT POLICY - Initial and continued enrollment will be at the discretion of Crème de la Crème based upon the best interest of the child, the expectation that he/she will benefit from the program, and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, religion or national origin.

STATE MINIMUM STANDARDS - A copy of State Regulations with respect to Crème de la Crème is available at Crème de la Crème for review by parents.

Parent's acknowledgment: _____

THIS ENROLLMENT AGREEMENT REMAINS ON FILE AT CRÈME de la CRÈME - A copy of this Enrollment Agreement will remain within the files of Crème de la Crème and is available for inspection by the parent or guardian at any time.

INFORMATION IN THE CHILD'S FILE MUST BE KEPT CURRENT - The parent or guardian is required by state law to update information furnished herein as necessary, with changes initialed and dated by parent and the Executive Director (or designee).

IN HOME BABYSITTING - Crème de la Crème does not render child care services off its premises, except in the event of field trips which have been authorized in advance by the parent or guardian. Accordingly, if you arrange with a staff member for off-premises care of your child, the staff member undertakes such services on her own behalf and not as an employee of Crème de la Crème. Crème de la Crème staff members are selected and retained only on the basis of their fitness for rendering child care services in a controlled and fully-supervised child care program. Crème de la Crème offers no assurance of the fitness of its staff for performing these and other services in an environment, which is not professionally supervised (such as transporting children or caring for them at your home), and none should be implied or inferred under any circumstances.

PROCUREMENT FEE - There will be a \$3,000 procurement fee if you hire a Crème de la Crème faculty member away from Crème de la Crème during your child's enrollment period or within 12 months of withdrawal from Crème de la Crème.

ADMINISTRATION OF MEDICINES - The staff will administer medicine to the child upon written authorization by the parent or guardian. Written authorization may be made by completing the "Authorization to Administer Medicine" form located in the Infirmierie. The "Authorization to Administer Medicine" form and medication should be put in the designated area in the Infirmierie.

State Law requires that all medicines must:

- (a) be in its original container;
- (b) be labeled with the full pharmacy label (if prescription medicine);
- (c) be in such condition that the name of the medication and the directions for use are clearly readable on the container (if non-prescription medicine);
- (d) have the child's first and last name clearly appear on the container;
- (e) include directions to administer the medication; and,
- (f) be administered to the child with written parental permission and as stated on the label directions or as amended by written notice of a physician.

PROGRAM ACKNOWLEDGMENT - We have reviewed with the Executive Director (or designee) the daily program and policies of Crème de la Crème.

Mother or guardian _____ Date _____

Father or guardian _____ Date _____

Accepted: Executive Director _____ Date _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notarial officer: _____
(seal, if any, of notarial officer)

My commission expires: _____

School Purposes Only:

Last date of attendance _____