



# NEW DREAM CHILD CARE CENTER

## CHILD ENROLLMENT & AUTHORIZATION

Child's Last Name	Date Entered Care	
Child's First Name	Age at Entry to Care	
Child's Nickname	Date of Birth	
<b>ALLERGY ALERT: Does child have allergies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, list all allergies on back side of form</b>		
<b>Parent or Guardian Contact Information</b>		
Name (first, last)	Relationship	
Home Address	City	Zip
Home Phone	Work Phone	
Personal Email	Work Email	
Employer and Work Hours	Cell Phone	
Work Address	City	Zip
Name (first, last)	Relationship	
Home Address	City	Zip
Home Phone	Work Phone	
Personal Email	Work Email	
Employer and Work Hours	Cell Phone	
Work Address	City	Zip
<b>Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>		
Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship
<b>Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child</b>		
Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship
<b>Medical / Dental Contact Information</b>		
Insurance Provider and Policy Information (if applicable)		
Primary Physician Name		
Dental Provider (if child is school-age. If none, list dental provider for child care facility)		



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### Parent or Guardian Authorization

**Please list any restriction to permission of the following:**

- My Child** may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section)
- My Child** may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).
- My Child** may be photographed for publicity (such as website, Facebook, advertising) or for use in the center (such as bulletin boards, newsletters)     Publicity     Center Use
- My Child** may be given prescribed or non-prescribed medicine in the original container as indicated on the container and provided by the parents. This may include sunscreen, pain reliever, antibacterial first aid cream, and diapering ointment, or teething products. Prescription medications must be current, in original container. A permission slip is required for each medication.

**In an emergency**, the child care facility has my permission to call 911. In medical emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child will be notified immediately or as soon as possible.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Child Information

Has your child previously been in child care?	If yes, what type of care and for how long?
Reason for requesting care	

### Child General Information – please include all information that will assist us in providing quality care for your child

Likes and Dislikes
Eating Habits and Schedule
Sleeping Habits and Schedule



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Play			
Fears			
Special Words and their Meanings			
<b>Child Medical Information</b>			
Does your child have allergies?		Has your child had chickenpox?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?			
<b>Other Children in Home</b>			
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
Name (first, last)	Nickname	Age	Gender
<b>Special Transportation Arrangements</b>			
<p>CCD requires a written plan of the transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities. The following indicates the child care facility's transportation plan:</p> <p>_____ (Child) attends <b>The New Dream Family Center</b> (school). He/she will be transported/escorted between the child care facility and the school by (check applicable type): _____ school bus, _____ head start bus, _____ child care facility or _____ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): _____ parent or guardian, or _____ the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (<b>specify</b>, i.e.: work with teacher after school, attend an extracurricular class or meeting, depart for home at a specific time, etc.)</p>			
Parent / Guardian Signature _____			Date _____



# NEW DREAM CHILD CARE CENTER CHILD ENROLLMENT & AUTHORIZATION

## Fee Agreement and Contract Terms (Some policies do not apply or may vary for DHS families)

1. An annual, non-refundable family Registration Fee is to be paid at the time of enrollment. Registration Fees are renewed in September 1<sup>st</sup> each year and must be paid in full by September 30<sup>th</sup>.
2. The Center is open from 7 AM to 6 PM Monday through Friday. A Late Pick-Up fee of \$1 per minute per child will be charged when a child is left past the center's closing time, and must be paid at time of pickup.
3. Tuition is due in advance of services provided. Tuition payments must be received by the 5<sup>th</sup> of each month.
4. Accounts that are two weeks behind may result in immediate termination of service; however, once balance is paid, the child may return into care. (Subsidized families adhere to policies contracted with DHS regarding delinquent copays.)
5. Tuition fees are not pro-rated for illness, holidays, or emergency closures of the center.
6. 30-day written notice is required prior to withdrawing. All balances must be paid in full by last day of attendance. Any outstanding balance will be referred to a collection agency. All fees associated with collections or attorney charges will be added to the collection account.
7. The terms of this agreement, including tuition, fees and policies may be changed by New Dream with 30 day notice to families.

I certify that I have received and read the parent handbook, and understand and accept all the terms and conditions in the Fee Agreement and Contract Terms.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature

\_\_\_\_\_  
Date

New Dream Family Center is a nonprofit community-oriented business, and as such, we always look for ways to connect with the families whom we serve. We know that every person has gifts and skills to share, so we invite you to become more involved with the center as a volunteer, a board member, or as someone we can call for an expert opinion. If you'd like to be more involved with us, let us know a little bit about what your skills and interests are below: \_\_\_\_\_

\_\_\_\_\_

**THANK YOU!**