



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	
ALLERGY ALERT: Does child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all allergies on back side of form		
Parent or Guardian Contact Information		
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
Required Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship
Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child		
Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship
Medical / Dental Contact Information		
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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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 1st each year and must be paid in full by September 30th.
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 5th 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. The center will give each family the equivalent of one week off per month at half the cost for that week. You can take as many weeks off as you would like per month, but you can only claim your one week per month with the discount. See Parent Handbook for details.
7. Two week 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.
8. 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!