Enrollment Packet

September 2014- June 2015

Theresa Vitello
HUELC Director
(509) 865-8630
Vitello_t@heritage.edu
3241 Fort Rd
Toppenish, WA 98940

Daylene Fiander
Assistant director
(509) 865-8630
Fiander_d@heritage.edu
3241 Fort Road
Toppenish, WA 98948
Child’s Name: _____________________________ DOB: ________________ Child’s SS # _________________

Parent’s Name: ____________________________ DOB: ___________ SS# _______________________

Mailing Address: _________________________________________________________________

Physical Address: ________________________________________________________________

City: __________________ State: _______________ ZIP: ______________

Phone: __________________ Work Phone: ___________________

Place of Business: ______________________________________________________________

Cell Number or Alternate #: __________________________ Contact via text: Y or N

Washington State Drivers License# ________________________________

Email ________________________________ Contact via Email: Y or No

Please enter below the hours you would like to schedule for your child.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Time</td>
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<tr>
<td>Departure Time</td>
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</table>

- This schedule determines your rate of tuition and is considered a contract with our center. Any changes to the schedule must be documented through Change of Schedule form no later than the 15th of the month. Changes will then go into effect the 1st of the following month. Example: January 10th you want your child’s schedule to move from part time to full time. You fill out a form before the 15th and the changes will begin on February 1st. Change of Schedule forms are located in the main office.
**Signature:** ______________________________________  **Date:** __________________

<table>
<thead>
<tr>
<th>Date of Enrollment:</th>
<th>Date of Termination:</th>
<th>Staff Initials:</th>
</tr>
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</table>

**Payment Structure:**
At the time of registration, there is a non-refundable registration fee of $50 per child. Tuition is based on your child’s schedule being **part time or full time**, **not the hours they are present**

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Part time = Less than 4 hours per day or only 3 full days</th>
<th>Full time+ 4-5 full time days per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddlers (chicks)</td>
<td>$15 per day = less than 4 hours</td>
<td>$28 per day x 21 days =$588 per month</td>
</tr>
<tr>
<td></td>
<td>$315.00 per month <strong>OR</strong></td>
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<tr>
<td></td>
<td>3 full days per week = $336 per month</td>
<td></td>
</tr>
<tr>
<td>Preschool (Cubs and Wolves)</td>
<td>$15 per day = less than 4 hours</td>
<td>$25 per day x 21 days= $525 per month</td>
</tr>
<tr>
<td></td>
<td>$315 per month</td>
<td></td>
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<tr>
<td></td>
<td><strong>OR</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 full days per week = $300 per month</td>
<td></td>
</tr>
<tr>
<td>Eceap plus all day care</td>
<td>3.5 days x 4 weeks = 14 days/month</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14 x 25 = $350</td>
<td></td>
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<tr>
<td>Summer sessions (see separate packet)</td>
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</tbody>
</table>

Your signature here is an understanding that you will be responsible in making monthly payments towards your bill in a timely fashion. If you fall behind in your payments, then it is your responsibility to connect with the accounting department and develop a payment plan to get you back on schedule.

**Signature:** ______________________________________  **Date:** __________________

**Important Please Read Carefully and Initial your understanding:**

_____ I understand my child can not start child care until my source of payment has been determined with proof

_____ I agree to pay my childcare fees by the 5th of the month for which I am requesting care

_____ I understand that if my childcare fees are not paid, services can be stopped until my account is current

_____ I understand that if my child is picked up after hours (after 6:30pm) without prior arrangements there will be a late fee of $5.00 every 5 minutes beyond closing hours. If a child is
here for 30 minutes after closing with no contact from the family, then Child Protective Services will
be called.

_____ I understand that if my account balance is unpaid that debt will be charged to my student
account. I will not be able to reinstate child care services until that debt is paid in full.

How did you hear about us? Please check one.

Walk-in: ☐ Heritage University: ☐

Flyers: ☐ Radio: ☐ Other:________________

Parent Information:

_____ Heritage University Employee
_____ Heritage University Student
_____ Community Member

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Phone</th>
<th>Alt. Phone</th>
<th>Current Address</th>
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</thead>
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**Emergency Contact Form & Pick Up Authorizations**

(Please put parent or guardian information on first two lines.
Please place the additional emergency contacts below them.)

**Additional Emergency Contact** – you must list three people who are allowed to pick up your child in case of an emergency and we are unable to contact you.

<table>
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<tr>
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</table>
Child Pick-Up Authorization

Please list the names and relations of the people who are allowed to pick-up your child if different from those listed above:

<table>
<thead>
<tr>
<th>Additional people:</th>
<th>Relationship:</th>
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</tbody>
</table>

- No matter if person is on the pick-up authorization form or not, please leave a written note with the staff or call the center that morning letting us know the name of the person and relation to the child. Please notify that person that they will need to have photo ID in order to pick-up your child.

- Your child WILL NOT be released to anyone without your written, verbal consent and photo ID.

- Due to the occasional changes in staffing you, or another authorized person may be requested to show photo ID if the center staff is not familiar with you.

- If you have any additional concerns regarding custody issues, please discuss them with the Director.

I understand these regulations are put into place for the safety of my child and the other children in the center.

Parent Signature: __________________________  Date: ___________________

First aid Treatment/Emergency Transportation

<table>
<thead>
<tr>
<th>I give permission for my child:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I authorize Heritage University Early learning center to provide first aid treatment from center staff for minor injuries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I authorize Heritage University Early learning Center staff to request emergency transportation (via 911 &amp; ambulance) in medical emergency situations.</td>
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</tbody>
</table>

In case of emergency please transport my child to:
________________________________________________________________________ Hospital

Parent Signature: ___________________________      Date: _______________________

HUELC Enrollment Packet 2012-2013 updated 10-22-12
Health History Form

Child’s source of medical care:

Physicians Name: ___________________________ Phone: ___________________________

Name of clinic: ___________________________ Address: ___________________________

Date of child’s last physical exam: __________________________________________

Child’s source of dental care:

Dentist Name: ___________________________ Phone: ___________________________

Name of clinic: ___________________________ Address: ___________________________

Date of child’s last dental exam: __________________________________________

Hospital Preference in case of emergency: _____________________________________

If your child has any ongoing health needs, medications or special health circumstances, an Individual Health Plan must be completed prior to attending the center.

Please list any health concerns here:

________________________________________________________________________

Medical Condition

Allergies:
(Please write down all allergies that have been diagnosed by a doctor. Please note we’re required to have a doctor’s notes for any allergies or condition before child can start care.)

Please list all allergies, their symptoms and severity:

For example: peanut allergy, my child breaks out in hives, moderate to severe.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Additional health/social/developmental information:

Does your child require any special equipment: (glasses, nebulizer etc)  If so, please explain:
__________________________________________________________________________________

Is your child currently taking any medications:  yes   no

Please list the names of the medications:_________________________________________________

Does your child have tubes in their ears:  yes   no

Do you have any concerns regarding your child's development? If so, please explain:
__________________________________________________________________________________

Circle words that best describe your child:

<table>
<thead>
<tr>
<th>Patient</th>
<th>Happy</th>
<th>Creative</th>
<th>Sad</th>
<th>Calm</th>
<th>Angry</th>
<th>Content</th>
<th>Dramatic</th>
<th>Moody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitive</td>
<td>Picky</td>
<td>Easy going</td>
<td>Social</td>
<td>Shy</td>
<td>Demanding</td>
<td>Laid back</td>
<td>Content</td>
<td>Aggressive</td>
</tr>
<tr>
<td>Intense</td>
<td>Thinker</td>
<td>Silly</td>
<td>Social</td>
<td>Hesitant</td>
<td>Funny</td>
<td>Impulsive</td>
<td>Passive</td>
<td>Challenging</td>
</tr>
<tr>
<td>Caring</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Loner</td>
<td>Brave</td>
<td>Empathetic</td>
<td></td>
</tr>
<tr>
<td>Intense</td>
<td>Caring</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

Developmental Concerns:
__________________________________________________________________________________

Has your child been in child care before:  yes   no

Describe what that experience was like for you and your child:_________________________________
___________________________________________________________________________________

Things that comfort your child:__________________________________________________________

Things that frighten your child:__________________________________________________________

Are there traditions or cultural experiences you hope your child will be exposed to:
__________________________________________________________________________________

Are there cultural practices or beliefs you want us to be sensitive about:
__________________________________________________________________________________

Is your child toilet trained:   yes    no
What words do they use to describe the need for potty:____________________________________
Does your child take naps: yes no
Do they require a special blanket or toy at nap time: yes no
How do you discipline your child: _____________________________________________________
What languages are spoken in the home: _______________________________________________

**Sunscreen/Diaper Rash Ointment Permission**

I give my permission for Heritage University Early Learning Center staff to apply to my child (child’s full name), ________________ sunscreen and/or diaper rash ointment. The sunscreen and/or diaper rash ointment have been furnished by me (the parent), are in their original containers and are clearly labeled with my child’s name.
Initial: ______

**Field Trips Permission**

I authorize Heritage University Early Learning Center staff to walk my child across the street to the Heritage University campus for various field trips. I understand that if my schedule allows, I can assist in these trips.
Initial: __________

**Photo Permission**

I give permission for my child __________________to be photographed for the purpose of education, media, website and/or bulletins.
Initial: __________

**Parent Handbook**

I have received a parent handbook explain to me the policies and procedures of the center. If I have any questions, I can call the center or the director directly. ______

**Parent Participation**

Starting September 1st, 2014, parents are required to attend one Early Learning Center orientation and then one more parent education evening or Lunch and Learn within the school calendar year. This is critical for parents to understand policy, financial agreements, curriculum and what they can expect from us as an Early Learning Center. ______

**Parent mandatory orientation meeting**

All parents are required to attend an orientation meeting in the fall and follow up with attendance to one of our monthly meeting of your choice__________
Parents please read & initial the following:

_____ I understand and have completed all enrollment forms.

_____ I understand the fees that will be charged to me for my child’s care

_____ I understand I will be charged said fees based on my child’s schedule and not their attendance, holidays or Heritage University closures.

_____ I understand that we (yourself, my child, family, etc.) must abide by the procedures and policies of Heritage University Early Learning Center or risk termination of my child’s care.

_____ **AT Termination by Parent or Early Learning Center**

*All balances will be due in full on last day of care. Failure to pay may result in H.U.E.L.C. turning your account over to an outside agency, resulting in additional collection costs.*

Parent signature: _______________________________ Date: __________

Staff signature: _______________________________ Date: __________