

Classroom & schedule: _____ P/T or F/T
Extended evening care _____



Enrollment Packet

September 2014- June 2015

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Heritage University
Early Learning Center
General Information Sheet

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.

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

- 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. t. 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: _____

Date of Enrollment:	Date of Termination:	Staff Initials:

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

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

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

Emergency Contact Form & Pick Up Authorizations

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

Name:	Relation	Phone:	Alt. Phone#	Current Address

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.

Name	Relation	Phone #	Alt. Phone #	Current Address

Name	Relation	Phone #	Alt. Phone #	Current Address

Name	Relation	Phone #	Alt. Phone #	Current Address

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:

Additional people:

Relationship:

- 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

I give permission for my child:	Yes	No	Parent Initial
I authorize Heritage University Early learning center to provide first aid treatment from center staff for minor injuries.			
I authorize Heritage University Early learning Center staff to request emergency transportation (via 911 & ambulance) in medical emergency situations.			

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

Parent Signature: _____

Date: _____

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:

Patient	Happy	Sad	Angry	Content	Dramatic
Picky	Creative	Calm	Laid back	Aggressive	Moody
Sensitive	Easy going	Social	Demanding	Impulsive	Challenging
Thinker	Silly	Shy	Funny	Passive	Energetic
Intense	Caring	Hesitant	Loner	Brave	Empathetic

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 _____

 **Heritage University**
Early Learning Center
Enrollment Application Packet Checklist

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: _____