

Enrollment Application & Parent Contract

Adventure Time Preschool & Childcare
723 W. Columbia Lane
Provo 84604 801-373-2989

Child's Legal Name _____ 1st Name Child Goes By, if different _____

First Last
Date of Birth _____ Sex _____ Program _____ 1st Day of Enrollment _____

2nd Child's Legal Name _____ 1st Name Child goes by, if different _____

First Last
Date of Birth _____ Sex _____ Program _____ 1st Day of Enrollment _____

3rd Child's Legal Name _____ 1st Name Child Goes By, if different _____

First Last
Date of Birth _____ Sex _____ Program _____ 1st Day of Enrollment _____

Enrolling Guardian's Name _____ Relationship to child _____

Home Address _____ City _____ State _____ Zip code _____

1st phone _____ cell work home 2nd Phone _____ cell work home

Date of Birth _____ Employer _____

Spouse's Name (if applicable) _____ Relationship to child _____

Home Address _____ City _____ State _____ Zip code _____

1st phone _____ cell work home 2nd Phone _____ cell work home

Date of Birth _____ Employer _____

Marital Status: Married _____ **Divorced/Single** _____ (**Custodial Parent** = _____)

My child will be released ONLY to the above guardians and the following persons. (PLEASE INCLUDE AT LEAST 2 OTHER ADULTS (relative, friend or neighbor) WHO MAY BE CONTACTED DURING DAYTIME HOURS IN CASE OF ILLNESS OR AN EMERGENCY. Also, please include at least **one out of state (or area) contact** if available. If one is not available, please write none.

<u>Name</u>	<u>Relationship to child</u>	<u>Phone</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Out of state or area contact)

My child has the following allergies and/or medical conditions: (Social/emotional issues should be included on the "About Your Child" form)

Guardian's Signature _____ Date _____

Office Use Only

Administrative Signature _____ Date _____

Annual Review Only: Parent Initial/Date: _____	Parent Initial/Date: _____	Parent Initial/Date: _____
Admin/Date: _____	Admin Date: _____	Admin Date: _____

Use of the singular "child" throughout the following packet includes the plural if more than one child is designated on the Enrollment Application. Use of the masculine gender includes the feminine as well. References to "I," "me," or "my" also include any agents designated by the enrolling guardian.

Statement of Medical Authorization:

In the event of an emergency, the center has my permission to administer first aid or obtain emergency medical treatment in my child's best interest. I grant permission for my child to be transported for medical purposes in case of an emergency. I agree to pay all expenses incurred due to an emergency involving my child. I agree to release and waive any claims for accidents or injuries to my child while under the supervision of Adventure Time staff and not to hold the center responsible.

Guardian's Name (please print) _____ Enrolling Guardian's Signature _____

Statement of Field Trip Authorization:

I give permission for my child to participate in any and all school outings or field trips. I understand that only children Kindergarten age and older will be transported in the center vehicles. I understand that children may attend field trips within walking distance of the center. I understand that I will be notified about any field trips a week prior to the scheduled event. If I do not choose to have my child participate in a certain field trip, I will notify a center administrator at least 48 hours prior to the scheduled event.

Guardian's Name (please print) _____ Enrolling Guardian's Signature _____

Statement of Photography Authorization:

(Please check the appropriate line.)

____ I give Adventure Time permission for my child to be photographed in the program, program functions and field trips. My child's picture may be displayed at Adventure Time and on Adventure Time advertisements and Website. I relinquish all rights, title and interest in the finished photographs and negatives.

____ I choose **not** to give Adventure Time permission to photograph my child for purposes other than center use.

Guardian's Name (please print) _____ Enrolling Guardian's Signature _____

Statement of Educational Research Authorization:

(Please check the appropriate line.)

____ I give permission for my child to participate in research studies conducted by reputable companies. This research will take place at the center and is approved by the Director. Typically this is research done by a child care research company to test child safety products.

____ I choose **not** to give permission for educational research.

Guardian's Name (please print) _____ Enrolling Guardian's Signature _____

Statement of Email Authorization:

(Please check the appropriate line.)

____ I would like to be part of the e-mail list where I can receive monthly newsletters and information about my child's class.

____ I would **not** like to be part of the e-mail list. Please give me that information in my parent folder at Adventure Time.

Guardian's Name (please print) _____ E-mail _____

Enrollment Policy Contract

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801-373-2989

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Welcome to Adventure Time! Please read through **ALL** of the following documents thoroughly. This packet is full of important information regarding your child's education. At the end of the contract is a place for your signature and initials. If you have any questions that are not answered in this information, please feel free to speak with an administrator.

Hours

Adventure Time is open Monday-Friday 6:30 am-6:15 pm. There are some programs that have different start/end times, please speak with an administrator for specifics relating to your child's program.

To ensure classroom routines and ratios can be successful every day, Adventure Time asks that parents drop off between 6:30-10:30 am or after 2pm. Exceptions to this policy can be made if your child is in our half day or infant program.

To prevent the spread of germs and illness, please wash or sanitize you and your child hands upon drop off. If your child is still here at closing time, we will attempt to contact you. If we are unable to reach you, we will contact other authorized pick up persons from your Enrollment Application. If we are unable to reach an authorized individual by 7:00 pm, we have a responsibility to notify the local authorities.

We are closed the following holidays each year: New Year's Day, Memorial Day, MLK Jr Day, 4th of July, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, Christmas Eve, and Christmas Day. We also close early on New Year's Eve. If a holiday falls on the weekend the center may be closed a full or partial day the Friday before or the Monday after the holiday, to be determined by discretion of the management. You will be notified prior to the day of closure for each holiday.

Napping

All full day children are required by the state to have a rest or nap time. You are responsible for providing **two** blankets for your child (excludes part time preschool, Kindergarten, and school age programs) as required by state licensing. You are responsible for taking these blankets home to wash them **EVERY** Friday and making sure they return to the center on Monday.

Parental Supervision

I understand that I am expected to bring my child into the building and see that he is under supervision of an employee of the center before leaving the premises. I understand that the center does not assume supervisory responsibility until my child has been directly presented to a caregiver in a classroom.

Because it is difficult for caregivers to maintain control over children when they are in the presence of their parent, at the time of pick-up I assume supervisory responsibility as soon as the child makes visual contact with me.

I understand that my child must be checked in/out either by computer or manually, both upon arrival and departure by the person delivering/picking up my child.

Programs

Adventure Time offers full and part time programs as well as a Flex program. The center does not offer personalized or individual schedules. If you have a change in schedule and need to switch programs, approval needs to be obtained from the manager at least one week prior to the anticipated change. The center cannot guarantee that the program you want will be available. Once you have switched programs, you will need to remain with the program at least 3 months before switching again. (i.e.: If you enroll in the half day program and need to switch to the full day program, you will need to remain in the full day program for at least 3 months.)

Meals

Due to the fact that we participate in Utah's Child Nutrition Program, our meal times and meals have been approved by the state and we strictly adhere to their guidelines. If you drop your child off after their scheduled meal time, you are responsible for making sure they are fed before coming to the center. If your child has a food allergy or special nutritional need, a doctor's note is required to vary from the center menu. The doctor's note needs to specifically state the medical concern and any variance from the center menu. We cannot accommodate to personal diet preferences. Gum is not allowed in the center. Birthday treats may be brought in to share with your child's class if preapproved by the classroom teacher. *All treats must be store bought. No homemade items may be served to the children.*

Outside Food

Due to allergies, outside food is not permitted inside any classroom. If a child comes in with food it must be eaten within the office and supervised by the parent or will be taken home with the parent. Food that is brought in with a child returning from elementary school must be kept in backpacks until they leave the center. Outside food is permitted when a class has a party and parents may speak with teachers to see what allergies are in the class.

Potty Training

Families with children in the infant program (0-2 years) are responsible for providing diapers for their child. It is your responsibility to make sure there is a constant supply of diapers in your child's classroom.

Adventure Time includes a potty training program to help your children become potty trained as soon as they are ready. Children between the ages of 2 1/2 to 3 years old will have an additional monthly potty training fee of \$35 until the child is fully potty trained. An information slip will be available upon request detailing more of our Potty Training Program.

Children 2 years and older who are not potty trained are required to be brought to the center in pull ups to better prepare them for the potty-training process. If your child has to use the center's supply of pull ups, a \$1.00 per pull up fee will be added to your account. The center has a limited supply of spare clothes for children to borrow, so it is a good idea to leave a change of clothes in your child's cubby in case of accidents. If your child uses the centers spare clothes you will be required to launder the items and return them. If the clothing items are not returned in a timely manner a fee will be assessed to your account.

Toys from Home

Toys from home (including electronics for the afterschool program) **are only allowed to be brought to the center on Fridays for Show and Tell.** Toys being brought any other day will be taken home with parents. Toys **cannot** stay in a child's cubby or backpack as they are a distraction to the child. Adventure Time is not responsible for any lost or misplaced toys brought to the center.

Tuition

Parents' first month payment will be determined based on the date specified for enrollment. Adventure Time charges a flat monthly rate regardless of vacations, absences, or holidays.

Flex 20 Program

The Flex 20 program offers 3 different time slots which include AM (6:30 AM-2:30 PM), PM (11:30AM-6:15 PM) and Full Day (up to 10 hours/day). Parents can sign up for a time slot and must stick to their schedule. Parents understand that if their child attends outside of their assigned hours, an extra hourly fee will be added in addition to tuition

Behavior and Suspensions:

All serious, extreme and inappropriate behavior is taken seriously at Adventure Time. If your child engages in behaviors such as using inappropriate language and gestures, bullying others, refusing to follow instructions or any other behavior that violates the dignity or safety of any child or staff member, their parents will be notified and a written document detailing the events will be made available for the parent. We take very seriously our charge to ensure each of our students is able to thrive in our programs and return home happy each day.

If the behaviors mentioned above are especially serious, the child will be immediately suspended for a time determined by the Director or the Owner. When this happens, we will immediately call you and a parent or authorized adult must pick up the child within 30 minutes of notification or attempted notification. Failure to comply with this will result in late pickup fees being assessed to your account, as well as potential permanent withdrawal of the child from Adventure Time. Furthermore, if any child is suspended from the public, charter, private, or other school he or she attends, they will not be allowed to attend Adventure Time until they have been re-admitted to their respective schools.

This policy is in place to make sure that we are able to maintain a safe and enjoyable environment in each of our classes. Should the management of Adventure Time determine, in its sole discretion that **you or your child** do not fit with our programs or standards, you understand that your child may be withdrawn from the program and, on the date of withdrawal, any unused tuition will be returned.

Illness/Medication

We are a well child care center. Children who show signs of contagious diseases should not be brought to the center. Conditions for exclusion include, but are not limited to: fever of 100 degrees or higher, continuous coughing, rash, diarrhea, pink eye, lice, chicken pox, vomiting, or any other condition that could be considered contagious. I agree to pick up my ill child within 30 minutes of notification or attempted notification in order to avoid an additional charge. **Children that have or are sent home for any of the listed conditions may not return to Adventure Time for 24 hours after symptom have cleared.**

In order for the center to dispense medication, a medication form needs to be filled out by a parent or guardian. The medication needs to come in its original packaging with the child's first and last name clearly printed on it. Prescription medication has to be prescribed to the child taking it. The medication along with the medication form needs to be dropped off in the office and handed directly to an administrator. For center purposes, medication is defined as anything provided by the parent that needs to be administered to a child. This includes, but is not limited to: prescription medicine, allergy or cold medicine, diaper rash cream, teething ointment and sun block.

Withdrawal

In case of withdrawal of my child from the center, I agree to give the management verbal or written notice at least one week in advance. If this is not given, I agree to pay one week of additional tuition. I understand that any balance owing upon withdrawal will be sent to collections.

Print Name: _____ Guardian's Signature: _____ Date: _____

Tuition Policy Contract

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As the enrolling guardian, I agree to pay tuition according to Adventure Time's posted tuition rates. I understand that as the enrolling guardian, I am responsible for all tuition and other fees on my account. Tuition holds your child's spot in the program and is due regardless of absences or holidays. Tuition is prepaid and due before beginning enrollment.

At the time of enrollment, I agree to pay a non-refundable registration fee of \$60. Other fees such as materials fees and field trip fees for Kindergarten and School-age programs are also non-refundable.

Tuition prices are based on my child's age and the program in which he is enrolled. When my child has a birthday that affects his tuition rate, the new rate will become effective the month following his birthday, regardless of where it falls during the previous month.

If I receive tuition assistance from any source (DWS, CCR&R, alternate family member, etc) I am responsible for any portion of tuition not covered by that source. I understand that it is my responsibility to make sure all necessary forms for that source are submitted on time initially and throughout the review process. I understand that I must be previously approved for payment from this source before I begin enrollment or I am responsible for paying personally and in full until I am approved. If I do not meet the qualifications set by DWS for tuition assistance I am responsible for any owing balance.

Tuition is paid on a weekly or monthly basis, to be determined by the enrolling guardian. Monthly tuitions are due on the last working day of the month prior to attendance. If payment is made after the last business day of the month, I agree to pay a \$20 late charge. Weekly tuitions are due every Friday for the following week. If payment is not received before close on Friday, I agree to pay a \$10.00 late charge. If the day tuition is due falls on a holiday and we are closed, tuition will be due prior to closure.

If my child is part of the Flex 20 Program, I agree to prepay tuition dependent upon my child's age every Friday for the following week. If I go over my 20 hours, I understand there are additional over time fees that I will pay. I agree that I am responsible for any additional fees listed below, should they apply to me.

I agree to pay a late pickup fee of \$10 per child for the first 10-minute period and \$1.50 for every minute following that the child is left in the center after closing, or after his designated program ends. The same fees will apply 30 minutes after notification or attempted notification of my child's contagious illness or a serious safety violation.

All checks must be dated with the current date. Post dated checks will not be accepted. All returned checks will be assessed with a \$25 fee and are subject to a late fee. Unpaid checks and fees will be turned into collections if not paid within the time frame determined by the management. After the second returned check, I will be required to pay with cash or credit card; checks will no longer be accepted.

I understand the schedule and time limits for the program in which my child is participating. I agree to be financially responsible for any over-time fees.

Adventure Time reserves the right to change the fees at any time. The enrolling guardian agrees to pay such changed fees without further additions to this contract. I will be notified in advance of any such changes.

I understand that I am entitled to a credit of one week's tuition to compensate for vacation time each year. The credit is based on an average week of tuition. This credit will be granted at the end of the first consecutive year of enrollment and each subsequent anniversary of continuous enrollment. I will notify the Adventure Time office at least one week in advance of when this credit is due to me.

In case of withdrawal, I agree to pay a \$60 re-enrollment fee if I withdraw my child from the program and re-enroll after 30 days of withdrawal. I agree to pay a \$60.00 re-enrollment fee if I withdraw from the program and re-enroll within 30 days. I am aware that my child's place in the program may not be available when I desire to return, and that space is not guaranteed without continuous payment.

If I fail to pay my account in full when my child is withdrawn or terminated from the center, I agree to pay all attorneys' fees, court costs, filing fees and any additional charges or commissions that may be assessed to Adventure Time by any collection agency or attorney retained to pursue this matter. I understand that any unpaid balance will be sent to collections upon withdrawal from the program.

Print Name: _____ Guardian's Initials: _____ Date: _____

ANNUAL CHILD HEALTH HISTORY/ASSESSMENT

Child's Name _____ Date of Birth _____
Today's Dates _____ Date of Enrollment _____

Please check all that apply and list any health information needed to care for your child.

Any known allergies/sensitivities to:	No	Yes	If yes, please list
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any Chronic illnesses or medical conditions:	No	Yes	Any disabilities:	No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Development Delays	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Other _____			Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>

Any additional health information not listed above: _____

Medications your child takes: _____

Any instructions for your child's daily care: _____

Date of last physical examination: _____ Date of last Dental examination: _____

Name of child's Medical Provider: _____

Address: _____ Phone: _____

Name of Child's Dentist: _____

Address: _____ Phone: _____

Instructions for child's emergency care: _____

Parent/Guardian Signature

Date

This side is only for our yearly updates. You do not need to sign this side till we tell you to.

Thank you,

I verify that the information on this health assessment form is current and correct.

Parent Signature

Date

I verify that the information on this health assessment form is current and correct.

Parent Signature

Date

I verify that the information on this health assessment form is current and correct.

Parent Signature

Date

I verify that the information on this health assessment form is current and correct.

Parent Signature

Date

About Your Child...

Welcome to Adventure Time! To help your child's new teacher(s) get to know him/her better, please fill out this quick questionnaire. Feel free to use the back side of this page if you need more space.

Child's Name (first & last) _____ Birthdate _____

Parent Name(s) _____ Home phone # _____

Has your child been in a preschool or child care center before? If yes, how was his/her experience?

Does your child have any special strengths, challenges or special needs?

Does your child have any particular personal habits you would like to share? (i.e. eating, napping, or pottyng)

Does your child make friends easily or struggle with friendships?

Is there any helpful information that you would like to share about your child's family situation?

Does your child have any favorite attachments or interests?

Is there anything else you would like to add?

After you have filled out this form, please return it to the Adventure Time office. Thank you!

Parent Questionnaire

Here at Adventure Time, we are constantly trying to improve. In order to better do this, we would like your feedback. Please take a few minutes to fill out this brief questionnaire and return it the office.

How did you hear about Adventure Time?

What was your first impression of the center as you walked in the door?

Why did you choose to enroll your child(ren) at Adventure Time?

What program is your child enrolled in?

Were all your questions answered by a member of the administrative staff?

Would you refer a friend or family member to Adventure Time? Why or why not?

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ **Gender** Male Female **Date of Birth** _____

Name of Parent/Guardian _____

USIS ID _____ **Student ID Number** _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose that was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th /Last			
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>								
Tdap <small>Tdap or an inadvertent DTaP given on or after 10 years of age</small>								
Polio (IPV or OPV)								
Haemophilus influenzae type b (Hib)								
Pneumococcal								
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>								
Hepatitis B (HBV)								
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday.</small>								
Hepatitis A (HAV) <small>1st dose must be received on or after the 1st birthday.</small>								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry
 Student's former school
 Legally responsible individual of the student

Office of Communicable Diseases
Immunization Program
immunize.utah.gov
(801)-538-9450

Authorized Signature: _____ **Date:** _____

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccines doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page) and USIIS ID. The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th/Last), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand or type.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users or users who do not print USIR from USIIS

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.
*NOTE - The USIIS ID and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS or users who do not print USIR from USIIS.
- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th/Last) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.
*NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS or do not print USIR from USIIS.
- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Fill in the status column with "Immunity" for a claim that a child has immunity against a disease which requires vaccination due to previously contracting the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).