

Medical Information

--	--	--	--	--

Child's Medical & Developmental History

1. Does your child have any special medical conditions? No Yes Explain.
2. Does your child have any chronic illnesses? No Yes Explain.
3. Please list a brief history of your child's serious injuries and hospitalizations.
4. Does your child have diabetes? No Yes *If yes, please attach care instructions from your physician.*
5. Does your child have asthma? No Yes *If yes, please attach care instructions from your physician.*
6. Will medication be administered regularly? No Yes *If yes, please attach care instructions from your physician.*
7. Does your child have any special dietary needs? No Yes Explain.
8. Does your child have any physical restrictions? No Yes Explain.
9. Does your child function at the level of other children in his/her age group? Yes No Explain.
10. Was your child premature Yes No *If yes by how much?*
11. Can your child communicate his/her needs? Yes No
12. Does your child need assistance at meal time? No Yes Explain.
13. Does your child rest during the day? No Yes
14. Is your child toilet trained? No Yes
15. Does your child use any special equipment, such as a breathing machine, wheelchair, hearing aid, braces, glasses etc? No Yes Explain.

Illness History *(please check all that apply)*

- | | | | | | | |
|---|-------------------------------------|-----------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Skin rashes | <input type="checkbox"/> Mouth sores | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Sore throats | <input type="checkbox"/> Fainting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Asthma/breathing problems | |
| <input type="checkbox"/> Urinary tract infections | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | |
- Please attach care instructions from your physician for any of these illnesses.*

Disease History *(please check all that apply and add the date)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Chicken Pox (Varicella) _____ | <input type="checkbox"/> Haemophilus Influenza _____ | <input type="checkbox"/> Bronchiolitis _____ |
| <input type="checkbox"/> Botulism _____ | <input type="checkbox"/> Measles Rubeola _____ | <input type="checkbox"/> Pneumonia _____ |
| <input type="checkbox"/> Rubella (German Measles) _____ | <input type="checkbox"/> Pertussis (Whooping cough) _____ | <input type="checkbox"/> Mumps _____ |
| <input type="checkbox"/> Meningococcal Infection _____ | <input type="checkbox"/> Tetanus _____ | <input type="checkbox"/> Rabies _____ |
| <input type="checkbox"/> Scarlet Fever _____ | <input type="checkbox"/> Diphtheria _____ | <input type="checkbox"/> Bacterial Meningitis _____ |

Allergies *(please list)*

Medication Allergies	Reaction	Food Allergies	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
_____	_____	_____	_____
Other Allergies	Reaction	Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

Please attach care instructions from your physician for any life-threatening allergies..

Miscellaneous Screenings and Tests *(please check all that apply and add the date of last screening)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Vision _____ | <input type="checkbox"/> Developmental _____ | <input type="checkbox"/> Tuberculosis (PPD) _____ |
| <input type="checkbox"/> Hearing _____ | <input type="checkbox"/> Aptitude _____ | <input type="checkbox"/> Sickle Cell Anemia _____ |
| <input type="checkbox"/> Speech _____ | <input type="checkbox"/> Educational _____ | <input type="checkbox"/> Other _____ |

Child's Medical Care Provider			

Medical Information(Continued)

Child's Insurance Provider			

Child's Immunization History *(please attach a copy of your child's immunization records)*

Additional Medical Policies (please initial)

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations. _____
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs. _____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. _____
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 1 hour after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. _____

Emergency Medical Authorization & Consent (please initial)

In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician. _____

In case of a medical emergency, I agree that my child may receive first aid and/or CPR. _____

In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. _____

In case of a medical emergency, I will be responsible for the emergency medical expenses. _____

Application of Sunscreen Authorization (please initial)

I give my permission to this center to apply sunscreen lip balm diaper cream lotion to my child.
(Please check which product you will permit.)

I understand that I must supply my child's sunscreen, lip balm, diaper cream, and lotion with a valid expiration date, and it will be labeled with my child's name. _____

I understand that if I do not supply my own Sunscreen and I have checked the sunscreen authorization, Summit County Preschool Staff will apply Rocky Mountain Sunscreen to my child. _____

I have special instructions for the application process. None _____

Enrollment Agreement 2022/2023 Summit County Preschool

Rate Agreement and Contract

Hours of Operation (please initial)

Regular operating hours are **Monday through Friday from 7:30 AM to 5:30 PM (COVID hours are 7:30 AM to 5:00 PM)** except closings for various holidays and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures. _____

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on radio stations Crystal 93 and SCAAlert. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick-up. _____

Scheduled Attendance (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

The days and hours that I wish to contract for child care are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Rate Agreement and Contract

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

- Starting on _____ a fee of \$_____ is due monthly. _____
- Tuition is due and payable on the 15th of the month or the next business day. _____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), vacations or absence other than hospitalization. _____
- I agree to pay the full tuition in advance of services rendered. _____
- I agree to pay the full tuition fee even if my child is absent for one or more days. _____
- A late fee of **\$30** is due if tuition is not received on time. _____
- A non-refundable one time registration fee of **\$50** will be billed at time of enrollment. _____
- A late pick-up fee will be assessed as follows: From 5:31-5:35PM \$1.00/minute; From 5:36PM and after \$5.00/minute (During COVID, late charges begin at 5:00PM) _____
- Accounts two weeks in arrears may result in immediate termination of service. _____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required. _____
- All returned checks or ACH transactions (automatic debits) will be charged a fee up to the maximum amount allowed by law. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status. _____
- A receipt for income tax purposes will be provided upon request. _____

Other Agreements

Private Employment Acknowledgement and Release (please initial)

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement. _____

Miscellaneous (please initial)

I give permission for my child to sleep on a cot. _____

I give my permission for my child to participate in GOLD Strategies and ASQ screening. _____

Occasionally, photos will be taken of the children at the center for use within the center or on our website or by the newspaper. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. _____

I give my permission for my child to participate in supervised walking excursions near and around the center. _____

I give my permission for my child to go on trips away from the premises of the school, Summit Stage bus. Prior notice will be given before outings away from school (this only applies to preschool age children). _____

I give permission for Summit County Preschool to include children's names, parent names, and contact information in the SCP directory. _____

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. _____

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. _____

Information contained in the **Family Handbook** may be subject to change. _____

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement* and the *Family Handbook*.

Primary Parent/Guardian/Sponsor Signature _____ Date _____

Secondary Parent/Guardian/Sponsor Signature _____ Date _____

Center Staff Signature _____ Date _____