



# WHITE BIRCH CENTER

for Early Learning

## 2019 – 2020 Enrollment Agreement

**Enrollment Date** \_\_\_\_\_

Completion of this agreement is required for enrollment however; completion does not confirm enrollment. Enrollment will be confirmed by the Director of Children’s Programs once this form has been reviewed and approved, the registration fee has been paid, and all proper health records have been received. If you are receiving State Assistance, enrollment will not be confirmed until your child is linked to WBC. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

### Enrollment Information

Child Information				
Child's First Name	Child's Middle Name	Child's Last Name	Birth Date	Gender
Child's Home Address		City	State	Zip

### Parent/Guardian Information

Parent/Guardian 1				
Parent/Guardian 1	Relationship to Child	Home Phone	Cell Phone	
Home Address <i>if different from above</i>		City	State	Zip
Email		Employer		
Employer Phone	Work Hours	NOTES:		

Parent/Guardian 2				
Parent/Guardian 2	Relationship to Child	Home Phone	Cell Phone	
Home Address <i>if different from above</i>		City	State	Zip
Email		Employer		
Employer Phone	Work Hours	NOTES:		



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**Emergency Contacts** (do not include parents/guardians) – The following people are authorized to be contacted if I cannot be reached.

<b>Person #1</b>	Relationship to Child	Home Phone	Cell Phone
Home Address	City	State	Zip

**Authorized Pick-Up Contact**    YES    NO

<b>Person #2</b>	Relationship to Child	Home Phone	Cell Phone
Home Address	City	State	Zip

**Authorized Pick-Up Contact**    YES    NO

<b>Person #3</b>	Relationship to Child	Home Phone	Cell Phone
Home Address	City	State	Zip

**Authorized Pick-Up Contact**    YES    NO

<b>Person #4</b>	Relationship to Child	Home Phone	Cell Phone
Home Address	City	State	Zip

**Authorized Pick-Up Contact**    YES    NO

Please notify the center if an Alternate Pick-Up Contact will pick up your child on a given day.  
[For the safety of your child, we request that all authorized pick up persons with whom staff are not familiar provide a photo ID at the time of pick-up.]

Parenting Plan & Alternate Contact Authorization	Initial
In the event of a medical or other emergency, or if your child needs to be sent home due to illness, persons designated as <b>Authorized Pick-Up Contacts</b> will be contacted by us <b>if you cannot be reached within 30 minutes</b> . Our staff will only release your child to you or to those persons listed as an Authorized Pick-Up Contact. If you want a person who is not identified as a parent/guardian or Authorized Contact to pick up your child, you must notify our staff in advance. Your child will not be released without prior authorization.	
If a parenting plan or any court documents are in place prohibiting a parent/guardian or other contact listed on the agreement, from picking up a child, a copy of any documents must be provided to the Office. If there are no court documents in place, a letter written by the primary parent/guardian must be provided to the Office stating your reason why this person or persons are prohibited from picking up the child. If, at any time there are changes made, the Office must be notified.	

<b>Office Use Only</b>	Today's Date: _____	Key Cards # _____ # _____
<input type="checkbox"/> EZ-Care   Date: _____		<input type="checkbox"/> Schedule Approved <input type="checkbox"/> Schedule Denied
<input type="checkbox"/> Registration Fee Paid   Date: _____   CK# _____		
<input type="checkbox"/> Health Form Received   Date: _____		<b>Director's Initials</b> _____



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### Rate Agreement and Contract

Child's Name	Name of Parent/Guardian responsible for payment	Email of Parent/Guardian responsible for payment <b>(required)</b>
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### Hours of Operation

Regular operating hours are **Early Learning - Monday through Friday from 7:00 AM to 5:30 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 via our **One Call Now software**. Both Parent/Guardian Cell Phone numbers listed above will be contacted via text message in the event of a closure, delay, or early closing. You will also be able to see these announcements on WMUR TV station and <http://www.wmur.com/weather/closings>.

### Choose Your Program – EARLY LEARNING (12 months – 5 years)

<input type="radio"/> <b>Toddlers</b> (12 months – 24 months)	<b>\$245/week</b>	<b>\$215/3 days*</b>	<b>\$150/2 days*</b>
<input type="radio"/> <b>Tots</b> (24 months – 36 months)	<b>\$235/week</b>	<b>\$215/3 days*</b>	<b>\$150/2 days*</b>
<input type="radio"/> <b>Preschool</b> (3 Year Old's)	<b>\$225/week</b>	<b>\$210/3 days*</b>	<b>\$140/2 days*</b>
<input type="radio"/> <b>Pre-Kindergarten</b> (4 Year Old's)	<b>\$220/week</b>	<b>\$210/3 days*</b>	<b>\$140/2 days*</b>
<input type="radio"/> <b>Junior Summer Camp</b> (children going into Kindergarten)*	<b>\$215/week</b>		<b>\$65/day</b>

\*For Junior Summer Camp – Schedule will be filled out on separate Enrollment Form

### Choose Your Child's Days of Attendance (select one)

#### Full Time

Monday – Friday

#### Part Time\*

Monday/Wednesday/Friday\*

Tuesday/Thursday\*

*\*these options have limited availability and are only available if there is another child who is able to offset this schedule. Part-Time Enrollment is to be approved by Director of Children's Programs.*

### Choose Your Child's Daily Schedule (select one)\*

7:00am – 4:00pm

8:00am – 5:00pm

8:30am – 5:30pm

*\*this schedule can change with appropriate notice. If your child is picked up **after your selected time**, you will be charged an additional fee of \$1 per minute.*

### Medical Information

#### Initial

Prior to enrollment, I understand that 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.

I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs prior to enrollment.

If your child needs to take prescription medication while in attendance at WBC, we must have an authorization form signed by your child's physician listing the medication, dose, frequency and other instruction before the child attends.

Over the counter medications will only be dispensed with written authorization from the parent/guardian. Additionally, the medication must be in its original container and will only be administered in accordance with the manufacturer's printed instructions.

### Annual Renewal

Date to be Renewed: \_\_\_\_\_

Reviewed by Parent/Guardian

Changes Made

No Changes Made

Parent/Guardian Initials: \_\_\_\_\_ Date: \_\_\_\_\_