

Today's Date _____
Date of Enrollment _____
or check here if re-enrolling



Enrollment Application

Student Information:

Child's Full Name _____ D.O.B _____ Sex _____
Allergies, medical or dietary needs, or other areas of concern _____

2nd Child's Full Name _____ D.O.B _____ Sex _____
Allergies, medical or dietary needs, or other areas of concern _____

3rd Child's Full Name _____ D.O.B _____ Sex _____
Allergies, medical or dietary needs, or other areas of concern _____

Child(ren) Live With _____ Typical Hours of Care _____ to _____

Circle all that apply:
Days of Week in Care: M T W Th F
Meals at School: Br Lunch PM Snack

Family Information:

Primary Contact _____	Secondary Contact _____
Relation to Child _____	Relation to Child _____
Address _____	Address _____
Mobile Phone _____	Mobile Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Email Address _____	Email Address _____
Date of Birth _____	Date of Birth _____
Authorized Pick Up Person Yes No	Authorized Pick Up Person Yes No

CUSTODY Mother Father Both Other _____

Contacts Child(ren) will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in the case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name _____	Mobile _____	Relationship _____
Name _____	Mobile _____	Relationship _____
Name _____	Mobile _____	Relationship _____
Name _____	Mobile _____	Relationship _____
Name _____	Mobile _____	Relationship _____

Permissions Page

Art & Activity Disclaimer: Sprout Academy of Learning would like you to understand that part of every class' daily routine involves eating, art work and outside playtime. During these times we encourage the children to explore and be independent. This in turn means that they get messy. Please plan for this and dress your child in play clothes with the understanding that they will and should get messy. You should be able to tell how much fun they had by what they look like at the end of a school day. Initial _____

Child Care App Permissions: I understand that my child(ren) is enrolled in a group child care setting. Teachers and caregivers are responsible for the documentation of the day and communications for the benefit of everyone (parents, children, admin, and oversight agencies). I accept and approve the following: Photos & Videos, Documentation of Daily Activities and Care Events, Documentation that is Sensitive or Confidential, Use of Visible Classroom Computer or Tablet Screens for the Staff. By initialing in the following space, I understand and agree to the terms listed above and/or the use of the child care app for my child(ren) at Sprout Academy of Learning. Initial _____

Permission to Video & Photograph: Sprout Academy of Learning loves to take pictures and share them with families that attend or follow our school on our social media pages. Children's names will NEVER be displayed on social media, but first names may appear in the weekly email or onsite displays. Please circle to grant or decline permissions below.

Facebook, Twitter, YouTube: Grant Permission Decline Permission

On-Site Display at Bloom: Grant Permission Decline Permission

Bloom Website: Grant Permission Decline Permission

Government Agency Display: Grant Permission Decline Permission

Bloom Advertising Materials: Grant Permission Decline Permission

Initial _____

Assessment & Screening: The first five years of life are very important to your child because this time sets the stage for success in school and later in life. During infancy and early childhood, many experiences should be gained, and numerous skills learned. It is important to ensure that each child's development is progressing during this period; to support this we are offering screenings of your child's development using age appropriate assessments multiple times each school year. The screening results will be made available to you through the child care app or in paper form and you may request a meeting with your child's teacher or director for further discussion. Your permission is needed for the screening to be conducted with your child(ren). Please grant permission by initialing in the designated space. Initial _____

Topical Ointment: Your child's skin is so precious and sensitive. We pride ourselves on protecting our little Sprout's skin by using all-natural diapers, wipes, cream, ointment and sunscreen. Please apply sunscreen in the morning before arriving at school and we will re-apply sunscreen in the afternoon. By initialing in the space provided you give Sprout permission to apply ointment, creams, lotion, sunscreen, insect repellent, etc. Initial _____

Permission for Food Related Activities & Special Occasions: I give permission for my child to participate in food related activities and special occasions wherein food is consumed. Initial _____
Decline Approve

Absence Reporting Procedure: DCF requires that absences be reported to the child care center by 9:00 am on the day of non-attendance or prior. Absences can be reported by text to your centers director, or call in prior to 9am, or on your child's communication app. If the absence is not reported, per DCF regulations, we are required to call all contacts on the pickup list until the safety of the child has been confirmed. Initial _____

SPROUT ACADEMY ENROLLMENT CONTRACT

Child(ren) Name(s): _____

It is my/our desire to have my/our child/children named above enrolled in the child care program at Sprout Academy of Learning. I/we have received a copy of the Sprout Academy of Learning Parent handbook (**located digitally on our webpage www.mysproutacademy.com**). I/we have read, understand and agree to abide by the policies contained therein. I/we also understand that my/our child is being accepted on a two-week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the child care surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the child care program. I/we also agree to give a minimum of two weeks written notice (ten full child care days) of my/our intent to withdraw my/our child/children from the child care program. If two weeks' notice is not given, I/we agree to make full tuition payment for the final two weeks. Please initial next to each item. We want to be sure you understand and agree to these policies.

_____ I/we understand that I/we must provide completed physical/immunization forms to the child care center within 30 days of my child's start date and must provide new copies prior to their expiration date.

_____ I/we understand the biting policy and the process for coping with a chronic biting phase. (please see parent handbook)

_____ I/we understand the child care tuition is based on my child's age on Sept. 1st according to the current tuition schedule and will be adjusted as my child/children progress to the next classroom and the registration fee is due annually.

_____ I/we understand tuition payment is due on Monday each week prior to attendance.
Late fees are \$25.00 per tuition payment. Enrollment may be terminated immediately due to unpaid tuition.

_____ I/we understand that our child must be dropped off by 9:00 am daily. Even with prior arrangements children will not be accepted after 10:30 am.

_____ I/we understand the illness policy and that my child must be symptom/fever free for a 24-hour period prior to returning to school or present a doctor's note allowing their return. (please see parent handbook)

_____ I/we understand the late pickup fee is \$1.00 per minute per child for pick up after 5:45 pm and is automatically billed to my Sprout account.

_____ I/we understand the discipline policy: Under no circumstances is a child ever hit, spanked, shaken or otherwise disciplined physically. In addition, no child should be disciplined physically inside the school. If a child exhibits consistent behavior, which is injurious to the well-being and or education of others, and if the behavior cannot be corrected within a reasonable time, the child will be dis-enrolled from the school. (please see parent handbook for more information)

_____ I/we understand the behavior policy and I/we have read and shared the childcare rules with my/our child/children. I understand that behavior issues may result in immediate enrollment termination. (please see parent handbook)

_____ I/we understand that if I/we are contracting for childcare for the calendar year and tuition is due 52 weeks per year, regardless of attendance. School age children enrolled in "before and/or after care" are responsible for tuition when public school is in session regardless of attendance. School age students scheduled for "Year-Round" care are responsible for tuition regardless of attendance. "Summer camp" children are responsible for tuition when camp is in session regardless of attendance.

_____ I/we agree to pay the last two weeks tuition upon giving a two-week enrollment termination notice.

_____ I/we have received a copy of the DCF required brochure "Know Your Child Care Facility". (can be found at www.mysproutacademy.com)

_____ I/we understand that Sprout Academy of Learning reserves the right to terminate enrollment at any time, for any reason, without notice.

_____ I/we understand that Sprout Academy of Learning does not discriminate on the basis of sex, race, color, creed, disability, sexual orientation, national origin or ancestry.

_____ I/we have read, signed & understand and agree to the above statements and the parent handbook.

Parent/Guardian Print Name

Parent/Guardian

Signature Date

SPROUT ACADEMY LIABILITY RELEASE WITH PARENTAL CONSENT
FOR MEDICAL/EMERGENCY
TREATMENT AND TRANSPORTATION

CHILD(REN) NAME(S) _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child(ren), hereby consent to the participation by the child(ren) in all child care activities conducted by Sprout Academy of Learning and to the participation of the child(ren) in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Sprout Academy of Learning to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child(ren). Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either child care personnel or, if necessary, by ambulance or other emergency vehicle.

If there is no medical emergency, the child care staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment and/or transportation.

Notwithstanding other provisions in this consent form, Sprout Academy of Learning shall not have the authority to withhold or withdraw life-sustaining procedures for the child(ren).

Sprout Academy of Learning is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child(ren) associated with participation in the child care center and agree(s) to release, indemnify, defend and forever discharge Sprout Academy of Learning and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child(ren), or by the child(ren), howsoever caused, arising or to arise by reason of or during the child(ren)'s participation in the child care center.

Signature of Parent/Guardian Date



By signing this form and initialing each item below you acknowledge that you have read the parent handbook. The handbook is always available online at www.mysproutacademy.org. I understand that the handbook is the guideline to the operations and policies set forth by Sprout Academy.

Please print, sign and return this page to the front office:

_____ Date: _____
 Print

 Sign

Parent Initials		
	Home/School Communication	I understand that I am responsible for reading notes, emails, the eblast, etc. so I am aware of school events, expectations, and school closures.
	Technology and Social Media	I have read and understand that I am not permitted to take and use photos of students other than my own, while they are at Sprout or a Sprout related function.
	Attendance and Tardy Policies	I understand the importance of daily, on-time attendance. I have read and understand the attendance and tardy policy.
	Student Behavior: Biting Policy	I understand that Sprout is a safe zone for its students and staff. Please be sure you have read the guidelines for Discipline and Biting.
	Drop-off and Pick-up	I understand and agree to follow the safety expectations regarding morning drop-off and after school pick-up
	Tuition/Late Payment Policy	I understand that tuition is due every Friday, regardless of attendance. I understand that late fees will be assessed if tuition is late, and time clock entry will be denied until tuition is current.

AUTO-PAYMENT TUITION REQUIREMENT

EVERYONE must complete this section below even if you are an existing Sprout family and have an account currently on file.

I authorize Sprout Academy of Learning to initiate either an electronic debit or create and process a demand draft against my Checking or Savings for the purpose of collecting childcare related payments. I authorize Sprout Academy of Learning to use the third-party sender to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Cash/check payments can be made prior to tuition due date and will be applied to the account balance prior to debiting.

Account Holder's Name _____ Bank/Credit Union Name _____

Bank Account Type: Checking Savings Business Checking

Routing Number _____ Account Number _____

FINAL ENROLLMENT ACCEPTANCE & AGREEMENT

Your signature below indicated that you have read, understand and agree to the terms, conditions and permissions granted or declined throughout this 7-page enrollment agreement and that the information on these forms are complete and accurate.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Approved and Accepted by: _____ Signature _____ Date _____

Thank you for taking the time to complete this enrollment paperwork. Welcome to Sprout!



OFFICE USE ONLY

Start Date: _____ Classroom: _____ Schedule: FT MWF TTh VPKonly Diapers: _____

Allergies Added to Kid Reports: _____ ProCare: _____ Kid Report Welcome Email Sent: Date _____

Billing Added: Reg Fee ___ Weekly ___ Monthly ___ Welcome Gift Sent: Date _____

Start Date emailed to staff and added to calendar: _____ Immunization and Physical added to calendar: _____

Allergy List Updated, Printed and Provided to Kitchen and Class: _____

Photo Permissions Added to Master List: _____ Completed By: _____ Date: _____