

Enrollment Checklist

- ▣ Enrollment form completed
- ▣ Copy of immunization record
 - ▣ \$100 enrollment fee
 - ▣ First month's tuition fee
- ▣ Diapers (Toddler/Infant)
 - ▣ Sunscreen

Sandcastle Kids Enrollment Form

Child's Name: _____ DOB: _____

Mother's Name: _____ SSN: _____

Address: _____

Work Phone: _____ Home or Cell: _____

Work: _____

Father's Name: _____ SSN _____

Address: _____

Work Phone: _____ Home or Cell: _____

Work: _____

Child Resides With: _____

Responsible for billing: _____

In an Emergency Notify: _____

Address: _____ Phone: _____

Alternate Emergency Notification: _____

Address: _____ Phone: _____

Persons authorized to pick up child: _____

We respect your privacy and are bound by our agreement of confidentiality not to disclose any information to other sources unless authorized by yourselves, through court order, or when a child's safety and/or health are at risk. Your child will not be released to unauthorized persons. Any unfamiliar persons arriving to pick up your child will be asked to show valid identification.

Parent Signature Page

I have read Sandcastle Kids Handbook. I agree to all of the policies and procedures included. I agree to compensate Sand Castle Kids for services within the time period specified at the current rate for my child's age and attendance.

I understand that Sand Castle Kids is a family oriented center and I will work with my child's teacher to provide the continued need to help his/her childcare experience be as positive as possible.

Please initial each item below to show that you agree and promise to follow Sand Castle Kids Policies.

___ *I agree to sign my child in and Out on the daily attendance sheet.*

___ *Billing Policy: Payment is due before service is rendered. No state assistance will be accepted for Parents Night Out Services.*

___ *Late Charge Policy: \$1 per minute after closing due at child pickup.*

___ *Registration Fee*

___ *Insurance Agreement: Parent and/or guardian is responsible to insure child for medical insurance.*

___ *Rates*

___ *No show charge*

___ *New Account Deposit*

___ *Dis-enrollment Notification*

___ *Healthcare Policies: Posted by door.*

___ *Sunscreen Policy*

___ *Diaper Policy: Infants are changed every hour. Toddler every hour and half as enforced by state law. I understand I am responsible in supplying diapers for my child and in the event that my child runs out I understand and agree to \$1 per diaper fee that will be due upon pick-up of my child.*

Parent or Guardian Signature

Date

Transportation Release

Sandcastle Kid's believes in introducing children to many experiences and people that they might not get a chance to otherwise experience. To enable us to do this, we often need to travel to reach such places.

I give my permission for my child to be transported by a member of Sandcastle Kids staff, with a valid driver's license, to and from all such activities. I understand that I will be notified before all field trips. In an emergency situation my child may be transported without my prior knowledge.

Child's Name: _____

Parent or Guardian's Signature

Date

Sunscreen Release

I, _____ request and authorize the staff of Sandcastle Kids to administer sunscreen to my child _____.

I, undersigned, understand that sunscreen will be administered 15 minutes prior to sun exposure. I will provide my child his/her own labeled bottle of Sunscreen. If my child does not have his/her own sunscreen, I authorize Sand Castle Kids to administer sunscreen from their supply to my child and I will not hold the staff nor Sand Castle Kids and its affiliates responsible for any side effects from the sunscreen.

Parents or Legal Guardian's Signature

Date

Family Goals:

Please share with us a goal(s) you have for your child or your family.

Medical Info and Release

Child's Name: _____

Physician: _____

Date last seen by physician: _____

Allergies or Medical Conditions:

Current Medications:

Additional Information that would be helpful to emergency personnel:

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I understand that due to the nature of children, minor injuries will occur. I agree to hold Sandcastle Kids harmless when these injuries occur that I will be responsible for all medical charges incurred by my child due to illness or injury when caused by no fault of Sandcastle Kids.

Parent or Guardian's Signature

Date

Emergency Medical Release: I give my permission for my child to be given emergency treatment to include First Aid and CPR by a qualified staff member of Sandcastle Kids or a medic. I also give my permission for my child to be transported by aid care, ambulance, or staff car to the nearest medical treatment center or hospital, if necessary. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

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Parent or Guardian's Signature

Date:

Insurance Carrier: _____

Policy Number: _____

PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

We take pictures at the center and out on activities. We would like your permission to use these pictures on our website or Facebook, on our brochures, to post them in our classrooms and to distribute to you to take home. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures; we will use them exclusively for Sandcastle Kids purposes.

Please take a moment to let us know your preferences regarding our use of photos of your children:

_____ YES. I grant you permission to use photos of my child for the reasons listed above.

-OR-

_____ NO. Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT):

Parent/Guardian's Name (PLEASE PRINT):

Parent/Guardian's Signature:

Date: _____

Steps to Quality

Parent/Guardian Consent Form

Dear Families:

Sandcastle Kids is participating in Idaho STARS Quality Rating and Improvement System known as Steps to Quality. Steps to Quality is an effort to demonstrate our commitment to providing your child with high quality early care and education. Steps to Quality is a building block system, meaning each step is verified through documentation and observation of quality practices during verification visits.

During verification visits, assessors may be conducting the following activities to ensure that quality indicators are in place:

- Observing the childcare environment to learn about the materials, activities and experiences available to support young children.
- Reviewing program files and documentation to learn how our program's policies and procedures support health, safety, partnerships with families and children's' development.
- Reviewing child files to see how the program supports and plans for individual children.

We would appreciate your permission to share any necessary documents that may pertain to your child during our Steps to Quality verification visit. No documentation being reviewed for verification will be collected. Please indicate your decision below:

_____ My Child's file may be reviewed as part of the Steps to Quality verification process

_____ I would like my child's file excluded from Steps to Quality verification process.

Child's Name: _____

Parent or Guardian Name (printed) _____

Parent or Guardian Signature: _____

Date: _____

