



Name of Person Legally Responsible for the home care: Crussana Hill

Enrollment Agreement

Date of Admission / /

Child's Name: _____ Nickname: _____
Date of Birth: _____ Present age: _____ Gender: _____
Verification Document: _____
Home Address: _____
Mother's Name: _____
Home Address: _____ Home Phone: _____
Employer's Name: _____
Employer's Phone: _____
Work Hours: _____
Additional Phone Numbers (Cell): _____
Father's Name: _____
Home Address: _____ Home Phone: _____
Employer's Name: _____
Employer's Phone: _____
Work Hours: _____
Additional Phone Numbers (Cell): _____

Enrollment Policies

The early learning childcare shall accept only children who are at a stage of growth and development which enables them to benefit from its program, and for whose age level the childcare is staffed and equipped to provide care.

The early learning childcare shall not admit or maintain any child whose needs it obviously cannot meet or whose behavior would be dangerous for other children in the childcare. Explicit, documented reasons for refusal to admit or provide care to a child shall be provided in written form to parents.

There shall be no discrimination based on race, color, religion, sex, national origin, or handicap.

Hours of Operation

A Rocking Robyn's Early Learning is open from 7:00a.m. to 6:00pm.

"Where Little Rockers Begin to Learn and Play"



A Rocking Robyn's Early Learning Enrollment

Thank you for choosing A Rocking Robyn's Early Learning for your childcare needs. We understand that there are many quality childcare providers available, so it's a pleasure to assist you on this journey of providing you and your little one with exceptional childcare services where we strive to provide love, understanding, growth, and most importantly safety care.

We take pride in our childcare and those we serve so it's our duty to provide you with the quality care that you desire.

Our mission is to provide safe and affordable quality childcare 24 hours a day where we strive to nurture and encourage our little Rockers and Robyn's to reach their full potential and become ready for a school setting.

Our vision is to provide the necessary tools and knowledge to assist with their growth physically, mentally, socially, and academically to encourage confidence and courage.

A Rocking Robyn's Early Learning will provide a comfortable setting similar to a home environment where your child will receive an early education.

As you are entering further into the enrollment packet there will be some important information that will require you to answer thoroughly and apply all signatures required.

"Your little Rocker or Robyn is now ready for success"

Thank you,

A Rocking Robyn's Early Learning Team

"Where Little Rockers Begin to Learn and Play"



ENROLLMENT

CHILD'S NAME _____

CHILD'S DATE OF BIRTH ____/____/____

Child's date of birth will be verified by a copy of birth certificate or other legal Proof of age is required.

ADDRESS: _____ APT _____

CITY STATE ZIP CODE

PARENT/LEGAL GUARDIAN NAME _____

HOME NUMBER _____ CELL NUMBER _____

WORK NUMBER _____ EMERGENCY _____

LIST THOSE THAT ARE AUTHORIZED TO PICK UP CHILD/S

NAME RELATIONSHIP

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Parent Signature Date

"Where Little Rockers Begin to Learn and Play"



Child's Development

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe

Immunization record

Attach a copy of the immunization record or follow the Indiana State Department of Health exemption procedures. Keep your child's immunizations current. Give updated immunization record copies to the childcare facility.

Health record forms are required within 30 days of the child's enrollment.

Parent Signature Date

MEDICATION POLICY

I _____ understand that it is the policy of A Rocking Robyn's Early Learning to have a prescription from a physician to administer over the counter medications at any time. Prescription medication will be given by management as directed on the label and documented on the medication log.

In the event that a child has a fever of 100.5 degrees or higher, the parent will be notified and if the physician statement is on file, fever medicine will be given, and the child must be picked up immediately and may not return until the child has been fevered free for twenty-four (24) hours. In the event no physician statement is on file, the parent will be notified, and the child must be picked up immediately and may not return until child has been fevered free for twenty-four (24) hours.

Parent Signature

Date

"Where Little Rockers Begin to Learn and Play"



CHILD EMERGENCY PLAN

It is A Rocking Robyn's Early Learning duty to provide safe care to each child within our childcare. We are sure to follow the state's guidelines when caring for a sick or injured child. Here are the proper steps our childcare will follow when caring for your little in need.

1. Assess the child's conditions
2. Call 911 if needed
3. Administer First Aid CPR if needed
4. Call Parent/ Emergency Contact

By signing below, you accept A True Vision Childcare Center Emergency Plan for your child.

Parent Signature Date

MEDICAL EMERGENCY TREATMENT CONSENT FORM

I _____ give permission for A Rocking Robyn's Early Learning staff, to provide all necessary emergency medical, dental, or other care for my child. This care

may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

PHYSICIAN'S NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

E-MAIL/ WEBSITE: _____

MEDICAL CONDITIONS, SPECIAL NEEDS, ALLERGIES, MEDICATIONS, ETC:

DENTIST'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

E-MAIL /WEBSITE: _____

HOSPITAL NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

"Where Little Rockers Begin to Learn and Play"



Emergency Medical Transport

I grant permission for the childcare program to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child during an emergency or disaster. I grant permission for my child to be released to any of the emergency contacts designated if I am unable to pick them up in an emergency.

In the event that I cannot be reached, I give permission for A Rocking Robyn's Early Learning Staff to act on my behalf and make any medical decisions for my child.

Parent/Legal Guardian Name: _____

Telephone Number: _____ Alternate Number _____

Parent/Legal Guardian Name: _____

Telephone Number: _____ Alternate Number _____

Emergency Contact (Friend or Relative authorized To Make Decision on your behalf)

Name: _____

Number: _____ Alternate Number: _____

Parent Signature

Date

Transportation

- I do not give permission for my child to be transported.
- I give permission for this child to be transported:
 - to nearest medical facility if a medical emergency occurs and I cannot be reached.
 - on field trips
 - to and from school – Drop-off _____ time: Pickup time: _____

Parent Signature

Date



DISCIPLINE STATEMENT

ATTENTION PARENTS,

I work with parents/guardians of children in my childcare home to determine the cause of behavior issues and I deal with misbehavior in a positive fashion. I focus on teaching children appropriate behavior, by disciplining first then moving forward with positive reinforcement.

The First Occurrence when children misbehave, we direct them to do something positive.

The Second Occurrence will result in time by themselves. (Me Time)

The Third Occurrence will result in a conference with the parent to determine what techniques they use and to have them intervene and assist with the problem.

Children who do not respond to the above may get suspended or terminated from the program.

If your child constantly hits or bites other children, after thirty days of trying to redirect the child, and there is no positive change, the child will be removed from the home childcare.

Our goal is to provide a safe and fun atmosphere for the children, and no child should be subjected to disruptive, or threatening, behavior.

If you should have any questions regarding this discipline policy, please feel free to Contact me.

Sincerely,

***Crussana Hill* | Owner**

By signing below, you acknowledge and accept the above information regarding A True Vision Childcare Center discipline policy and understand the actions that will be taken for inappropriate behavior.

Parent Signature

Date



PLAN FOR PROVIDER ILLNESS

ALL FACILITIES WILL BE STAFFED WITH AT LEAST TWO STAFF MEMBERS!

In the event that one of the staff members becomes ill, the other staff members will attempt the following contacts in this order:

Crussana Hill: 317-629-2235

- **If a child needs immediate medical assistance, a staff member will contact E.M.S at 911**
- **A staff member will contact the parents of the injured or ill child to let them know their child's Condition**
- **Transportation to the doctor or hospital will be provided by the ambulance**

Parent Signature

Date

FIELD TRIP PERMISSIONS

I/We hereby give A Rocking Robyn's Early Learning staff permission to take my child on field trips and excursions.

CHILD NAME: _____

You will be notified in advance of all off-site activities before they occur. I understand that all off-site activities will be supervised and that all safety precautions will be taken for the well-being of my child.

I also understand that A Rocking Robyn's Early Learning Staff will not be liable for any accident or injury that could occur. You will be expected to sign a permission slip giving the child the ability to accompany the childcare on a field trip, note that we welcome all parents to attend with their child.

Please list any activity that your child SHOULD NOT participate in:

Parent Signature

Date



Known Allergies

CHILD'S NAME: _____

MY CHILD IS ALLERGIC TO: _____

MY CHILD HAS NO KNOWN ALLERGIES

MY CHILD IS ALLERGIC TO:

MY CHILD CAN NOT EAT THE FOLLOWING:

Parent Signature

Date

LATE FEE POLICY

CHILD NAME: _____

I _____ hereby understand that it is the policy of A Rocking Robyn's Early Learning, that all children are given ten hours of childcare services per day.

My child's contracted hours are as follows:

If I exceed my contracted hours by more than fifteen (15) minutes a \$25.00 late fee will be charged and will increase hourly. If I am aware that I am going to be late, I understand that a courtesy call should be made to the home childcare to advise them of my situation.

Parent Signature

Date



A Rocking Robyn's Early Learning's

FEE AGREEMENT FORM

Child's Name:

I _____ understand that my weekly childcare rate is \$ _____, and that all payments are due on FRIDAYS in order to avoid a \$25.00 late fee. The \$25.00 late fee must be paid prior to your child/children returning.

I also understand that if my child is absent from the facility payment is still due on FRIDAY, to maintain my child's placement. Special circumstances may be given at management discretion, but not guaranteed.

Parent Signature

Date

Management Signature

Date

A ROCKING ROBYN'S EARLY LEARNING PAYMENT POLICY

- All weekly payments are due on Friday Prior to your child attending to ensure that all payments are paid in advance.
- Any payments not received on Friday will be assessed a \$25.00 PER DAY LATE FEE and the child will NOT be able to return until fee is made, there will no longer be any exceptions to this policy which means do not attempt to bring your child if you have not made your payments/co-payments because the staff has been informed that your child may NOT stay.
- You will be required to pay even if your child does not attend in order to hold your child's place unless your child is on an approved leave/vacation.
- Each child will be given 2 weeks' vacation at the beginning of the year that may be used if requested at least 2 weeks prior to the leave date.
- 3 days is considered a full week which means if we are open at least 3 days out of a week you will be required to pay the full weekly rate.
- In the event we are not open at least 3 days you may pay the daily rate as follows, infants \$30.00, toddlers \$25.00, pre-K and school agers \$20.00.



Parent Signature

Date

**A ROCKING ROBYN'S EARLY LEARNING
TERMINATION OF CARE**

A Rocking Robyn's Early Learning enrolls all children on a 2-week trial basis to ensure that the child adjusts to the daycare facility. A True Vision Childcare Center has a zero tolerance for bullying, in the event that a child displays this behavior you will be asked to find alternate childcare arrangements for your child. We will make all efforts to work with children to reach their full potential of learning and growth. Hitting, biting, foul language, and disrespect will not be tolerated and will be handled as they arise. In the event a child's negative behavior cannot be corrected you will be asked to find an alternate placement for your child. Parents may terminate care at any time in writing one week prior to care ending. We look forward to working with you and your child.

Parent Signature

Date

C.C.D.F. PAYMENT POLICY

Payments made by C.C.D.F only pay for your child's weekly tuition. Parents are required to pay for supply fees, transportation fees, curriculum fees and field trip fees, and admin fee if applicable. If you have a school age child and your voucher only pays for before and after school care you will have to pay the difference of \$25.00 per child if your child attends during breaks and \$5.00 per day if your child attends during 1/2 days, P.B.A days, and other times your child's school may close on a daily basis.

There will be a \$10.00 fee per day for any child that is suspended from school. It is also the parent's responsibility to pay for days that your child will be at the facility more than the allotted hours that your voucher states (ex. Days your child is suspended, or school is closed). Any additional fees your child incurs must be paid prior to services being rendered. Please arrange in advance for your child to be at the home childcare during breaks and school closing to ensure we have adequate staff.

Thank you for your cooperation!

Parent Signature

Date

STAFF VACATION/FAMILY VACATION

A Rocking Robyn's Early Learning operates daily with the exception of the following holidays.....

New Year's Day, President's Day, M.L.K Day, Easter Weekend, Memorial Day, Mother's Day, Father's Day, Independence Day, Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day, and New Year's Eve.

Children are required to pay 50% of their weekly rate when taking a vacation prior to one year of enrollment. Once your child has been enrolled for one consecutive year they will be entitled to a week's free vacation. You will be required to pay for your child to hold their spot in the event they are sick or absent for any reason.



Parent Signature

Date

A ROCKING ROBYN'S EARLY LEARNING OPEN DOOR POLICY/CONFERENCE

Parents are required to attend two mandatory conferences per year to discuss the growth and development of their child/children. Conferences will be scheduled once in January and again in June. Please be aware that A Rocking Robyn's Early Learning has an open-door policy and encourages parents to visit their child/children while at the home childcare and to participate in field trips or volunteer in the classroom as much as possible. Please feel free to contact the director with any questions or concerns that you may have regarding your child/children or any staff member.

Crussana Hill at 317-629-2235 can be reached at any time.

Thank you in advance for your cooperation and participation.

Parent Signature Date

A ROCKING ROBYN'S EARLY LEARNING FEE SCHEDULE

Toddlers and Twos - \$180.00

Preschoolers - \$153.00

Before Care/ After Care Only - \$60.00

Before and After Care - \$110.00

Prices are per week per child...

A percentage off will apply for the first week and the following week the original rate will kick in

Parent Signature

Date



A ROCKING ROBYN'S EARLY LEARNING ACKNOWLEDGEMENT PAGE

By signing this form, I _____ understand and agree with the
MEDICATION POLICY.

By signing this form, I _____ understand that Health Record form must be
turned in within 30days of enrollment.

By signing this form, I _____ understand and agree with the **MEDICAL
EMERGENCY TREATMENT CONSENT FORM.**

By signing this form, I _____ understand and agree with the **CHILD
EMERGENCY PLAN.**

By signing this form, I _____ understand and agree with the **DICIPLINE
STATEMENT.**

By signing this form, I _____ understand and agree with the **PLAN FOR
PROVIDER ILLNESS.**

By signing this form, I _____ understand and agree with the **FIELD TRIP
PERMISSIONS.**

By signing this form, I _____ understand and agree with the **ALLERGY
POLICY.**

By signing this form, I _____ understand and agree with the **LATE FEE
POLICY.**

By signing this form, I _____ understand and agree with the **FEE
AGREEMENT
FORM.**

By signing this form, I _____ understand and agree with the **PARENT
HANDBOOK.**

By signing this form, I _____ understand and agree
with the **PAYMENT POLICY.**

I _____ have also been aware that A Rocking Robyn's Early
Learning participates in the food program and have received the
Building for the Future paper.

Parent Signature

Date



DAYCARE PHOTO RELEASE

I, _____, the parent of a child/children at _____
(A Rocking Robyn's Early Learning known as the "Daycare"), agree to the following:

I understand that my child whose name is listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting childcare services, either in print or on the Internet.

The child is known as: _____.

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature _____ Date _____

