**Enrollment Agreement**

**\*PLEASE FILL OUT ALL INFORMATION COMPLETELY\***

# CHILD INFORMATION

**TELL US ABOUT YOUR CHILD**

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|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Middle** | **Last** | **Nickname** |
| **Date of Birth** | **Gender**  **Female Male** | **Language spoken at home** | |
| **Child’s Social Security number** | **Race** |  | |
| **Child’s home address** | | | **Home phone** |
| **Please list everyone your child lives with, including the names, ages and relationships to child:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Height** | **Weight** | **Hair color** | **Eye color** |

**Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet**

**your child’s individual needs. Please indicate if your child receives any of the following supports:**

**Physical therapy Speech therapy Occupational therapy Behavior therapy**

**Mobility device Communication device Auditory support Feeding tube**

**Visual support Other Would you like your child’s therapists to deliver services at the center? Yes No**

**Does your child take any prescribed medication? Yes No**

**If so, what medication? Will this be taken at the center?**

**Has your child ever attended another childcare facility? If so, where?**

**What Holidays or Cultural Traditions does your family observe?**

|  |  |  |
| --- | --- | --- |
| **MY CHILD’S MEDICAL CARE PROVIDER** | | |
| **Medical Care Provider name** | **Practice / Clinic name** | |
| **Provider address** | | **Phone** |
| **Preferred hospital / clinic** | | |
| **Dentist name** | | |
| **Address** | | **Phone** |
| **Health Insurance Provider and policy number** | | |

**MY CHILD’S ALLERGIES**

**Medications Reaction**

**Food Reaction**

**Respiratory Reaction Bee sting Reaction Other Reaction**

**Are any of the allergies severe or life-threatening? Yes No (If yes, talk to your Center Director about a Medical Care Plan.)**

**Date revision effective page 1**

**(Enrollment Information)**

**Parent/Guardian Signature**

**Center Director Signature**

# ADDITIONAL CHILD INFORMATION

**Child’s Name**

**Child’s Date of Birth**

**\*PLEASE FILL OUT ALL INFORMATION COMPLETELY\***

**TELL US ABOUT YOUR CHILD**

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|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Middle** | **Last** | **Nickname** |
| **Date of Birth** | **Gender**  **Female Male** | **Language spoken at home** | |
| **Child’s Social Security number** | **Race** | **Ethnicity** | |
| **Child’s home address** | | | **Home phone** |
| **Please list everyone your child lives with, including the names, ages and relationships to child:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Height** | **Weight** | **Hair color** | **Eye color** |

**Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet**

**your child’s individual needs. Please indicate if your child receives any of the following supports:**

**Physical therapy Speech therapy Occupational therapy Behavior therapy**

**Mobility device Communication device Auditory support Feeding tube**

**Visual support Other**

**Would you like your child’s therapists to deliver services at the center? Yes No**

**Does your child take any prescribed medication? Yes No**

**If so, what medication? Will this be taken at the center?**

**Has your child ever attended another childcare facility? If so, where?**

**What Holidays or Cultural Traditions does your family observe?**

|  |  |  |
| --- | --- | --- |
| **MY CHILD’S MEDICAL CARE PROVIDER** | | |
| **Medical Care Provider name** | **Practice / Clinic name** | |
| **Provider address** | | **Phone** |
| **Preferred hospital / clinic** | | |
| **Dentist name** | | |
| **Address** | | **Phone** |
| **Health Insurance Provider and policy number** | | |

**MY CHILD’S ALLERGIES**

**Medications Reaction**

**Food Reaction**

**Respiratory Reaction Bee sting Reaction Other Reaction**

**Are any of the allergies severe or life-threatening? Yes No (If yes, talk to your Center Director about a medical care plan.)**

**Date revision effective page 1 A**

**(Child Information)**

**Parent/Guardian Signature**

**Center Director Signature**

# PARENT/GUARDIAN INFORMATION

**Child’s Date of Birth**

**Child’s Name**

**\*PLEASE FILL OUT ALL INFORMATION COMPLETELY\***

**TELL US ABOUT YOU**

|  |  |  |  |
| --- | --- | --- | --- |
| **The safety of children in our centers is our top priority. Center staff will release your child only to the parents and guardians listed/or to the listed emergency contacts or authorized pick up listed below.**  **If you do need to authorize a new pickup person by phone, you may do so—but we will ask you to answer the two security questions you provide here to verify your identity. For your child’s safety, any time a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID.** | | | |
| **Primary Parent / Guardian** | | **Relationship to child** | **Cell phone**  **Home phone** |
| **Home address** | | **Social Security number** | **(Office Use Only)**  **Pin #**  **Door Code** |
| **Employer/School Name, Address and Hrs. Worked** | | **DL number and state** | **Work/School phone** |
| **Marital Status (check which applies)**  **Single Married Divorced Widowed** | | **Race** | **Email** |
| **Secondary Parent / Guardian** | | **Relationship to child** | **Cell phone**  **Home phone** |
| **Home address** | | **Social Security number** | **(Office Use Only)**  **Pin #**  **Door Code** |
| **Employer/School Name, Address and Hrs. Worked** | | **DL number and state** | **Work/School phone** |
| **Marital Status (check which applies)**  **Single Married Divorced Widowed** | | **Race** | **Email** |
| **Primary Parent/Guardian**  **Security Questions**  **(2 Required)** | **Question 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Answer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Question 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Answer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **How did you hear about our program?** | **Name and Phone number of persons who referred you to the center** | | |

**WHO ARE EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD *(18 or older)*?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Auth. Emergency Contact** | **Authorized Pick Up Contact 1** | **Authorized Pick Up Contact 2** | **The people named here are authorized to pick up my child. Anyone picking up a child will be asked for a photo ID and only individuals 18 years of age or older.**  **Quality Child Care cannot keep any parent from picking up his/her child without legal documentation and a copy placed in your child’s file.** |
| **Name** |  |  |  |
| **Relationship** |  |  |  |
| **Address** |  |  |  |
| **Phone**  **Alt phone** |  |  |  |
| **(Office Use Only)**  **Pin #**  **Door Code** |  |  |  |
| **Email** |  |  |  |  |

**Date revision effective page 2**

**(Enrollment Information)**

**Parent/Guardian Signature**

**Center Director Signature**

# Medical/Schedule/Transportation

**Child’s Name**

**Child’s Date of Birth**

**\*PLEASE FILL OUT ALL INFORMATION COMPLETELY\***

**MEDICAL ACKNOWLEDGMENTS**

1. **Medication I will provide written permission for center staff to administer medication with written instructions from me or the child/children’s health care provider, as permitted by local child care licensing regulations. (See Parent Handbook) Medication will only be given to a child when a signed medication form has been filled out and prescription instructions are made very clear. These instructions must match the instructions on the original medication container. I have also read and completed the Over the Counter Medication Permission Form.**
2. **Immunizations I will provide the center with updated immunization information or an exemption for my child/children.**
3. **Illness If center staff notifies me that my child/children is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child/children contract a contagious illness, I understand that my child/children may return only when he or she is symptom free for 24 hours without medication and is approved by the Center Director to return.**
4. **Emergencies In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:**

* **Consult the physician or dentist named above.**
* **Administer first aid and/or cardiopulmonary resuscitation.**
* **Transport my child/children via ambulance or other emergency medical service to a local hospital or other urgent care facility.**
* **Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.**
* **Transport my child/children to a local emergency shelter in the event of an emergency evacuation of the center.**

**Parent/Guardian Signature Date**

## CENTER HOURS

**The center is open from 6:00 a.m. to 6:00 p.m., Monday through Friday .**

**Our centers will be closed New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, as well as Christmas Day. The center will be open whenever possible on a regularly scheduled day, except in the case of extreme weather conditions or other emergencies. Tuition is not reduced as a result of center closures.**

|  |  |  |
| --- | --- | --- |
| **TRANSPORTATION INFORMATION *(For School-Age Children Only)*** | | |
| **School** | **Grade** | **School phone** |
| **School address** | **School start time** | **School end time** |
| **Transportation provided by:**  **Before Care After Care Both Other** | | |

**SCHEDULE AND TRANSPORTATION ACKNOWLEDGMENTS**

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1. **Transportation Changes I agree to notify the center by 12:00 p.m. if my school-age child does not need to be picked up from school.**
2. **Regular Schedule Tuition is based on the child’s regular schedule. I will be charged additional tuition if my child’s attendance increases beyond this schedule. If my child’s schedule changes in any way, I will notify the center immediately. Tuition and fees**

**are not pro-rated for illness, holidays, or emergency closures, therefore, I agree to pay the full tuition even if my child is absent.**

1. **Absences I will notify the center by 9:00 am when my child will be absent.**
2. **Child Not Picked Up If I fail to pick up my child and/or contact the center, and I or another authorized person cannot be reached**

**within 30 minutes after closing time, center staff may release my child to the custody of child protective services or other local authorities.**

**Parent/Guardian Signature Date**

## SCHEDULED ATTENDANCE

|  |  |  |
| --- | --- | --- |
| **DAY** | **HOURS OF CARE (e.g., 8 am – 5 pm)** | **NOTES OR COMMENTS** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

**Date revision effective page 3**

**(Medical/Schedule/Transportation)**

**Parent/Guardian Signature**

**Center Director Signature**

# Financial & Other Terms

**Child’s Name**

**\*PLEASE FILL OUT ALL INFORMATION COMPLETELY\***

## TUITION AND FEE INFORMATION

#### TUITION: SUPPLY FEE:

$

$

**Weekly Per Semester (Feb 1st & Sept 1st)**

* **Late Payment Fee: All tuition is due in advance. In-center tuition payments are due by the close of business on each Monday. If tuition is not paid on time, a late fee of $\_\_\_\_\_\_\_\_\_\_\_ will be charged.**
* **Registration Fee: A nonrefundable registration fee of $ per child, is due at the time of enrollment. It will be assessed upon enrollment and must be paid with the first week’s tuition. If your child is withdrawn from the program and later re-enrolls, a new registration fee is due at that time.**
* **Supply Fee; A supply fee of $ per child will be due at each semester (Feb 1st and September 1st).**
* **Late Pick-Up Fee: A late pick-up fee of $** **per child, per minute will be assessed when a child is left beyond the center’s operating hours. The late pick-up fee is not an agreement to provide after-hours service.**
* **Returned Check Fee: When we receive a returned check, the amount of the check will be added back to your weekly tuition ledger. A returned check fee of $ will also be charged to your weekly ledger. This must be paid in full with money order, cash or debit/credit card. After two returned checks are received, checks will no longer be accepted for payment from you.**
* **Additional Fees: Your child may have the opportunity to participate in special programs, summer programs, or field trips with an**
* **additional fee.**
* **School-Age Care Fees: During the school year the B/A rates will apply. During school breaks we will offer our Full Week Rate for those needing all day care. If your child does not attend that week, you will still be charged your weekly B/A rate unless vacation is available for use. During days that school is out for one day of the week and your child will be there for the full day, there will be an additional charge added to your weekly B/A rate.**
* **Attendance/Absentee Policy:** 
  + **Vacation Policy: After being in attendance for 6 consecutive months, children enrolled FULL TIME are allowed one vacation week (For example: If you enrolled on January 15th, you would not be eligible for your vacation credit until July 15th)**
  + **Written notice of vacation time to be used must be given to the Director two weeks prior to week of vacation**
  + **On the first anniversary date of enrollment, children enrolled FULL TIME will then receive another week of vacation After 2 consecutive years of attendance and every year thereafter, you will receive two weeks of vacation on the anniversary date of enrollment to be used during the calendar year.**
  + **Only children who are FULL TIME will receive vacation. Children who attend only during the summer months, or who are enrolled in a part time program or drop-ins, do not qualify for Vacation time**
  + **Vacation credit only applies if the child is absent from the center for the full week**
  + **Vacation weeks do not accrue or roll over. If not used, it will be lost.**
  + **All other weekly rates are due regardless of attendance**
  + **Rates are not pro-rated for holidays, weather closings or incidents of nature in regard to being able to operate according to DHS guidelines.**

**Parent/Guardian Signature Date**

## FINANCIAL ACKNOWLEDGMENTS

**Financial Obligations**

**As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility. Enrolling parent/guardian will**

**will be responsible for payment of tuition and fees If there is split tuition, it is the responsibility of the enrolling party to make sure this is**

**taken care of. Court documents must be presented in disputes regarding the responsible party who is to pay for tuition and fees upon enrollment.**

**Payments are preferred in debit/credit card, check or money order. Cash can be taken but make sure that you receive a receipt before leaving Do NOT drop cash in the drop box for payments.**

**If you receive Child Care Assistance, you are responsible for any updates that is requested by your caseworker and it is understood that financial responsibility will be the enrolling parent/guardian upon termination of services and authorizations by DHS or party assisting with childcare. You understand and agree that all policies stated in the CCDF Program Participant Agreement will be followed when authorized dates of service cease, it is understood that you must comply with QCC’s Tuition Agreement**

**Overdue accounts may be referred to a collection agency or lawyer. I am responsible for all account balances, plus reasonable collection**

**and attorney fees associated with the collection of the account.**

**Two weeks written notice is required prior to the last day of attendance.**

**I agree to pay full tuition and fees due for the final two weeks regardless of my child’s attendance.**

**Parent/Guardian Signature Date**

**Date revision effective page 4**

**(Financial and Other Terms)**

**Parent/Guardian Signature**

**Center Director Signature**

**\*PLEASE FILL OUT ALL INFORMATION COMPLETELY\***

## PHOTOS AND VIDEO SURVEILLANCE OF CHILDREN

## I acknowledge that I have been notified of policies that my center may have video cameras in place for the observation and safety of children and staff. I have been given the opportunity to read and ask any questions that I might have about the same, and that by signing this acknowledgement; I agree to adhere to the policies as a condition of my position as a parent that is leaving my child or children in this facilities’ care.

**I further understand that in order to promote the safety of employees and company visitors, as well as the security of its facilities, Quality Child Care may conduct video surveillance of any portion of its premises at any time; the only exception being private areas of bathrooms, and that video cameras will be positioned in appropriate places within and around Quality Child Care’s buildings and used in order to help promote the safety and security of people and property.**

**I hereby give my consent to such video surveillance at any time the company may choose. Because we respect the privacy of all children, parents, and staff in our center, our 24-hour video surveillance system/ security cameras are for administrative and internal purposes only. The retention time of video footage is on a rotating 30-day period.**

**I hereby release Quality Child Care from all liability, including liability for negligence, associated with the enforcement of these policies and/or any searches or surveillance undertaken pursuant to these policies.**

**I give permission for my child to be photographed and videoed in the center and during program functions and field trips.**

**I understand that photographs/videos may be taken by center staff or by other parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as communication with families and internal business communications.**

**I understand and agree that photographs/videos may be used on QCC website or social media pages.**

**Parent/Guardian Signature Date**

**Sign here if you DO NOT want your child PHOTOGRAPHED for Website or Social Media**

**Sign here if you DO give permission for your child to have In-House photos taken. These photos will be used on art projects, classroom**

**projects, picture frames, etc.**

**Parent/Guardian Signature Date**

## OTHER TERMS

**Assessments and Screenings**

**I give permission for my child to participate in early learning assessments and screenings administered by QCC. The results of these assessments will be used by QCC to measure my child’s progress and may be used to evaluate, market and update QCC’s programs.**

**I will have access to all results of these assessments.**

**Communications**

**I give QCC permission to communicate with me by (circle the method you prefer) telephone, text, or email. I understand QCC’s confidentiality and privacy policy applies to the information I provide.**

**Discipline**

**I understand that by receiving this handbook, I have been made aware of QCC’s discipline and behavior policies.**

**Parent/Guardian Signature Date**

**I have read, understand and accept all the terms in this Agreement. I will promptly update any information provided for in this Agreement if any information changes. Center management does not have the authority to change the terms of this Agreement (other than inserting information where required) either verbally or in writing. A child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interest of the child or the center. We reserve the right to alter policies and/or program at any time with a written notice. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by the center with 30 days’ notice.**

**This Agreement will begin on**

**Director Signature Date**

**Primary Parent/Guardian Signature Date**

**Date revision effective page 5**

**(Parent Signature Page)**

**Parent/Guardian Signature**

**Center Director Signature**

|  |  |  |
| --- | --- | --- |
| Office Use Only: |  | Immunization Information |
|  | Medical Information |
|  | Parent Handbook Infant or Toddler Intake Form |
|  | Child Information Intake Form |
|  | Over-the-Counter Medication Permission Form |
|  | Parent Involvement |
|  | SNP and Income Eligibility Form |

**Quality Child Care Early Learning Center Photo Release Form**

At Quality Child Care, we take many pictures. Mostly we take pictures for display on our classroom walls and for our parents’ personal use.

In the age of the internet, we have a website (www.qualitychildcareinc.com) and a

Facebook page and occasionally we like to post photos on these sites.

We need each parent to accept or decline what we can do with pictures of their child/children. Please read each description and initial each one if you accept or decline.

1. I grant to Quality Child Care, the right to take photo/videos of my child/children and my family in connection with their childcare experiences at the facility and on outings or field trips o r to be given to me (as photos or gifts).

Accept Decline

1. I authorize Quality Child Care, its employees or representatives to copyright, use and publish the same in print and/or electronically for the purpose of marketing, publicity and advertising (ex. brochures, newspapers, newsletters).

Accept Decline

1. I agree that Quality Child Care may use such phot of my child/children without names for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content (ex. website, Facebook).

Accept Decline

□ I do not wish to have my child/children photographed for any reason.

I understand that this Release will be in effect as long as my child/children are enrolled in Quality Child Care, unless I request and fill out a new form.

**I have read, initialed and understand the above:**

**Child’s Name:**

**Parent Signature:**

**Date:**

**Date revision effective page 6**

**(Parent Signature Page)**

**Parent/Guardian Signature**

**Center Director Signature**

BF/July 2017

**Quality Child Care Early Learning Video Surveillance Policy**

**Acknowledgement, Consent, and Release**

I acknowledge that I have been notified verbally and by receiving a copy of Quality Child Care Learning Center Parent Handbook, of policies; to include the fact that this center has video cameras in place for the observation and safety of staff and children. I have been given the opportunity to read and ask any questions that I might have about the same, and that by signing this acknowledgement; I agree to adhere to the policies as a condition of my position as a parent that is leaving my child or children in this facilities’ care.

I further understand that in order to promote the safety of employees and company visitors, as well as the security of its facilities, Quality Child Care Learning Center may conduct 24-hour video surveillance of any portion of its premises at any time; the only exception being private areas of bathrooms, and that video cameras will be positioned in appropriate places within and around Quality Child Care Learning Center’s buildings and used in order to help promote the safety and security of people and property. I hereby give my consent to such video surveillance at any time the company may choose.

Because we respect the privacy of all children, parents, and staff in our center, our video surveillance system/security cameras are for administrative and internal purposes only. The retention time of video footage is on a rotating 30-day period.

ONLY the Executive Director, Director and/or the Owner are allowed to view our security cameras/ video footage either at the Center’s office at the site OR live video footage may be viewed remotely from owner’s other office at a different location.

Footage is also available for DHS Investigative purposes.

I hereby release Quality Child Care Learning Center from all liability, including liability for negligence, associated with the enforcement of these policies and/or any searches or surveillance undertaken pursuant to these policies.

**Child’s Name:**

**Parent Signature:**

**Date:**

BF/July 2017

**Date revision effective page 7**

**(Parent Signature Page)**

**Parent/Guardian Signature**

**Center Director Signature**

**Quality Child Care Learning Center Infant (6wks-18 months) Information Sheet**

Child’s Name: Birthday:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child eat/take: |  |  |
| * Formula |  |  |
| * Breast Milk |  |  |
| * Whole Milk |  |  |
| * Baby Food |  |  |
| * Table Food |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your child … |  |  |
| * Take a bottle?   + Warmed?   + Room Temperature? |  |  |
| * Hold their own bottle? |  |  |
| * Feed self? |  |  |
| * Take a pacifier? |  |  |

What type of formula does your child use?

Will QCC provide the formula (we only provide Up & Up Soy from Target)? Yes No

Amount of formula to be given:

Date:

Date:

Date:

Date:

How often does your child eat?

Food likes:

Food dislikes:

Allergies (including any premixed formula)?

**I understand it is my responsibility to keep Quality Child Care Learning Center updated as my child’s needs change.**

Parent Signature: Date:

BF/July 2017

**Date revision effective page 8**

**(Parent Signature Page)**

**Parent/Guardian Signature**

**Center Director Signature**

**Quality Child Care Learning Center Child Information Sheet**

Child’s Name: Birthday:

Does your child have any siblings? Yes No If so, who and what is their age?

Does your child have any pets? Yes No If so, what is their names?

Is your child toilet trained?

Does your child have any physical conditions we should be aware of?

Does your child have any fears?

What are some of your child’s favorite activities?

What are some of your child’s dislikes (food, activities, other)?

Does your child have the use of a computer at home?

What do you expect your child to gain from this experience?

Is there any other information you would like us to know about your child regarding emotional development and social behavior?

**I understand it is my responsibility to keep Quality Child Care Learning Center updated as my child’s needs change.**

Parent Signature: Date:

**Date revision effective page 9**

**(Parent Signature Page)**

**Parent/Guardian Signature**

**Center Director Signature**

BF/July 2017

**Parent Involvement**

Parent involvement is a very important part of our program. Learning starts at home, so you play a vital role in determining how successful your child will be in school. **You are your child’s first teacher!** Quality Child Care Early Learning Center strongly recommends that parents be involved in their child’s daily care. Parental responsibility and accountability are essential to your child’s education and well-being.

Ways I am willing to help in my child’s school (select the areas that you would be willing to participate in):

* Volunteering in classroom (reading, playing instruments, sharing cultural traditions, etc.)
* Helping on field trips
* Being a part of the Parent Teacher Association (PTA)
* Attending and helping with class parties or other special activities
* Helping with science experiments and art projects
* Attending “Family Nights” to extend my child’s learning at home
* Donating classroom supplies as needed (plastic bottles, paper towel rolls, etc.)
* Completing family activities sent home with my child
* Other:

**Child’s Name:**

**Parent Signature:**

**Date:**

**QCC Learning Center has an “open door policy” where parents are welcome to come into our classrooms at any time!**

**Date revision effective page 10**

**(Parent Signature Page)**

**Parent/Guardian Signature**

**Center Director Signature**

BF/July 2017

**Over-the-Counter Medication Permission Form**

From time to time, students in the program may get accidental scrapes and cuts. For this reason, we keep over-the-counter medications locked in our office. We also carry an “Outdoor First Aid Kit” with some of these medications in it for accidents on the playground.

We need your permission before we can administer any of these over-the-counter medications to your child.

I give permission for the following medications to be administered to my child by QCC staff:

* Hydrocortisone Cream
* Alcohol Pads
* Band-Aids
* Hydrogen Peroxide
* Antibiotic Ointment
* Sunscreen for Outdoor
* I do not give permission for any of the medications listed above to be administered to my child.

**Child’s Name:**

**Parent Signature:**

**Date:**

I, , parent/guardian of , authorize QCC to post my child’s allergy/medical alert and medicine permission form in classrooms, kitchens, and other areas needed. I understand that this info will be posted to ensure ALL staff members are aware of my child’s allergy/medical needs.

**Date revision effective page 11**

**(Parent Signature Page)**

**Parent/Guardian Signature**

**Center Director Signature**

BF/July 2017