



ENROLLMENT AGREEMENT

Please complete this Enrollment Agreement accurately and completely, as this information is necessary for First Steps to comply with state child care licensing regulations, as well as, to understand your child and meet his or her individual needs. Completion of the Enrollment Agreement is required for enrollment at First Steps Academy.

CHILD INFORMATION

| | | | | |
|---|--|--|--|---|
| First Name- | Last Name- | <input type="checkbox"/> Boy | <input type="checkbox"/> Girl | <input type="checkbox"/> Check here if Drop In ONLY |
| Birthdate- | Enrollment date- | Due date if expecting- | | Estimated enrollment date if expecting- |
| End date if known- | Home Language- | Culture identity information if desired- | | |
| Child's Home Address- | City, State, Zip Code- | Home Phone number- | Individuals living in child's home- | |
| Child's Schedule- <input type="checkbox"/> 5 days/wk <input type="checkbox"/> 4 days/wk <input type="checkbox"/> 3 days/wk | Days of the week- <input type="checkbox"/> Rotating <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri | Hours of Attendance- _____ to _____ | <input type="checkbox"/> Check here that you understand First Step's policy on schedule changes. | |

PARENT/GUARDIAN INFORMATION

Individuals listed here are authorized to regularly pick up your child and may have the security door code. If an authorized pick up is not the Primary or Secondary Parent/Guardian listed here, they are not authorized to know First Step's security door code.

| | | | |
|---------------------------|-------------------|-----------------------|---|
| Primary Parent/Guardian | Relation to Child | Phone Number | E-mail Address |
| Employer | Employer Address | Employer Phone Number | <input type="checkbox"/> Check here that you understand you MUST update First Steps of any changes. |
| Secondary Parent/Guardian | Relation to Child | Phone Number | E-mail Address |
| Employer | Employer Address | Employer Phone Number | <input type="checkbox"/> Check here that you understand you MUST update First Steps of any changes. |

FIRST DAY AT FIRST STEPS

Required to hold your child's spot with First Steps-

1. This Enrollment Agreement
2. Two week's deposit & Enrollment fee or CCAP approval

Required to attend First day at First Steps-

- | | |
|-------------------------|--|
| 1. Food Program Packet | 5. Shoes (16 mo & older) |
| 2. Immunizations | 6. Blanket/Pillow (12 mo & older) |
| 3. Health Care Summary | 7. 3 bottles or Pre-portioned Breastmilk |
| 4. Diapers | |
| 5. 3 changes of clothes | |

First Steps Provides-

- | | |
|------------------------------|---------------------------|
| 1. Sam's Club Infant Formula | 7. Equate Sunscreen |
| 2. Gerber Infant Cereal | 8. Kid's Crest Toothpaste |
| 3. Gerber Baby Food | 9. Toothbrush |
| 4. Meals by Chef Toni | 10. Bibs/Burp Cloths |
| 5. Enrichments & Field Trips | |
| 6. Tippy Toes Diaper Wipes | |



EMERGENCY CONTACT & RELEASE PERSONS—OTHER THAN PARENT/GUARDIAN

For the protection of your child and in any emergency which may arise, please list below the names and contact information of those persons other than yourself you hereby authorize to pick up your child from the center. First Steps will only release your child to adults you designate as authorized here.

Licensed Child Care facilities are required to have at least **3** individuals not listed on page #1 to contact in the event of an emergency or illness.

| Child's First Name- | Last Name- | Birthdate- | |
|-----------------------|-------------------|-----------------------|---|
| Emergency Contact # 1 | Relation to Child | Phone Number | E-mail Address |
| Employer | Home Address | Employer Phone Number | <input type="checkbox"/> Check here that you informed this individual that they will need their I.D to pick up. |
| Emergency Contact #2 | Relation to Child | Phone Number | E-mail Address |
| Employer | Home Address | Employer Phone Number | <input type="checkbox"/> Check here that you informed this individual that they will need their I.D to pick up. |
| Emergency Contact # 3 | Relation to Child | Phone Number | E-mail Address |
| Employer | Home Address | Employer Phone Number | <input type="checkbox"/> Check here that you informed this individual that they will need their I.D to pick up. |
| Emergency Contact # 4 | Relation to Child | Phone Number | E-mail Address |
| Employer | Home Address | Employer Phone Number | <input type="checkbox"/> Check here that you informed this individual that they will need their I.D to pick up. |

It is our policy to ask all unfamiliar adults for photo identification. The above individuals will be asked to provide a photo ID each time they visit the center. Even if the individual has been here multiple times many staff persons are authorized to answer the door as needed.

If possible, please notify the center if someone other than the primary or secondary parent/guardian will be pick up on a given day.

Additional authorizations can be made by completing an "Authorization to Pick Up" Form found at the Parent Communication Cubby.

In the event you or one of the authorized persons is unable to pick up your child, do you want First Steps to accept a telephone authorization from you? Yes No



HEALTH AND DEVELOPMENT HISTORY

Full Name- _____ Hair Color- _____ Eye Color- _____ Distinguishing Marks- _____

General History

1. Has your child had previous child care experiences? If yes, please list location(s) of previous child care experience: _____ Yes No
2. What is your child's favorite toy? _____
3. What is your child's favorite activity? _____
4. How do you comfort your child? (i.e. pacifier, blanket, hugs, toy) _____

Health History

1. Does your child seem healthy most of the time? Yes No
2. Is your child taking any medication now? If yes, what? _____ why? _____ Yes No
3. In the past year, has your child had any ear infections? Yes No
4. In the past year, has your child had any colds or sore throat infections with a fever? Yes No
5. Has your child had trouble with his/her eyes or vision? Yes No
6. What arrangements have you made for the care of your child should he/she become ill at the center?

7. Does your child have any special needs that the staff should be aware of? Please attach a copy of your child IEP, if applicable. Yes No
Is yes, explain: _____
8. Does your child have, or ever had, other illnesses or diseases the staff should be aware of? If yes, list type, when and how treated. Yes No

9. Has your child ever been hospitalized? If yes, for what? Yes No _____
10. Has your child ever had any serious accidents or poisonings? If yes, list type, when and how treated. Yes No

11. Does your child have any food/environmental allergies, asthma or special food accommodations as determined by a physician Yes No
OR preferences (such as personal preference or religious preference) Yes No
If yes, please explain. _____
12. Check any of the following your child has ever had:
Seizures or convulsions Yes No Premature birth Yes No
Trouble breathing at birth Yes No Head Injury Yes No
Birth injury or defect Yes No

Emotional Behavior

1. Please indicate which word(s) you feel are most applicable for you child.
 Generally Cheerful Sensitive Talkative Group Leader Cooperative Physical Calm
 Easily Excited Outgoing Quiet Group Follower Active Independent Player
 Eager learner Explorer Aggressive Possessive Often Shy
2. List any other comments about child's behavior: _____
3. What behavior do you consider most difficult to deal with? _____
4. What fears does your child have? Describe the history and how the child shows fear. _____
5. Does your child have any communication habits we should know about? _____
6. Is there anything you think, that we, as teachers, should know about your child to help us work with him or her more effectively/ Please include cultural preferences.

Daily Sleep Routines

1. Does your child cry when going to sleep? Yes No
2. Does your child need a pacifier to sleep? Yes No
3. Do you have any special ways of putting your child to sleep? _____ Yes No
4. What is your child's present sleeping schedule?
Night time: _____ to _____ AM Nap _____ to _____ PM Nap _____ to _____
5. Does your child need a blanket or toy for sleeping? Yes No

Toileting

1. How frequently does your child have a bowel movement? _____
2. Is your child toilet trained? Yes No
3. What words does your child use for urination? _____ Bowel Movement? _____ N/A
4. Does your child frequently have a diaper rash? If yes, how is it treated? _____ Yes No



MEDICAL CONSENT CARD- FOR FIRST AID KIT

| | | | |
|---------------------------|---------------------------|-----------------------|----------------|
| First Name- | Middle Name- | Last Name- | Birthdate- |
| Child's Physician- | Physician's Phone Number- | Physician's Address- | Hospital- |
| Dentist Office- | Dentist Number- | Dentist Address- | |
| Primary Parent/Guardian | Relation to Child | Phone Number | E-mail Address |
| Employer | Employer Address | Employer Phone Number | |
| Secondary Parent/Guardian | Relation to Child | Phone Number | E-mail Address |
| Employer | Employer Address | Employer Phone Number | |

I give my permission for....

1. My child to receive emergency treatment (First Aid and CPR) by any of the qualified staff persons at First Steps Child Care.
2. The center staff to act in the case of an emergency, or when a contact cannot be reached or is delayed.
3. My child to be transported by ambulance, aid care or Director's vehicle to an emergency center for treatment.
4. The medical, surgical and hospital care treatment and procedure to be performed for my child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health.

In the event of an emergency, I agree to pay all costs of transportation and all medical related costs.

Signature of Primary Parent/Guardian: _____ Date: _____

Signature of Secondary Parent/Guardian: _____ Date: _____



AUTHORIZATIONS

By signing below, I agree to the following terms.

1. First Step's policies and procedures are re-evaluated once yearly in October, tuition is subject to change effective January.
2. I have read and understand First Step's policies and procedures as outlined in the Parent Handbook, found on First Step's website.
3. I understand and agree to notify First Steps staff by **9:00 am** when my child is going to be absent to avoid the wellness check.
4. I understand and agree to promptly update in the enrollment agreement if there is a change in any information provided.
5. First Step's staff may assist my child in diapering in toileting needs.
6. First Step's staff may administer sunscreen, diaper ointment, bug repellent, chapstick and use essential oils within the classroom.
7. First Step's Directors may enter Immunization records of my child into the Minnesota Immunization Information Connection database if they have not already been documented.
8. First Step's staff may transport my child to and from field trips and educational outings. I understand that my child will be under appropriate supervision at all times during transportation. Off-site field trips and all transportation will meet state child care licensing regulations and center policies. I will authorize specific off-site field trips by signing the Authorization Form for each field trip my child participates in.
9. First Steps may take my child on walking field trips within the local area.
10. First Steps may photograph and videotape my child during program functions and field trips. I will be notified if any photograph/videos taken by staff are used for public relations purposes and understand that I have the right to refuse permission for such use.
11. I authorize a professional portrait company to take individual and class portraits of my child. The photos will be available for purchase- not for publicity, marketing, advertising ect. For tracking purposes, my child's name and class will be given to the photographer. A First Steps staff member will always be present during photograph session.
12. I understand that First Step's nurse/health consultant has access to my child's file during center visits.

I certify that I have read, understand and accept all of the terms and conditions described in the agreement. This agreement is effective the date signed below.

Primary Parent/Guardian

Date *Secondary Parent/Guardian*

Date



ENROLLMENT AGREEMENT

TUITION AGREEMENT

EFFECTIVE JANUARY 1ST 2020

Tuition weekly rates: (Subject to alteration each January 1st, rates determined in October the year previous)

Infants Classrooms- rates will not be prorated

5 days/ week = \$330 4 days /week = \$310 3 days/week = \$290 Daily Drop In rate= \$100 Client drop in- \$40

Toddler Classrooms- rates will not be prorated

5 days/ week= \$290 4 days / week = \$270 3 days / week= \$250 Daily Drop In rate= \$90 Client drop in- \$40

Preschool Classrooms- rates will not be prorated

5 days/ week= \$250 4 days / week = \$230 3 days / week= \$210 Daily Drop In rate= \$80 Client drop in- \$40

Enrollment Fees:

1. An Enrollment fee of \$100 is due to hold a student's slot and due again each year in October per family, this fee is non-refundable. If families enroll after July 1st, the enrollment fee is only \$50. Enrollment fees are collected to support equipment replacements, art supplies and office supplies.
2. A two weeks deposit is due to hold a student's slot for any pre-determined amount of time, approved by the Center Director. This deposit may be put towards the student's last two weeks of care. This deposit is non-refundable.
 - o Amendment: Effective 1/1/19 (any students starting after 1/1/19) the two-week deposit will be put towards student's last two weeks of care and is non-refundable. Any student that began care prior to 1/1/19 used their two-week deposit for the first two week's of care.
3. In the event a start date must be changed by more than 14 days, 50% of tuition will be due as outlined here. A start date is required after the child is born.

Additional Fees:

1. A charge of \$5 per 10 minutes will be charged in the event an authorized individual does not pick up an ill student from care within 1 hour of being informed of illness.
2. An automatic \$25 plus an additional \$15 per 10 minutes will be charged for any amount of time in attendance after First Steps has closed in addition to above charges.
3. A \$25 fee will be charged for each NSF check returned to First Steps. After a second NSF check, First Steps has the right to only accept cash.
4. Payments are due in the drop box outside of Director's office by Friday for the week to follow. If they are not received by Monday at drop off a \$20 fee will automatically be added at noon each day until it is received. If payment is not received by Wednesday at drop off your child will not be able to attend First Steps until it received. If this happens a third time the contract will be terminated.
5. First Steps will automatically submit year end tuition statements to each family by the end of each January. First Steps will only send invoices via E-mail upon tuition being late or upon a request.

Alternative Tuition Funding:

1. County Child Care Assistance Program- It is required that First Steps receives confirmation of tuition coverage prior to the start of care to waive the two week's deposit. The yearly enrollment fee may be charged to Child Care Assistance in the total of \$70, the remaining \$30 balance is at the cost of the client. Any balance not covered by Child Care Assistance is at the cost of the client, in full. Outlined below is what Child Care Assistance will cover.
 - a. Infant weekly rate- \$322 if infant attends 6 hours per day 4 days per week
 - i. Infant daily rate - \$87.60 which means our 3 days per week rate would not be covered in total
 - b. Toddler weekly rate- \$270 if toddler attends 6 hours per day 4 days per week
 - i. Toddler daily rate- \$73.20 which means our 3 days per week rate would not be covered in total



- c. Preschool weekly rate- \$242 if preschooler attends 6 hours per 4 days per week
 - i. Preschool daily rate- \$61.20 which means our 3 days per week rate would not be covered in total
2. Early Learning Scholarship- First Steps is 4-star Parent Aware rated which qualifies your family to receive \$7500 in tuition funds. Be mindful of when your scholarship will diminish, some might consider calculating themselves a weekly 'parent share' to make the funds last all year. Executive Director will inform you if your funds will run low in the following month.
3. Crisis Nursery- First Steps accepts Crisis Nursery reimbursement.
4. Olmsted County- First Steps accepts any and all types of county tuition reimbursement options.

Schedules:

1. Schedule of attendance must be stated on the enrollment form prior to first day of care. A schedule of attendance allows First Steps to staff according to students in attendance. Due to state licensing regulations on ratio of teacher to students, this schedule is of high importance.
2. Drop off is not permitted between the hours of 12:30 and 3:00pm in an effort to make nap time peaceful for other enrolled families. Drop off before 9am is strongly encouraged for most beneficial learning outcomes.
3. First Steps will accept rotating schedules with 2 weeks' notice via E-mail or in writing. In the event a schedule is not received by the Director with 2 weeks' notice, First Steps reserves the right to no longer allow the rotating schedule.
4. Schedule changes must be approved with 2 weeks' notice, First Steps reserves the right to not allow schedule changes in the event the change effects our capacity. **Schedules may not be altered the weeks of holidays, inclement or due to illnesses.**
5. Clients may request to add days of attendance at the daily drop in rate. In the event this added day is no longer required, 2 weeks' notice must be given to drop the additional charge.
6. Fluctuating number of days per week, in regard to tuition rates, is not permitted. First Steps signs contracts with clients for 5 days, 4 days or 3 days per week.
7. Any change of hours or scheduled days, either permanent or one time only will require a change of hours form found at the parent communication cubby.
8. First Steps will not allow more than 3 contract schedule changes in regard to days of attendance or number of days per week in one January to December fiscal year.

Holiday, Vacation, Sick Time, Inclement Weather & Discounts:

1. Holidays First Steps is closed: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Black Friday, Christmas Eve and Christmas Day. First Steps will be paid normal contract rates. First Steps reserves the right to close either the Friday before or the Monday after a holiday in the event the holiday falls on a weekend. Clients will be informed of these dates on monthly calendar or may ask a Director in advance.
2. First Steps offers 1 consecutive week of vacation for each family who has attended care for over 6 months. This means if your child does not attend care for 5 consecutive (Monday-Friday) days First Steps will waive the weekly tuition fee one time per January-December year. The chosen week must be E-mailed to the Director at least 3 weeks prior to use and you must inform the director you want to use the week as your one free week this year. Vacation weeks may not be used for 2-week termination notice or during a week with a holiday.
3. In the event your child is ill and cannot attend care, First Steps will be paid normal contract rates. We suggest seeking a backup sick care program on call.
4. First Step's hours will be altered to open at 8am when the Rochester Public Schools close for inclement weather in attempt to keep clients, students and staff safe.
5. First Steps offers a 5% discount on total weekly tuition for families of 2 or more.
6. First Steps students may take up to 90 days of absence and still hold their slot with one of two options. Option one is to pay the holding fee of \$100 per week without attendance and option two is to pay the non-client drop-in rate and attend for two Director chosen days per week.



Withdrawal Notice:

1. A two-week trial period begins on your child's first day of attendance, this time period is used to make sure First Steps is a good fit with your family. During this two-week trial period, First Steps may terminate the tuition contract without further commitment, although payment is still due. Any time after the two-week trial period, if either party wishes to terminate the tuition contract a completed "Withdrawal Form" and payment in full (whether or not your child attends care) is due with two weeks' notice. Payment will continue to be expected until both this form and payment in full has been received. Any payments not received by First Steps will be presented to our lawyer for collection and late fees apply as stated above. If First Step's teachers or children are harmed, threatened or safety becomes a concern in any manner, First Steps has the right to ban the person from the facility, give written explanation and two weeks' notice with the same guide lines as stated above. In the event a Director cannot contact a client and the student does not attend care for 3 consecutive days, First Steps considers this withdrawal from the program.
2. I certify that I have read, understand and accept all of the terms and conditions described in the enrollment agreement including page 1 and 2. This agreement is effective the date signed below.

| | | |
|--------------------|-------------|---|
| Child's Full Name- | Start Date- | <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool |
| | | Weekly Tuition Rate- \$_____ |

| | | |
|---|-------|---------------------|
| Enrollment Orientation completion date: | Time: | Director: in regard |
|---|-------|---------------------|

| | | | |
|--------------------------------|-------------|----------------------------------|-------------|
| <i>Primary Parent/Guardian</i> | <i>Date</i> | <i>Secondary Parent/Guardian</i> | <i>Date</i> |
|--------------------------------|-------------|----------------------------------|-------------|

-
- My signature above is for page 1-3 of the First Steps Academy Tuition Policies.



ORIENTATION FORM- COMPLETED BY DIRECTOR

First Name-

Last Name-

Birthdate-

Age-

Classroom-

Enrollment date-

Orientation Date/Time-

Director-

Paperwork Portion:

- Check that Enrollment Agreement is completely filled out. (Including: 3 contact persons, Dentist, Tuition signed, medical card ect.)
- Food Program Packet filled out. (Including: signatures, income or "over") if not, due date chosen: _____
- Immunizations and Health Care Summary received, if not, due date chosen: _____

Informational Portion:

- Authorized pick-ups, emergency contacts, door code information, door code change date shared, don't hold the door rule.
- Go through required supplies and that students will not be authorized to drop off without adequate supplies.
- Winter months gear includes snow pants, coat, hat, mittens, boots, summer months swimsuit.
- Remind parents to call when student will not be in attendance by 9:00am to avoid wellness check call.
- Explain how nice it is to have a medical portal because doctor's notes can be easily printed to allow drop off if you forgot.
- Ask if they've read the Parent Handbook. Do they have any questions?
- Daily Connect activated. Remind parents that messages sent before 12:01am will not be seen by staff.
- Discuss transition from age group to age group.
- Provide Community Resources Informational Newsletter.

Tour #2 Portion:

- Practice door code and remind parents where and when to find new code.
- Go over the Parent Communication cubby (forms, calendar, newsletters, illness postings).
- Meet the teachers working the student's classroom.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

*For additional community resources please visit the Parent Aware website at www.parentaware.org.