

Enrollment Agreement - Washington

Enrollment Information

Completion of this Agreement is required for enrollment. This information is necessary for Knowledge Learning Corporation (KLC) to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs. Grey shaded areas are for office use only. Blue (or white) areas are for parent use.

CHILD INFORMATION					
Child's first name		Child's middle name		Child's last name	Nickname
Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's primary language	Parent's/Guardian's primary language	Home e-mail address	
Child's home address				Home phone	
List family members your child lives with – include names and ages of siblings					
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elementary School Name		Grade in School	School Phone
School Address			Drop off time at School	Pick up time at School	Early Release days and times
School Transportation provided by: <input type="checkbox"/> Elementary School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Knowledge Learning Corporation <input type="checkbox"/> Other (specify) _____					

PRIMARY CONTACT AND RELEASE PERSONS <i>Include parents and guardians</i>				
Is parent/guardian a KLC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employment date _____ Name _____				
PRIMARY PARENT/GUARDIAN		Relationship to child	Home phone	Cell phone
Home address		Home e-mail address		
Employer and address		Work e-mail address	Work hours	Work phone/ext
Driver's License (DL) number <small>(For privacy purposes, do not provide your DL number if it is also your Social Security Number.)</small>		DL State	DL Expiration date	CD verify ID (DL) _____ INITIALS
Other Parent/Guardian		Relationship to child	Home phone	Cell phone
Home address		Home e-mail address		
Employer and address		Work e-mail address	Work hours	Work phone/ext
Parent/Guardian Identification Information (2 items required)	Question _____		Answer _____	
	Question _____		Answer _____	
	Note: Personal questions will be used to verify parent/guardian identity if a pick up authorization is called into the center.			

EMERGENCY CONTACT AND RELEASE PERSONS <i>Do not include parents and guardians</i>				
If possible, please notify the center if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.				
Name #1	Relationship to child	Home phone	Cell phone	
Home address	Home e-mail address			Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext	
Name #2	Relationship to child	Home phone	Cell phone	
Home address	Home e-mail address			Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext	
Name #3	Relationship to child	Home phone	Cell phone	
Home address	Home e-mail address			Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext	

- **The persons designated in this section will be contacted by KLC and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.** Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older.
- Center staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify center staff in advance, in writing. **Your child will not be released without prior authorization.** In the event you call a pick up authorization into the center the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.
- For all children's safety, it is critical to use your assigned PIN and/or entry code and sign in child(ren) specific to state child care licensing regulations. To ensure the safety of our center staff and children, please do not share your PIN and/or entry code.

GREY AREAS ARE FOR OFFICE USE ONLY	CENTER/SITE NUMBER	START DATE	WITHDRAW DATE	WITHDRAW REASON
	FAMILY/CASE/FILE NUMBER	CLASS	BIRTH CERTIFICATE NO. (Only if required by state licensing)	

Date revision effective page 1 (Enrollment Information)	_____
Parent/Guardian Signature	_____
Center Director Signature	_____

Enrollment Agreement - Washington Medical Information

Child's Name _____

CHILD'S MEDICAL HISTORY

Height	Weight	Hair color	Eye color	Distinguishing marks	Date of Birth
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- Special medical conditions _____
- Chronic illnesses _____
- History of serious injuries or hospitalizations of which we should be aware _____
- Diabetes Yes No
If your child has diabetes, please notify the Center Director. An Authorization Form for Children with Diabetes must be completed at enrollment.
- Medication that will be administered regularly at the center _____
- Special dietary needs _____
- Physical restrictions _____
- Is your child able to fully participate in all of the activities offered by KLC? Yes No Explain: _____
- Does your child function at the level of other children in his or her age group? Yes No Explain: _____
- Is your child able to walk? Yes No Explain: _____
- Can your child effectively communicate his or her needs? Yes No Explain: _____
- Does your child require any assistance at mealtime? Yes No Explain: _____
- Does your child rest in the middle of the day? Yes No Explain: _____
- Is your child toilet trained? Yes No If so, does he or she need assistance? _____
Toilet training status is not an eligibility requirement for enrollment.
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, etc.? Yes No Explain: _____
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time? Yes No Explain: _____
- Does your child require and/or desire any accommodations or modifications to fully and equally enjoy and participate in KLC's group care setting? Yes No Explain: _____

Please note if your child had any of the diseases listed below?

- | | | |
|--|-------|------------|
| <input type="checkbox"/> Bronchiolitis/pneumonia..... | _____ | Date _____ |
| <input type="checkbox"/> Chicken Pox (Varicella) | _____ | Date _____ |
| <input type="checkbox"/> Hepatitis..... | _____ | Date _____ |
| <input type="checkbox"/> Scarlet Fever | _____ | Date _____ |
| <input type="checkbox"/> Measles Rubeola | _____ | Date _____ |
| <input type="checkbox"/> Rubella (German Measles)..... | _____ | Date _____ |
| <input type="checkbox"/> Mumps | _____ | Date _____ |
| <input type="checkbox"/> Pertussis (Whooping Cough)..... | _____ | Date _____ |
| <input type="checkbox"/> Other Serious Illnesses | _____ | Date _____ |

Please note screening tests performed

- | | | |
|---|-------|------------|
| <input type="checkbox"/> Vision..... | _____ | Date _____ |
| <input type="checkbox"/> Hearing..... | _____ | Date _____ |
| <input type="checkbox"/> Speech..... | _____ | Date _____ |
| <input type="checkbox"/> PPD Test | _____ | Date _____ |
| <input type="checkbox"/> Sickle Cell Anemia..... | _____ | Date _____ |
| <input type="checkbox"/> Developmental Screening | _____ | Date _____ |
| <input type="checkbox"/> Educational Screening/Testing..... | _____ | Date _____ |
| <input type="checkbox"/> Other | _____ | Date _____ |

Please note your child's illness history (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Frequent colds/upper respiratory infections | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Asthma/breathing problems |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Abdominal (stomach) pain |
| <input type="checkbox"/> Frequent skin rashes | <input type="checkbox"/> Urinary tract infections/problems |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Persistent diarrhea |
| <input type="checkbox"/> Lung disease/shortness of breath | <input type="checkbox"/> Persistent constipation |
| <input type="checkbox"/> Seizures/convulsions | <input type="checkbox"/> Vision/hearing problems |
| <input type="checkbox"/> Frequent nosebleeds | <input type="checkbox"/> Other: _____ |

Please provide special instructions concerning any of these illnesses, as necessary:

ALLERGIES *Please list*

- | | |
|--|----------------|
| <input type="checkbox"/> Medications _____ | Reaction _____ |
| <input type="checkbox"/> Food _____ | Reaction _____ |
| _____ | _____ |
| _____ | _____ |
| <input type="checkbox"/> Respiratory _____ | Reaction _____ |
| <input type="checkbox"/> Bee sting _____ | Reaction _____ |
| <input type="checkbox"/> Other _____ | Reaction _____ |

Are any of the allergies severe or life-threatening? Yes No

If yes, please provide special instructions: _____

Date revision effective page 2 (Medical Information)	_____
Parent/Guardian Signature	_____
Center Director Signature	_____

Enrollment Agreement – Washington

Medical Information (continued)

Child's Name _____

CHILD'S MEDICAL CARE PROVIDER / FACILITY		
Primary Care Physician ("PCP") name	Practice/Clinic name	
PCP address		Phone
Preferred hospital/clinic for acute care and emergency care		
Dentist name	Practice/Clinic name	
Address		Phone
Health Insurance Provider and policy number	Secondary Health Insurance Provider and policy number	

IMMUNIZATION HISTORY						
Required	1st	2nd	3rd	4th	5th	
DTP/DtaP						
Td/DT						
Polio						
MMR						
TB Skin Test Neg/Pos (if required)						
Hib (State specific)						
HBV (State specific)						
Varicella (State specific)						
Pneumococcal (State specific)						
Influenza vaccine (State specific)						
Typhoid (State specific)						
Hepatitis A vaccine (HAV)						
Hepatitis B vaccine						
Lead Test (Annually from age 1-4)						
Date of last Tetanus (if applicable)						
Other						

PHYSICIAN'S STATEMENT

PLEASE HAVE YOUR PHYSICIAN COMPLETE THE PHYSICIAN'S STATEMENT IF IT IS REQUIRED BY INDIVIDUAL STATE OR LOCAL CHILD CARE LICENSING REGULATIONS. SEE YOUR CENTER DIRECTOR FOR GUIDANCE.

- Does the child have any health/medical condition that could result in an emergency at the child care location? _____
- Date of last physical examination _____
- Is the child free of any infectious or communicable diseases? Yes No
- If not, are there any infectious or communicable diseases that would preclude enrollment into the child care program? _____
- Are this child's immunizations complete and up to date? Yes No If no, please explain: _____
- Do you believe the child requires any modifications or accommodations in order to be cared for and participate in the activities provided in the KLC group child care setting as described below?** Yes No
 - KLC's child care centers **are not** medical treatment facilities. Medical services **are not** provided; and the teachers **are not** medically trained. **KLC does not provide one-to-one care.**
 - KLC operates **group child care centers**. KLC provides meals and snacks, rest times, outdoor play times, and follows an established curriculum. In addition, KLC provides periodic field trips to nearby parks and places of interest.
 - In accordance with individual state child care licensing regulations, the ratio in this classroom is _____ teacher for every _____ children, and there will be a maximum of _____ children in this classroom. The children in this classroom range in age from _____ to _____.
 - KLC's policy is to enroll children in compliance with the Americans With Disabilities Act (ADA), its implementing regulations and any other applicable federal, state or local laws that apply to the provision of child care services to those with disabilities. We review each child's situation on a case-by-case basis to determine how we can best meet the needs of each child within the KLC setting.
- If the answer to number six is yes, please indicate below what modifications are required. If necessary please use additional sheets of paper or the back of this form.** _____

Physician Name	Name of Practice or Clinic	Phone
Address	Physician Signature	

KLC does not discriminate on the basis of a person's religion, color, race, gender, sexual orientation, age, national origin, disability, Vietnam-era status, or any other factors protected by law. Contact Disability Services to assist with special needs or reasonable accommodation issues.	Knowledge Learning Corporation 650 N.E. Holladay Street, Suite 1400 Portland, Oregon 97232 Phone: 1-800-633-1488, ext. 1440 E-mail: disabilityservices@klcorp.com	Date revision effective page 3 (Medical Information) _____
		Parent/Guardian Signature _____
		Center Director Signature _____

Enrollment Agreement – Washington

Child's Name

Medical Information (continued)

CERTIFICATION OF PARENT / GUARDIAN

My child's immunization records are are not on file and available for review at his/her elementary school.

Parent/Guardian
Signature _____

My child has been examined by a doctor within the last 12 months.

Date _____

NURSE / HEALTH CONSULTANT *If required by state*

Child care centers in _____ (state) are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. My signature confirms my consent for review of my child's records by the nurse/health consultant during center visits.

Parent/Guardian
Signature _____

Date _____

MEDICATION

Non-Prescription Medication:

As permitted by state child care licensing regulations, I authorize KLC staff to administer to my child topical non-prescription medications as needed, according to the dosage instructions on the original medication container.

Parent/Guardian
Signature _____

For any other non-prescription medication, I will provide written authorization for KLC staff to administer the medication in accordance with written instructions for the child's health care professional or me, as required.

Date _____

I agree to provide these medications, as these will not be provided by the center.

Prescription Medication:

For all prescription medication, I will complete necessary authorization forms with my signature and understand the prescription label dosage instructions must be followed. I will provide the medication in its original container with the pharmacist's label and a list of expected side effects.

MEDICAL POLICIES

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated in accordance with state child care licensing regulations and kept current. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.
5. In case of a medical or other emergency while my child is under the center's supervision, I understand that KLC staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize KLC to act on my behalf and to take the emergency measures including those listed below if deemed necessary by KLC staff or by medical authorities for the care and protection of my child. I authorize KLC to:
 - ♦ Consult the physician or dentist named on the previous page if I cannot be reached.
 - ♦ Administer first aid and/or cardiopulmonary resuscitation.
 - ♦ Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
 - ♦ Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
 - ♦ Administer syrup of ipecac if directed to do so by the Poison Control Center in case of accidental ingestion of a poisonous substance, except where prohibited by state child care licensing regulations.
 - ♦ Transport my child to a local emergency shelter in the event of an emergency evacuation of KLC's facility.
6. If I wish to request a religious or personal exemption to KLC's practice of securing necessary emergency medical treatment in the event I cannot be reached, state child care licensing authorities must be consulted to determine if such an exemption may be granted.
7. I must complete any state-specific medical authorization forms required by individual state child care licensing regulations.

Date revision effective page 4
(Medical Information) _____

Parent/Guardian Signature _____

Center Director Signature _____

Enrollment Agreement – Washington

Child's Name	
Classroom	

Financial Information

CENTER HOURS OF OPERATION

The center is open from _____ a.m. to _____ p.m., _____ through _____. The center will be closed in recognition of various holidays throughout the year. My Center Director will provide a list of all holiday closings. The center's hours and holiday schedule are set and posted annually, but may be changed at any time. There is no reduction in tuition as a result of center closures.

If I or other authorized persons fail to pick up my child and/or contact the center, and I or other authorized persons cannot be reached, center staff, within thirty minutes after closing time or in accordance with state child care licensing regulations, may release children to the custody of child protective services or other local authorities.

The center will be open whenever possible on a regularly scheduled day, during normal hours. The procedure for notifying families should severe weather or other conditions prevent the center from opening on time or at all will be posted and will be announced on radio station _____. If it becomes necessary to close early, it will be my responsibility to arrange for my child's early pick-up. There will be no tuition credit for any time the center is closed.

TUITION

I understand that my weekly/monthly tuition fees are as follows:

CHILD	TUITION	DISCOUNT TYPE	DISCOUNT	ENRICHMENT PROGRAM PRICING	NET TUITION
	\$ _____		\$ _____	\$ _____	\$ _____

FEE SCHEDULE

- If my child regularly attends school and school is not in session due to school holiday, snow, etc., I agree to pay an additional fee of \$ _____ for each day my child attends a KLC center all day. The additional fee is charged only when, during a school week, my child's school has a scheduled day off or an unscheduled day off due to weather or other unforeseen events. When school is not in session, the full-time tuition is \$ _____.
- A late pick-up fee of \$ _____ per _____ per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
- Tuition fees are not subject to pro-ration for illness, holidays, or emergency closure of the center. If the hours my child attends change in any way, I will notify the center immediately so appropriate staffing may be arranged.
- I agree to pay the full tuition fee even if my child is absent for one or more days; however, for each full calendar week my child is absent, the tuition fee will be discounted _____% as a reservation fee. I understand I will receive _____ reservation weeks per year and the payment for reservation fees should be made in advance of the absence when possible. The center requests a two-week notice of an intended vacation.
- All tuition is due in advance of services rendered. Online tuition payments received after 11 PM PST the Sunday prior to service shall be assessed a late fee. In-center tuition payments received after the close of business the Friday prior to service shall be assessed a late fee. If tuition is not paid in advance as listed above, a late fee of \$ _____ will be charged. The terms of this Agreement, including the fees, are subject to change in whole or in part by KLC with 30 days notice. This Agreement may be terminated by KLC at any time.
- A nonrefundable annual registration fee of \$ _____ is due at the time of enrollment and payable each year by September 1. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.
- Accounts two weeks in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.
- My child may have the opportunity to participate in a special program or field trip. This may result in an additional fee due before the day of the event and may require completion of a specific permission slip.
- At many centers, summer programs are offered, and a summer activity fee may be charged.
- Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks regardless of my child's attendance. I also understand any prepay balance of \$10 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.
- I authorize KLC to initiate electronic debits to my checking account for each check presented by me to KLC for payment. If any check or electronic payment is returned unpaid, I acknowledge that KLC will attempt to collect on the returned check electronically up to two additional times. I authorize KLC to electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law. Additionally, upon written notice from KLC, I authorize KLC to initiate one-time ACH debits to my checking account for any amounts owed that become past due. These authorizations will remain in full force and effect until KLC has received written notification from me of the termination of my authorizations.
- Payments from customers with outstanding unredeemed returned checks must be in the form of a money order or cashier's check. Accounts containing returned checks are subject to immediate termination of service; however upon payment of applicable tuition and registration fee KLC may choose to reinstate your child's enrollment.

SCHEDULED ATTENDANCE

Tuition fees are based on the following scheduled attendance.

HOURS ENROLLED AT CENTER	Time	IN		OUT	
		IN	OUT	IN	OUT
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

I understand that a change in this schedule must be made in writing and may require a new Enrollment Agreement.

Date revision effective page 5 (Financial Information)	
Parent/Guardian Signature	
Center Director Signature	

Enrollment Agreement – Washington

Child's Name _____

Other Terms and Certifications

OTHER TERMS

1. KLC reserves the right to alter its policies and program at any time. Center Management does not have the authority to alter or modify the terms of this Agreement either verbally or in writing.
2. I understand that if there is a change in any information provided for this Agreement, I will promptly update such information.
3. I agree to notify the center staff by 9:00 am when my child is absent. I must notify the center staff if my school-age child does not need to be picked up from school or will not arrive by scheduled school bus on a particular day.
4. I consent to KLC communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
5. I understand that in an effort to maintain the professional status of KLC staff and prevent any potential conflict of interest, babysitting by center staff members is discouraged. However, should I hire any center staff members, it must be outside the center premises and with the understanding that such arrangements and payment for services are solely between me and the center staff member. The center and KLC do not sanction the arrangements, and I agree to hold KLC harmless from any such arrangement. If a center staff member chooses to baby-sit for an enrolled child, the center staff member and I must request and sign a KLC Babysitting Liability Release Form to be kept in the child's file.
6. State child care licensing regulations are on file at the center and are available for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in this Agreement.
7. A child may be disenrolled by KLC without prior notice if, in the sole opinion of KLC, it is in the best interest of the child or KLC.
8. Any dispute or claim arising out of or relating to this Agreement shall be submitted to nonbinding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.

CERTIFICATIONS

Walking Trips

I give permission for my child to leave the center for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by center staff and under proper staff supervision at all times. (If required by individual state child care licensing regulations, I will be given a specific permission slip for each walking trip.)

Parent/Guardian
Signature _____
Date _____

Transportation

I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other center sponsored activities. I will be given a specific permission slip for each off-site field trip. Off-site field trips and all transportation of children will meet state child care licensing regulations and center policies including minimum-age requirements.

Parent/Guardian
Signature _____
Date _____

Water Activities

I give permission for KLC to include my child in supervised water activities, including water activities at the center. I will be given a specific permission slip for all off-site water activities.

Parent/Guardian
Signature _____
Date _____

Photographs/Videotape

I give permission for my child to be photographed and videotaped 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. I will be notified if any photos/videos taken by center staff are to be used for public relations purposes and understand I have the right to refuse permission for such use.

Parent/Guardian
Signature _____
Date _____

I certify that I have read, understand and accept all of the terms and conditions described in this Agreement.

This agreement will be effective on _____ .

PRIMARY PARENT/GUARDIAN SIGNATURE _____ DATE _____

CENTER DIRECTOR SIGNATURE _____ DATE _____

GREY AREAS ARE FOR OFFICE USE ONLY	<input type="checkbox"/> Enrollment Information
	<input type="checkbox"/> KLC Medical Information and state specific health forms
	<input type="checkbox"/> Financial Information
	<input type="checkbox"/> Other Terms and Certifications
	<input type="checkbox"/> Family Handbook (<i>new enrollees only</i>)
	<input type="checkbox"/> Infant or Toddler Intake Form, if applicable
	<input type="checkbox"/> State-specific licensing forms, if applicable

Date revision effective page 6 (Other Terms/Certifications) _____
Parent/Guardian Signature _____
Center Director Signature _____