

EMERGENCY CONTACT / PARENTAL CONSENT FORM

All boxes MUST be filled - N/A may be used



CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME / LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME / LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
CODEWORD FOR PICKUPS IF NOT LISTED ON THIS PAGE FOR USE IN EMERGENCY ONLY		
NAMES OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS	SWIMMING N/A	
TRANSPORATION BY THE FACILITY	WADING N/A	



Permissions

Walking Trips

_____ I give permission for my child to leave the center for outdoor exercise and educational purposes,
Initial 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).

Transportation

_____ I give permission for my child to participate in and to be transported while under proper staff
Initial 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.

Water Activities

_____ I give permission for Brookline Sprouts to include my child in supervised water activities, including
Initial water activities at the center. This does NOT include swimming or wading.

Photographs

_____ I give permission for my child to be photographed and videotaped in the center and during program
Initial functions and field trips. I understand that photographs/videos may be taken by center staff or by other parent/guardians. These photos may be posted publicly, electronically or physically, such as on the Center's social media or in Brightwheel.

First Aid and CPR

_____ I give permission to have a basic first aid/CPR administered by trained staff in the event of a
Initial medical emergency.

Emergency Transportation

_____ I give permission for my child to be transported to the nearest medical facility for treatment in
Initial the event of a medical emergency that warrants said treatment.

Signature Parent/Guardian: _____

Date: _____

Child Name: _____





Sunscreen

_____ My child may have sunscreen applied to exposed skin areas before going outside on warm sunny days. I will provide a sunscreen with a uv protection factor (SPF) of 15 or more (without Paba is recommended). Paba gives some children blotchy rashes. I will mark my child's name on his/her sunscreen in a ziplock bag with a permanent marker.

Initial

Hand Sanitizer

State licensing requirements permit child care facilities to give hand sanitizer to children only with the written consent from the parent(s)/guardian(s). Hand sanitizer is not meant to replace regular hand washing practices of soap and water. However, there are times when it is all that is available, or is significantly less disruptive to learning. Please sign if you would like your child to use hand sanitizer while on a field trip, when soap and water are not available, or other appropriate times in between regular hand washing (such as after blowing their nose). We will provide Kleenex brand Moisturizing Foam Hand Sanitizer, Purell, or generic (active ingredient and directions listed below), if you would like your child to use a different brand, you must supply it yourself.

Active Ingredient: Ethyl Alcohol

Directions: Apply one pump into hands and rub hands together until all liquid has dried.

_____ By initialing I am permitting a staff member to offer hand sanitizer to my child according to the instructions above.

Initial

Signature Parent/Guardian: _____

Date: _____

Child Name: _____

Scheduled Attendance

	Time in	Time Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Our child will have a variable schedule as described below. I understand that I am expected to submit schedules at least 14 days in advance to the Director in writing.





ENROLLMENT AGREEMENT Brookline Sprouts

The center is open from 7:00 a.m. to 5:30 p.m. Monday through Friday. Prior arrangements must be made at least two weeks in advance for early drop off before 8 a.m. if they are not already outlined in the child's Agreement. The center will be closed in recognition for various holidays throughout the year. The 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
Initial 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
Initial notifying families should severe weather or other conditions prevent the center from opening on time or at all, will be posted and announced on **WTAE and Brightwheel**.

_____ There is a late pickup fee of \$10 for every 5 minutes past contracted pickup time. Late fees are not for just pickups after
Initial close, but any pickup after your contracted pickup time. If in need of extended care time, the center may be able to accommodate this with 14 days notice at the extended care pay rate. Tuition will still be charged during suspension for non-payment and added to the total balance.

_____ Tuition is due in advance of service rendered. If tuition is not paid in advance, a late fee of \$10 per week late will be
Initial charged. The terms of this Agreement, including the fees, are subject to change in whole or in part by the Brookline Sprouts with two weeks notice, except that this Agreement may be terminated by the Brookline Sprouts at any time.

_____ Accounts in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated
Initial with applicable paid tuition. 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 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.

_____ 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
Initial fees or full tuition that may be due for the final two weeks regardless of my child's attendance. I also understand that if I do not complete the entire school year I forfeit any deposit money.

_____ I have read and reviewed the Brookline Sprouts Handbook and I understand its contents.
Initial

_____ The days and times set forth must be followed unless two weeks notice has been given to the Director in writing regarding
Initial schedule changes. Furthermore, there are no discounts or credits given if a child is late or absent. **All fees will be applied on any days or times missed.**

_____ If I have given my credit/debit card information for the center to have on file, I understand that it can be used to pay
Initial for future invoices.

_____ If any additional time is needed for care, prior notice needs to be arranged with the Director to allow for the correct staffing.
Initial

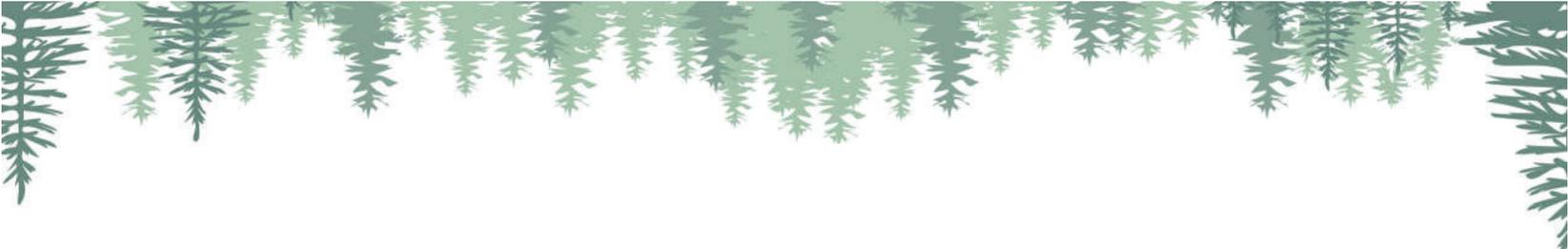
Signature Parent/Guardian: _____

Date: _____

Child Name: _____

Parent's email address: _____





Enrollment Agreement Other Terms and Considerations

Other Terms

_____ I understand that if there is a change in any information provided for this Agreement, I will
Initial promptly update such information.

_____ I agree to notify Brookline Sprouts as soon as possible when my child will not be in school.
Initial

_____ I consent to Brookline Sprouts communicating with me by telephone, e-mail, or other means.
Initial Written communication may be sent home with emergency contact and release persons when necessary.

_____ I understand that in an effort to maintain the professional status of Brookline Sprouts staff and
Initial 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 Brookline Sprouts do not sanction the arrangements, and I agree to hold Brookline Sprouts harmless from any such arrangements.

_____ I understand that state child care licensing regulations are on file at the center and are available
Initial for review upon request. Certain state child care licensing regulations have requirements in addition to those contained in the Agreement.

_____ I understand that it would be in the best interest of my child's well-being, growth and
Initial development to share my child's IEP/IFSP with Brookline Sprouts. I know that I am not required to provide this information, but the center is formally requesting it if my child has one and I am willing to share it. This allows the center to best care for and nurture my child.

_____ I was given by the enrolling staff, prior to my child's 1st day, a copy of the SBS/AHT information.
Initial By initialing this, I acknowledge that I have read & understand the information provided to me.

Signature Parent/Guardian: _____

Date: _____

Child Name: _____

