

# Enrollment Agreement (for all states except CA and WA)



## Enrollment Information

Completion of this Agreement is required for enrollment. This information is necessary for Knowledge Universe Education LLC (KU or the center) 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/guardian use.

CHILD INFORMATION				
Child's first name		Child's middle name		Child's last name
Nickname				
Date of Birth	Age	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Child's primary language
Parent's/Guardian's primary language				
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"/> Center <input type="checkbox"/> Other (specify) _____				

PRIMARY CONTACT AND RELEASE PERSONS <i>Include parents and guardians</i>				
Is parent/guardian a KU employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of hire _____ Name _____				
<b>PRIMARY PARENT/GUARDIAN</b>		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 DL <input type="checkbox"/> INITIALS
<b>Other Parent/Guardian</b>		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
<b>Parent/Guardian Identification Information (2 items required)</b>	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>				
<b>If possible, please notify the center if an Emergency Release Person will pick up your child on a given day.</b>				
<b>Name #1</b>		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
<b>Name #2</b>		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
<b>Name #3</b>		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

- **The persons designated in this section will be contacted by KU 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. **For the safety of your child, we will request all authorized Release Persons with whom staff are not familiar to provide Government issued photo ID at time of pick up.** If you want a person who is not identified above to pick up your child, you must notify center management in advance. **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). To ensure the safety of our center staff and children, please do not share your PIN and/or entry code.

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

Date revision effective page 1 (Enrollment Information)	<input type="text"/>
Parent/Guardian Signature	<input type="text"/>
Center Director Signature	<input type="text"/>

# Enrollment Agreement Care Information

Child's Name \_\_\_\_\_

CHILD'S CARE NEEDS					
Height	Weight	Hair color	Eye color	Distinguishing marks	Date of Birth

Is there anything we should know about your child's care needs to ensure that we provide the best quality education and care for your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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	

## 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.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

KU 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. Toilet training is not an eligibility requirement for enrollment. Contact Disability Services to assist with special needs or reasonable accommodation issues.

Knowledge Universe  
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 2 (Care Information) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Center Director Signature \_\_\_\_\_

# Enrollment Agreement

Child's Name \_\_\_\_\_

## Care Information (continued)

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					

## MEDICATION

Individual state child care licensing regulations regarding medication must be followed. Any mandatory state form regarding administration of prescription or non-prescription medication must also be completed and signed by a parent/guardian.

Parent/Guardian  
Signature \_\_\_\_\_

If permitted by state child care licensing regulations, I authorize KU staff to administer to my child topical non-prescription medications as needed, according to the dosage instructions on the medication container. For any other medication, if permitted by state child care licensing regulations or center policy, I will provide written authorization for KU staff to administer the medication in accordance with written instructions from the child's health care professional or me, as required. I will complete necessary authorization forms with my signature and understand prescription label dosage instructions must be followed. I will provide the medication in its original container with the pharmacist's label. I agree to provide any such medications, as these will not be provided by the center.

Date \_\_\_\_\_

## MEDICAL POLICIES

- I understand that I will be asked to provide the center with updated immunization information for my child. If I wish to request a religious or medical exemption to KU's practice of securing immunization information, I understand my request must meet state child care licensing regulations.
- I may also be asked to provide additional medical information as required by state child care licensing regulations. I understand that my failure to provide this information may result in a suspension of services.
- 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.
- 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.
- 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.
- In case of a medical or other emergency while my child is under the center's supervision, I understand that center staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay may further jeopardize my child's health, I hereby authorize center staff to act on my behalf and to take the emergency measures including those listed below if deemed necessary by center staff or by medical authorities for the care and protection of my child. I authorize KU 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.
  - Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.
- If I wish to request a religious or personal exemption to KU's practice of securing necessary emergency medical treatment, I understand state child care licensing authorities must be consulted to determine if such an exemption may be granted.

Date revision effective page 3 (Care Information)	_____
Parent/Guardian Signature	_____
Center Director Signature	_____

# Enrollment Agreement

Child's Name	
Classroom	

## Financial Information

### CENTER HOURS OF OPERATION

The center is open from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., \_\_\_\_\_ through \_\_\_\_\_. Most centers will be closed in recognition of the following holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Day After Thanksgiving, Christmas Day. The center's hours and holiday schedule may vary and may be changed at any time. In addition to holiday closures, we dedicate time every year for employees' professional development and training. Please see your Center Director for information on when your center will be closed for these training days. Tuition is not reduced 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. If it becomes necessary to close early, it will be my responsibility to arrange for my child's early pick-up.

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.

### TUITION

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

Weekly  
 Monthly

TUITION	DISCOUNT TYPE	DISCOUNT	LEARNING ADVENTURES TUITION	TOTAL TUITION
\$ _____		\$ _____	\$ _____	\$ _____

### FEE SCHEDULE AND FINANCIAL TERMS

- If my child regularly attends school (K-6th grade) 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 the 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 for the entire week, 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.
- 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 are due in advance of the absence. The center requests a two-week notice of an intended vacation.
- All tuition is due in advance of services rendered. In-center tuition payments received after the close of business the Friday prior to service shall be assessed a late fee. Online tuition payments received after 11 PM PST the Sunday 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.
- A nonrefundable annual registration fee of \$ \_\_\_\_\_ is due at the time of enrollment and payable each year on or before 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 special programs or field trips. At many centers, summer programs are offered, and a summer activity fee may be charged. Field trips may result in an additional field trip fee and may require completion of a specific permission slip.
- 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 KU to initiate electronic debits to my checking account for each check presented by me to KU for payment. If any check or electronic payment is returned unpaid, I acknowledge that KU will attempt to collect on the returned check electronically up to two additional times. I authorize KU 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 KU, I authorize KU 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 KU has received written notification from me of the termination of my authorizations.
- Payments from customers with prior outstanding unredeemed returned checks must be in the form of a money order or cashier's check. Returned check activity may be subject to immediate termination of service.

### SCHEDULED ATTENDANCE

Tuition fees are based on the following scheduled attendance. I understand I will be charged additional tuition if my child's attendance increases beyond their regularly scheduled attendance.

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

Date revision effective page 4 (Financial Information)	_____
Parent/Guardian Signature	_____
Center Director Signature	_____

# Enrollment Agreement

Child's Name

## Other Terms and Certifications

### OTHER TERMS

1. I will promptly update any information provided for in this Agreement if such information changes.
2. I consent to KU communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.
3. I understand that in an effort to maintain the professional status of center 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 KU do not sanction the arrangements, and I agree to hold KU 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 KU Babysitting Liability Release Form to be kept in the child's file.
4. 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.
5. A child may be disenrolled by KU without prior notice if, in the sole opinion of KU, it is in the best interest of the child or KU.
6. KU 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 (other than inserting information where required) either verbally or in writing.
7. 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 may be terminated by the center at any time.
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 KU 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. Water activities will meet state child care licensing regulations.

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 asked to sign a separate permission form before any photos/videos are used for KU 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 \_\_\_\_\_

<b>GREY AREAS ARE FOR OFFICE USE ONLY</b>	<input type="checkbox"/> Enrollment Agreement
	<input type="checkbox"/> Medical Information form, if applicable
	<input type="checkbox"/> State-specific licensing forms, if applicable
	<input type="checkbox"/> Family Handbook ( <i>new enrollees only</i> )
	<input type="checkbox"/> Infant or Toddler Intake Form, if applicable

Date revision effective page 5 (Other Terms/Certifications) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Center Director Signature \_\_\_\_\_