

FOOTSTEPS CHILD CARE, INC.

Preschool Enrollment Form



Please use one form per child

Start Date _____

Child's First Name _____ Last Name _____

Birth/Due Date _____ Gender _____ Home Phone _____

Home Address _____ City _____ Zip _____

Guardian 1 First Name _____ Last Name _____

Relationship to Child _____ Employer _____

Mobile Phone _____ Mobile Carrier* _____

**Mobile Phone Carrier is required for emergency text notification. To opt out, please put N/A*

Email** _____ Secondary Phone _____ Type _____

***One Email addresses is required – Tuition Statements, Newsletters, and information sent via email*

Guardian 2 First Name _____ Last Name _____

Relationship to Child _____ Employer _____

Address, if different from child _____

City _____ State _____ Zip _____

Mobile Phone _____ Mobile Carrier* _____

Email _____ Secondary Phone _____ Type _____

Program Site

Cipriani Preschool Shores Preschool *Part day program 9 AM – 12 PM*

Nesbit Puma Cubs – *Full day program 7 AM – 6 PM*

City Center Plaza - *Full day program 7 AM – 6 PM*

I have funding through an alternative payment program (4Cs, CalWorks, etc) *Notice of Action Required*

I would like information regarding state preschool funding or a private fee subsidy

The State Preschool Program is available to families who are at or under the income ceilings determined by the California Department of Education (CDE). The part-day and full-day State Preschool Programs are based on a sliding fee scale. Hours of care are determined by CDE guidelines.

Your space will be secured when we receive your (1) completed enrollment form, and

(2) Registration Fee \$75

(3) Deposit \$500 (Puma Cubs & City Center Plaza Full Day Schedule only)

½ Month Tuition (City Center Plaza part day only)

(4) Payment Bill my Tuition Express account (Form must be attached or on file)

Payment is attached Waived for State Preschool or Alternative pay

FOOTSTEPS CHILD CARE, INC. PRESCHOOL FINANCIAL AGREEMENT

CONTRACTED CHILD _____

SITE _____

- PAYMENT OF TUITION:** I agree to pay a monthly tuition during the year, depending on the payment plan chosen. I understand tuition is to be paid whether or not my child is absent due to illness, holiday, or any other reason and failure to pay the monthly tuition will result in my child's termination from the program. I understand it is my responsibility to pay this amount on time, whether or not I have received an invoice. I understand if I add or drop session (s), I am responsible to pay the adjusted tuition rate.
- HANDBOOK:** I have access to the Family Handbook and a school year calendar, and I acknowledge the program will close during select holidays. I understand I will receive no reduction in tuition for these designated days. I understand what is expected of a family enrolled in a Footsteps Child Care, Inc. program and agree to abide by all the printed rules.
- DEPOSIT:** A deposit equaling \$500 or ½ of the monthly tuition was charged upon enrollment. This deposit is applied if 30 days written notice is received, to the last month of enrollment.
- REGISTRATION FEE:** A non-refundable registration fee of \$75 per child is due upon enrollment or annual re-enrollment. This fee is not pro-rated according to enrollment date.
- AFTER HOURS FEE:** I agree to pay an after hour fee of \$1.00 for each minute I am late picking up my child beyond my contracted session end. This after hour fee is charged per child and is billed to your account monthly. I understand after three late arrivals, my child may be terminated from the program for failure to adhere to stated rules.
- RETURNED PAYMENTS:** Checks or ACH charges returned by the bank are subject to a \$25 service charge. Declined credit cards do not include a fee. I agree to notify Footsteps immediately if my credit card information has changed, including due to fraud or expiration.
- LATE PAYMENTS:** Tuition payments are considered late after the 10th of the month, unless a prior agreement is reached. All payments received after the 10th are subject to a \$20 late fee. Charges past due longer than 30 days are grounds for termination. If that occurs, Footsteps reserves the right to change the payment method for future payments to a guaranteed form of payment through Tuition Express (I.E. bank account or credit card).
- CONTRACT CHANGES:** All contract changes, including changes to days and hours, **must be submitted in writing** to the Site Director for approval 30 days in advance. Footsteps Child Care, Inc. will provide 30 days notice for any basic rate change to financial agreements, except for contracts involving children whose care is funded at government prescribed rates. In this case, the effective date of the government rate change is considered the effective date, and no prior notice is necessary.
- COMMUNITY CARE LICENSING:** Licensing has the authority to interview children or staff, and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child or staff member and for the examination of all records relating to the operation of the site. Licensing has the authority to observe the physical condition of the child, including conditions that could indicate abuse, neglect, or inappropriate placement.
- REMOVAL FROM THE PROGRAM:** We reserve the right to suspend or terminate any child for disciplinary reasons, as outlined in our Family Handbook. In such instances, tuition is not refunded. The staff and parents or guardians have the right to request a parent conference at any time. A child can be removed from the program for chronic late pick-up, non-payment of tuition, failure to comply with the program's health and safety policies, and/or failure to complete forms required for enrollment. If a parent/guardian confronts staff while children are present, it is grounds to dismiss their child from the program. We ask that parents/guardians do not discuss problems, concerns, or confidential situations in front of children or other adults. Please make an appointment to speak with the Site Director to discuss any problems, concerns, and/or suggestions.
- DELINQUENT FEES AND PENALTIES:** I understand delinquent fees and penalties may be cause for termination of services. Additionally, I am responsible for any costs, i.e. attorney or collector fees, that may be assessed in the collection of unpaid fees and/or penalties due, according to my contract.
- TUITION RESPONSIBILITY:** Footsteps Child Care, Inc. considers parents jointly and singularly responsible for tuition payments, regardless of custody arrangements. Non-payment of fees by one parent can jeopardize the care for the child.

I, _____, *Print Guardian Name*, have read and understand all of the provisions contained herein and agree to the terms of this contract.

Parent/Legal Guardian Signature

Date

Child Emergency Information Form — To be completed by parent or guardian. Full Names are required for all adults listed.

CHILD'S INFORMATION

Last **First** **Date of Birth**

Medical Conditions, Special Needs, Allergies, Medications, etc.

PARENT/GUARDIAN CONTACT INFORMATION

Name	Name
Relationship to child	Relationship to child
Cell <u>Alt Phone</u>	Cell <u>Alt Phone</u>
Alternative Phone Type <u>Home Work Other</u>	Alternative Phone Type <u>Home Work Other</u>

LOCAL EMERGENCY CONTACT INFORMATION

(CHILD MAY BE RELEASED TO THE PERSONS BELOW IF PARENT/GUARDIAN IS UNAVAILABLE)

Local Contact Name	Local Contact Name
Cell <u>City, State</u>	Cell <u>City, State</u>
Relationship to child	Relationship to child
Local Contact Name	Local Contact Name
Cell <u>City, State</u>	Cell <u>City, State</u>
Relationship to child	Relationship to child

OUT-OF-AREA CONTACT (IN CASE LOCAL CALLS CANNOT BE MADE)

Contact 1 Name	Contact 2 Name
Cell <u>City, State</u>	Cell <u>City, State</u>
Relationship to child	Relationship to child

CHILD'S MEDICAL INFORMATION

Physician's Name	Dentist's Name
City <u>Phone</u>	City <u>Phone</u>
Preferred Hospital Name & Location	<u>Phone</u>

I grant permission for the child care program to provide or arrange for medical treatment and/or transportation to an evacuation site and/or medical facility for my child during an emergency or disaster. I grant permission for my child to be released to any of the emergency contacts designated above if I am unable to pick them up in an emergency. I understand anyone picking the child up in an emergency situation, including parents/guardians, will be required to show ID.

Print Parent/Guardian Name

SIGNATURE

DATE

Child Authorized Pick Up Form

I authorize the individuals listed below to pick up my child from Footsteps. I understand licensing requires the individual picking up a child, including older siblings, be a minimum of 16 years old for school age programs and 18 years old for preschool programs. All authorized individuals will be required to provide picture ID if the staff are not familiar with them.

These individuals are not authorized to pick up the child in an emergency unless also specifically listed on the emergency information form. Parents/Guardians should not be listed on this form.

INDIVIDUALS AUTHORIZED TO PICK UP THE CHILD (DO NOT INCLUDE PARENTS?GUARDIANS)		
Name	Relationship to the child	Is this person a footsteps parent?
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

Declaration to allow child to sign themselves out (4th Grade & Up)		
<p>Children fourth grade and up are able to sign themselves out if authorized by the parent/guardian. By signing below, I authorize my child to sign themselves out. This authorization may be limited to certain restrictions imposed by the parent/guardian. Restrictions may include after a certain time, on certain days, remaining on campus to attend outside activities, leaving with an older sibling under 16, etc. Children are required to confirm with a staff member before signing out and leaving. Children will not be allowed to sign themselves out if the campus is under any emergency procedures. I understand that after signing out, Footsteps does not bear any responsibility for the child.</p>		
<p>List any self sign out restrictions:</p> 		
Parent/Guardian's Name (Print)	Signature	Date