

TLC KIDS



Tendercare Learning Center

5800 18th Street
Greeley Co 80631

ENROLLMENT CONTRACT

Enrollment Fee Due With This Form

It is my/our desire to have my child enrolled in the Child Care Program at Tendercare Learning Center.

Childs Name: _____ age ____ (Yr.) ____ (M)
Birthdate: _____ **Date of Enrollment:** _____
Childs Physician: _____
Address of Physician: _____

Parents Name: _____
 Mother Stepmother Guardian
Address: _____
City _____ State _____ Zip _____
Contact #: Home _____ Mobile _____
Email: _____
Employer: _____
Address of Employer: _____
Work #: _____

Parents Name: _____
 Father Stepfather Guardian
Address: _____
City _____ State _____ Zip _____
Contact #: Home _____ Mobile _____
Email: _____
Employer: _____
Address of Employer: _____
Work #: _____





_____ I/we further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare/preschool program.

_____ I/we understand If two weeks written notice is not given, I/we agree that we will forfeit our two (2) weeks tuition deposit paid in advance at the start of enrollment.

_____ I/we understand that I/we must provide a completed medical form to the daycare.

_____ I/we understand the daycare fee is _____ for school weeks and _____ for summer weeks.

_____ I/we understand there will be extra charges during school weeks if there is a snow day, late start or early dismissal.

_____ I/we understand daycare payment is due Monday or on Friday if your child does not come on Mondays. Late fees are \$10.00 per day.

_____ I/we understand the late pickup/early drop of fee is \$1.00 per minute.

_____ I/we understand the pick-up policy for other than parental pick up, person(s) must be on the authorized list and show a valid state issued ID before child is release to their care.

_____ I/we understand the illness policy.

_____ I/we are contracting for (year-round, school year only, summer only) arrangements.

_____ I/we understand the behavior policy and I/we have read and shared the daycare/preschool rules with my/our child/children.

_____ I/we understand the returned check policy fee is \$35.00.

_____ I/we understand that if I/we are contracting for childcare for the school calendar usage -- September through June, then the ½ off of payment for 1 week vacation is not available for me/us.

_____ I/we understand that delinquent payments past fourteen (14) business days TLC has the right to terminate further child care services. Outstanding tuition and late fees owing will be sent to a Collection agency.

I/we have read and understand all the terms and conditions of this enrollment contract.



Doctors Name: _____ Phone # _____

Dentists Name: _____ Phone # _____

Hospital: _____ Phone # _____

Allergies: _____

Protocol if exposed: _____

On any Medications: _____

Childs Name: _____ DOB: _____

Parent: _____ Work: _____

Cell: _____

Parent: _____ Work _____

Cell: _____

Emergency Contact: _____ Work: _____

Cell: _____

Emergency Contact: _____ Work: _____

Cell: _____

TLC KIDS



Tendercare Learning Center

5800 18th Sstreet
Greeley, CO 80634

TUITION AGREEMENT

This Tuition Agreement is between _____ and **Tendercare Learning Center** for the enrollment of _____ starting on _____ for childcare services under the terms and conditions of this agreement. I agree to pay first week of tuition and two-week deposit before or on my agreed start date before my child care services will begin.

Payments

Tuition options for payment are below please select option:

- Weekly
- Bi-weekly
- Monthly

Payment for Care Provided: (please select below)

- 1st Child: \$ _____/per week \$ _____/per day
\$ _____/per hour
- 2nd Child: \$ _____/per week \$ _____/per day
\$ _____/per hour
- 3rd Child: \$ _____/per week \$ _____/per day
\$ _____/per hour
- 4th Child: \$ _____/per week \$ _____/per day
\$ _____/per hour

Paid Tuition Deposit amount: \$ _____. Date _____
(please include payment when this form is returned)

Referral Discount: \$ _____. Month Payment applied: _____

ALL TUITION IS DUE NO LATER THAN 6:00PM MONDAY THE WEEK OF SERVICE



Tuition Agreement

Revised 01/02/2020 by Susan Cameron Owner and Operator of TLC

TLC KIDS



- *Tuition is due at the beginning of each week.
- *If your child is fulltime, the full weekly rate is due whether or not your child is absent. (This includes all paid holidays)
- *If your child is part time, the full part time weekly rate is due whether or not your child is absent. (This includes all paid holidays)
- *Tuition Fees are based per child per week

I _____ agrees to pay (part time) \$ _____
(full time) \$ _____ per week for the care of my child or children.

I _____ agrees to pay **\$100.00 non-refundable fee at the time of enrollment** and will pay **first two weeks tuition** on the **first day** my child or children start at TLC.

I have read and agree to all the terms and conditions of this agreement.

Signature of Parent or Guardian

Date

Susan Cameron,
Owner Tendercare Learning Center

Date





Tendercare Learning Center

5800 18th Street
Greeley, Co 80634

CONTRACT AGREEMENT

This Childcare Contract is between _____ and **Tendercare Learning Center** for the enrollment of _____ starting on _____ for childcare services under the terms and conditions of this agreement.

Tendercare Learning Center is open per the following schedule. Please indicate which following days your child or children will be attending:

- Monday 6 AM to 6 PM or Specify hours _____ to _____
- Tuesday 6 AM to 6 PM or Specify hours _____ to _____
- Wednesday 6 AM to 6 PM or Specify hours _____ to _____
- Thursday 6 AM to 6 PM or Specify hours _____ to _____
- Friday 6 AM to 6 PM or Specify hours _____ to _____
- Saturday Closed
- Sunday Closed

Absences

If you plan to keep your child home due to illness, or any other reason please notify provider two (2) hours before the child's drop off time. No credit for absent or sick days, **full rate payment is required for the day child was absent.**

Registration

At the time of enrollment, parents are required to sign a tuition agreement, pay a registration fee of **\$100.00** this is *non-refundable*.

Late Fees on Past Due Payment

A **\$10.00 late fee** will be charged the following day payment was missed and everyday tuition/service payment is past due, up to **fourteen (14) business days**. If balance is still owing after fourteen (14) business days, TLC has the right to **terminate** further childcare services.





Immunizations

All children are required to have a copy of their current and updated shot records on file. An immunization record for all children must be completed by the parent the day of entering TLC, but a grace period of 15 days will be given if needed for the immunizations record only. Parents are required to keep their child's immunization records up to date for audit purposes by unannounced State Licensing visits.

Illness

We must maintain a healthy environment for the benefit of your children and the other children enrolled in TLC. A child must stay home if he or she have:

- Fever (101 or above)
- Vomiting
- Diarrhea

or any illness which is determined to be harmful to your child or the children enrolled at TLC. If your child becomes ill while at daycare the provider will call parent to come and pick up their ill child immediately.

(Please refer to the Illness Policy included in your parent packet.)

Supplies

Provider will supply all that is needed for your child to play and learn with while in childcare. Items include (but are not limited to): activity coloring books, games, toys, puzzles, outdoor play equipment, etc. If your child brings a toy or an item from home, TLC will not be responsible if the toy or item gets lost or broken.

Items required for your child's first day of attendance:

- Diapers
- Baby wipes
- extra clothes very important!!
- bottles and formula

Nap Time

- Blanket
- Sheet

***Please do not bring candy, gum, balloons, money or any other choking hazards to daycare with your children. Guns and weapons of any kind including plastic swords are not allowed at TLC.**





Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

AUTHORIZATION TO ADMINISTER MEDICATION

Date _____ Child's Name _____

_____ has my permission to administer the following **prescription medications** to my child.

Dosage instructions _____

_____ has my permission to administer the following **over the counter medications** to my child.

Dosage instructions _____

_____ has my permission to apply the following **creams, lotions or ointments** on my child.

Application instructions _____

_____ has my permission to apply the following **sunscreen or sun block** on my child.

Application instructions _____

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



Tendercare Learning Center

ANNUAL AUTHORIZATION FORMS

Authorization for Emergency Medical Care

I, _____ hereby give my permission for _____ Child Care Center to call for medical attention or make surgical decisions for my child, _____, should an emergency arise. It is understood a conscientious effort will be made to locate me before emergency action/decision will be taken, but if this is not possible, the expenses of emergency medical treatment or care will be accepted/paid by me. Hospital of choice: Permission for Trips (Scheduled, Unscheduled and In-Case of Emergency) _____

I give permission for my child to go on trips away from the premises of the Family Child Care facility, in the company of a responsible adult, whether on foot or by vehicle

Permission for Transportation to and from School

I give permission to _____ Child Care Center to transport _____ my child to and from _____ school in _____ seating _____.

Permission for Participation in Activities

I give permission for my child to participate in all program activities except for the following: _____.

Permission to use

sunscreen _____ Y _____ N; Lotion: _____ Y _____ N; Bug spray _____ Y _____ N; Diaper Cream _____ Y _____ N Other _____ Y _____ N

Media Use: My child may participate in the use of media (tv, music, movie, etc) as listed in the handbook and any provider deemed appropriate computer/video games. There will be no higher rating than E/G/PG. YES _____ NO _____

Except the following:

Parent/Guardian _____ Date
2018

Parent/Guardian _____ Date
2019 Parent/Guardian _____ Date

2020

**EMERGENCY CONTACTS AND
PERMISSION TO DROP OFF AND PICK UP**

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

EMERGENCY MEDICAL CONSENT FORM

_____ has my permission to obtain
emergency medical treatment for my child, _____
when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

My insurance provider is _____

My child's medical record number is _____

Preferred hospital/treatment center _____

My child is taking the following medications

My child has the following allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Emergency Transportation Authorization

A. Complete the Following:

Name of Child:		Name of Mother/Guardian:		Name of Father/Guardian:	
Street Address:					
City:		State:		Zip:	
Father/Guardian's Employer				Department	
City:		State:		Zip:	
Mother/Guardian's Employer				Department	
City:		State:		Zip:	
City:		State:		Zip:	
City:		State:		Zip:	

B. List 3 people to be contacted in an emergency in case I cannot reach either of you:

Name:		Relationship to Child:	
Address:		Phone:	
City:		Zip:	
State:			
Name:		Relationship to Child:	
Address:		Phone:	
City:		Zip:	
State:			
Name:		Relationship to Child:	
Address:		Phone:	
City:		Zip:	
State:			

C. Complete the Following:

Name of Physician or Clinic:		Phone:	
Address:		City, State, Zip:	
Name of Dentist or Clinic:		Phone:	
Address:		City, State, Zip:	

GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name: _____ Birthdate: _____

Allergies: None or Describe _____

Type of Reaction _____

Diet: Breast Fed Formula _____ Age Appropriate

Special Diet _____

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: _____ DATE: _____

Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____ Weight @ Exam: _____

Physical Exam: Normal Abnormal (Specify any physical abnormalities) _____

Allergies: None or Describe _____ Type of Reaction _____

Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations

Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition Other _____

Explain above concern (if necessary, include instructions to care providers): _____

Current Medications/Special Diet: None or Describe _____

Separate medication authorization form is required for medications given in school, child care or camp

For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT

Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

OR Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

Immunizations: Up-to-Date See attached immunization record Administered today: _____

Health Care Provider: Complete if Appropriate

****ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE****

** Height @ Exam _____ ** B/P _____ **Head Circumference (up to 12 months) _____ **

** HCT/HGB _____ ** Lead Level Not at risk or Level _____

**TB Not at risk or Test Results Normal Abnormal

**Screenings Performed: Vision: Normal Abnormal Hearing: Normal Abnormal Dental: Normal Abnormal-

Recommended Follow-up _____

Provider Signature

Next Well Visit: Per AAP guidelines* or Age _____

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed)

Date: _____

Office Stamp

Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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Tendercare Learning Center

5800 18th St

Greeley, Co 80631

Mat Agreement

**I, _____, agree to allow my
child, _____, to rest or sleep on a 2 ½
inch mat provided by**

Tendercare Learning Center.

Parent _____ Date

Director _____ Date

Van Information

Childs Name _____
Childs School _____ Grade _____

Circle one

Am D/O and Pm P/U
Am D/O or Pm P/U

Parent/Guardian Name _____ Work # _____
Cell # _____
Parent/Guardian Name _____ Work # _____
Cell # _____

Emergency Contact _____ Phone # _____
Phone # _____
Emergency Contact _____ Phone # _____
Phone # _____

School Start Time _____
School End Time _____

Parent/Guardian Signature _____
Parent/Guardian Signature _____

In case child doesn't come to the van and we have called the school making every attempt to locate child. We will then try contacting the parent/guardian or emergency contacts. If we cannot get a hold of anyone, we then call the police.