

The logo for Donelson First Academy is enclosed in a black L-shaped frame. The word "DONELSON" is written in a bold, uppercase, sans-serif font. Below it, the word "FIRST" is written in the same font, followed by the word "Academy" in a cursive script font.

DONELSON  
FIRST *Academy*

# Enrollment Agreement 2021 - 2022

Information in this agreement may be updated periodically.  
Parents will be notified when an update has taken place.

~ Updated June 2021 ~

# Enrollment Agreement

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information										
Child's Information										
Child's first name			Child's middle name			Child's last name			Child's nickname	
Age	Sex	Child's primary language				Parent/guardian/sponsor primary language				
Child's home address					City		State		Zip	
Family Information										
List family members & pets your child lives with – include first names, relation, and ages of siblings										
Parent/guardian/sponsor			Relationship to child			Home phone		Cell phone		
Home address if different from above					City		State		Zip	
Home email			Work email				Work phone			
Employer		Employer address			City		State	Zip	Work hours	
Parent/guardian/sponsor			Relationship to child			Home phone		Cell phone		
Home address if different from above					City		State		Zip	
Home email			Work email				Work phone			
Employer		Employer address			City		State	Zip	Work hours	
Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)										
Please notify the academy if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick-up persons with whom staff is not familiar provide a photo ID at the time of pick-up.]										
Person #1			Relationship to child			Home phone		Cell phone		
Home address					City		State		Zip	
Home email			Work email				Work Phone			
Employer		Employer address			City		State	Zip	Work hours	
Person #2			Relationship to child			Home phone		Cell phone		
Home address					City		State		Zip	
Home email			Work email				Work Phone			
Employer		Employer address			City		State	Zip	Work hours	
Person #3			Relationship to child			Home phone		Cell phone		
Home address					City		State		Zip	
Home email			Work email				Work Phone			
Employer		Employer address			City		State	Zip	Work hours	

The persons designated in this section will be contacted by us if you cannot be reached in the event of medical or other emergencies. Our staff will only release your child to you or those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

<b>Medical Information</b>					
Child's name	Birthdate	Height	Weight	Hair color	Eye color
Distinguishing marks					
<b>Child's Medical &amp; Developmental History</b>					
1. Does your child have any special medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
2. Does your child have any chronic illnesses? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
3. Please list a brief history of your child's serious injuries and hospitalizations. _____					
4. Does your child have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach care instructions from your physician.					
5. Does your child have asthma? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach care instructions from your physician.					
6. Will medication be administered regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach care instructions from your physician.					
7. Does your child have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
8. Is your child able to fully participate in all activities? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
9. Does your child have any physical restrictions? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
10. Does your child function at the level of other children in his/her age group? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain _____					
11. Is your child able to walk <input type="checkbox"/> Yes <input type="checkbox"/> No					
12. Can your child communicate his/her needs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13. Does your child need assistance at mealtime? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
14. Does your child rest during the day? <input type="checkbox"/> No <input type="checkbox"/> Yes					
15. Is your child toilet trained? <input type="checkbox"/> No <input type="checkbox"/> Yes					
16. Does your child use any special equipment, such as a breathing machine, wheelchair, hearing aid, braces, glasses, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
17. Does your child require one-to-one care/supervision regularly for a significant period of time? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
18. Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____					
<b>Illness History</b> (please check all that apply)					
<input type="checkbox"/> Vision problems		<input type="checkbox"/> Nosebleeds		<input type="checkbox"/> Seizures	
<input type="checkbox"/> Hearing problems		<input type="checkbox"/> Skin rashes		<input type="checkbox"/> Mouth sores	
<input type="checkbox"/> Constipation		<input type="checkbox"/> Sore throats		<input type="checkbox"/> Fainting	
<input type="checkbox"/> Diarrhea		<input type="checkbox"/> Ear infections		<input type="checkbox"/> Persistent cough	
<input type="checkbox"/> Asthma/breathing problems		<input type="checkbox"/> Urinary tract infections		<input type="checkbox"/> Other	
Please attach care instructions from your physician for any of these illnesses.					
<b>Disease History</b> (please check all that apply and add the date)					
<input type="checkbox"/> Chicken Pox (Varicella) _____		<input type="checkbox"/> Bronchiolitis _____		<input type="checkbox"/> Botulism _____	
<input type="checkbox"/> Measles Rubeola _____		<input type="checkbox"/> Pneumonia _____		<input type="checkbox"/> Haemophilus Influenza _____	
<input type="checkbox"/> Rubella (German Measles) _____		<input type="checkbox"/> Pertussis (Whooping cough) _____		<input type="checkbox"/> Meningococcal Infection _____	
<input type="checkbox"/> Mumps _____		<input type="checkbox"/> Tetanus _____		<input type="checkbox"/> Rabies _____	
<input type="checkbox"/> Scarlet Fever _____		<input type="checkbox"/> Diphtheria _____		<input type="checkbox"/> Bacterial Meningitis _____	
<b>Allergies</b> (please list)					
<b>Medication Allergies</b>		<b>Food Allergies</b>			
_____	Reaction _____	_____	Reaction _____		
_____	Reaction _____	_____	Reaction _____		
<b>Bee Stings Allergies</b>		<b>Respiratory Allergies</b>			
_____	Reaction _____	_____	Reaction _____		
<b>Other Allergies</b>		<b>Are any of these allergies life-threatening?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	Reaction _____				
Please attach care instructions from your physician for any life-threatening allergies.					
<b>Miscellaneous Screenings and Tests</b> (please check all that apply and add the date of last screening)					
<input type="checkbox"/> Vision _____		<input type="checkbox"/> Developmental _____		<input type="checkbox"/> Tuberculosis (PPD) _____	
<input type="checkbox"/> Hearing _____		<input type="checkbox"/> Aptitude _____		<input type="checkbox"/> Sickle Cell Anemia _____	
<input type="checkbox"/> Speech _____		<input type="checkbox"/> Educational _____		<input type="checkbox"/> Other _____	

To the best of my knowledge, the information contained above is accurate.

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

<b>Medical Information (continued)</b>			
Child's name		Birthdate	
<b>Child's Medical Care Provider</b>			
Primary physician's name		Primary physician's practice name	Phone
Physician's practice address		City	State
Preferred hospital/clinic for emergency care		City	State
Dentist's name		Dentist's practice name	Phone
Dentist's practice address		City	State
<b>Child's Insurance Provider</b>			
Child's health insurance provider name		Policy number	Secondary health insurance provider name
			Policy number
<b>Child's Immunization History</b> (please attach a copy of your child's immunization records)			
<b>Additional Medical Policies</b>			
1. Before enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.			<b>Initial</b> _____
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies, or other needs.			_____
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.			_____
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the Child Emergency Contact and Release.			_____
<b>Emergency Medical Authorization &amp; Consent</b>			
In case of a medical emergency, the staff will attempt to contact me, those listed in the Child Emergency Contact and Release, and lastly my physician.			<b>Initial</b> _____
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.			_____
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facilities, if necessary, by paramedics or other emergency personnel.			_____
In case of a medical emergency, I will be responsible for the emergency medical expenses.			_____
In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.			_____
I understand that the academy will not apply sunscreens, bug sprays, or give medications to my child without the consent of my primary care physician, and I have provided the proper medical documentation for them to do so.			<b>Initial</b> _____

Parent initial \_\_\_\_\_ Staff initial \_\_\_\_\_ Date \_\_\_\_\_

**Rate Agreement and Contract**

Child's name	Birthdate
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**Hours of Operation**

Regular operating hours are **8:15 am – 5:00 pm, Monday - Friday** except for closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition fees as a result of center closures.

The procedure to notify families should there be severe weather or other conditions prevent the program from opening on time or at all will be announced on Remind, by email and by text as well as Channel 5 News. If it becomes necessary to close early, we will contact you or someone listed in the Emergency Contact and Release, and it will be your responsibility to arrange for your child's early pick-up.

**Scheduled Attendance**

The days and hours that I wish to contract for childcare are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I understand if tuition is not paid on time, there will be a late fee of \$50.00 added to my monthly tuition. Initial \_\_\_\_\_

**Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)**

- Starting on _____ a registration fee of \$ _____ along with the tuition payment is due at time of enrollment	<b>Initial</b>
- Tuition is due and payable by DROP OFF on the last business day of each month.	_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather or pandemic), or absence other than hospitalization, or absence at the request of a doctor (a written doctor's note is required to receive credit).	_____
- I agree to pay the full tuition in advance of services rendered.	_____
- I agree to pay the full tuition fee even if my child is absent for one or more days.	_____
- A late fee of \$50.00 is due if tuition is not received on time.	_____
- A non-refundable registration fee of \$150.00 is due yearly.	_____
- A late pick-up fee of \$10.00 per minute per child is due if my child is not picked up before closing.	_____
- Accounts two weeks in arrears may result in immediate termination of service.	_____
- My child may have the opportunity to participate in special programs that may have an additional fee due before the day of the event. A specific permission slip may be required.	_____
- All ACH transactions (automatic debits) will be charged a fee of 3.5%.	_____
- A 2-week written notice is required for any child being withdrawn from the program. Failure to provide notice in writing will result in paying tuition for the coming month.	_____
- Donelson First Academy only receives tuition payments by Check, Money Order, or Debit Card. WE DO NOT RECEIVE CASH PAYMENTS. For tuition.	_____

<b>Other Agreements</b>	
<b>Private Employment Acknowledgement and Release</b>	
Any arrangement/employment between me and the staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This Academy shall remain harmless from any such arrangement.	<b>Initial</b> _____
<b>Media Release</b>	
Occasionally, photos will be taken of the children at the Academy for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program. Parent initial _____ Staff initial _____ Date _____	<b>Initial</b> _____

**Enrollment Agreement**

**Donelson First Academy**

<b>Other Agreements</b>	
Child's name _____	Birthdate _____
<b>Handbook Acknowledgement</b>	
I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures outlined in the Family Handbook and agree to abide by them.	<b>Initial</b> _____
I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.	_____
Information contained in the Family Handbook may be subject to change.	_____

<b>Contract Approval</b>	
I certify that I have read, understand, and accept all of the terms and conditions described in this <i>Enrollment Agreement</i> .	
Primary Parent/Guardian/Sponsor Signature _____	Date _____
Center Staff Signature _____	te _____