



**Center Use Only**

Enrollment fee paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

Immunization record: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Enrollment Form

<b>Child's name:</b>		<b>Nickname?</b>	
Due date/Date of birth:		Sex:	
Home address:		Phone:	
City, State:		Zip:	

<b>Parent's name:</b>		<b>cell phone</b>	
Home Address:		home ph:	
City, State:		Zip:	
<b>Email:</b>			
Employer		Occupation	
Work Address:		Work ph	
City, State:		Zip:	

<b>Parent's name:</b>		<b>cell phone</b>	
Home Address:		home ph:	
City, State:		Zip:	
<b>Email:</b>			
Employer		Occupation	
Work Address:		Work ph	
City, State:		Zip:	

**Siblings**

Name	Age	Also enrolled?

Other than the above listed parents or guardians, only the following person(s) may remove your child from care without previous written notice. For the safety of your child **PHOTO ID WILL BE REQUIRED.**

Name	Relationship	Phone



# Agreement for Childcare Services

I consent to the enrollment of the child listed in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, as outlined in the MCCA Family Handbook. I will promptly update any information provided to the center about my child's health, contact information, or other information changes. I acknowledge that a child may be dis-enrolled by the center without prior notice if, in the sole opinion of the center, it is in the best interest of the child or the center.

## Financial Obligations

As the parent/guardian signing this Enrollment Agreement all amounts due are ultimately my responsibility. The current Tuition Rate Schedule supersedes all other Rate Schedules. When revisions are necessary, MCCA will issue hard copy updates to all enrolled families and notification will be 30 days of any new rate start date.

Due on or before the first day of attendance: Non-refundable enrollment fee of \$125, completed enrollment packet, and a copy of immunization records.

Monthly tuition is posted on the 1st of every month and due no later than the 10th of each month. If there is an unpaid balance on the 11th, a late fee of \$25 will be added to the account with a \$5 late fee for each consecutive day the payment goes unpaid.

Overdue accounts may be referred to a collection agency. I am responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.

Payments can be made via Brightwheel, check, or cash. If you setup Brightwheel with either a debit or credit card, there is a service fee. Linking Brightwheel to your bank account will not incur a service fee. Checks can be made to Moose Corner Children's Academy. Cash payments need to be given directly to the Center Director.

Returned check charges are \$50.00 - Late charges will apply to balance. A new statement will be issued and full balance will be due immediately. Families with multiple returned payments may be subject to immediate termination of services and are responsible for any associated fees.

Sixty days written notice is required prior to the last day of attendance. If I do not give sixty days written notice of withdrawal, I agree to pay full tuition and fees due for the final 60 days regardless of my child's attendance. MCCA may waive or reduce the amount due if the vacancy can be filled. When a withdrawal is made, either permanent or seasonal, there is no guarantee a space will be available if you decide to return.

## Attendance

- I agree to use the Brightwheel app for attendance tracking using the QR code and my phone's camera to scan the QR code and mark attendance using the app.

Drop in days may be available depending on enrollment and staffing. You will be notified in advance of any available drop-in days. Drop-in fees will be added to your Brightwheel account and will be due prior to day of attendance.

I will be charged \$3.00 per minute if I am late picking-up after 5:00 PM or dropping-off before 7:30 AM.

Make-up days or credits are not given for missed days.

## Pick Up Designee

Parents/Guardians need to list on the Enrollment Form individuals that are allowed to pick up their child. Although you may not anticipate anyone else picking up your child, it is required to list others that live locally, in case parents become incapacitated. Picture ID is required at pick up if the person is unknown to the staff.

MCCA cannot legally prevent a parent from taking their child from the facility without a legal restraining order. If you need help in this matter speak to the director for specifics.

## Health Practices

MCCA provides well care only; our goal is to keep staff and children healthy. Children recover faster with rest at home and this in turn helps others avoid exposure. Children may not attend showing signs of illness. They must be able to participate in all activities indoors and out.

You will be required to pick up your child immediately if staff determines they are not well enough to be here.

Please DO NOT give your child fever reducing medication to mask an illness and then drop them off at daycare.

Speak with the director if allergies are discovered. You will be asked to fill out additional forms for EpiPens and Inhalers. In the event that staff has to use an EpiPen, we will first call dispatch and then the parents. Our training tells us that after a child is given an EpiPen injection they must immediately be transported to the local emergency room.

If you have a Wyoming State Exemption in place for immunizations, please notify the director if your child has been exposed to a communicable disease. Children that are not immunized and exposed to a disease are required to be excluded from MCCA programs until after the incubation period.

An unvaccinated child will also be excluded from the program during any outbreak at the facility. This is for the safety of the child and others. Tuition is expected during these times.

MCCA reserves the right to alter policies and/or program at any time. 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.

I have received, read, accepted and agreed to fully comply with MCCA's Agreement for Child Care Services.

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Child's Name

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Parent/guardian signature

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Date



# Medical Information

## Emergency contact

In cases of emergency, parents or guardians will be notified as soon as possible. In the event we cannot reach a parent or guardian, who else should we contact?

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

*Parents are responsible for all costs associated with emergency medical treatments.*

## Healthcare Provider Information

Physician:		Phone:	
Dentist:		Phone:	
Other:		Phone:	

## Insurance Information

Insurance Company:			
Name of Subscriber:		Policy number:	

List all hospitalizations or chronic illnesses:

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Which communicable illnesses (chicken pox; hand, foot, mouth; measles; scabies) has your child had: \_\_\_\_\_

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Is your child currently on medication? ☐ Yes ☐ No

if yes, name of medication(s): \_\_\_\_\_

What condition is this medication taken to treat? \_\_\_\_\_

## Allergies

Type	Allergen	Reaction
Medications:		
Food(s):		
Bee stings:		
Respiratory:		
Other:		

Are any of the allergies severe or life-threatening? ☐ Yes ☐ No (If yes, please talk to your Center Director about completing an allergy plan.)



## Emergency Medical Care Release

Please indicate both parent's names and phone numbers and one other authorized individual to be reached in the event of an emergency:

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Authorized Individual: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of an emergency, I understand that MCCA staff will attempt to contact me or the authorized individual immediately. In the event no-one can be reached, I also authorize MCCA staff to:

- Consult the physician or dentist named above.
- 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.
- Obtain any emergency medical, surgical 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.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date



# Family Handbook Acknowledgment

## Parent/Caretaker

I, \_\_\_\_\_, acknowledge that I have received a copy of the Family Handbook for Moose Corner Children's Academy. I have read and understood the contents of the handbook.

\_\_\_\_\_  
Parent/Caretaker's Signature

\_\_\_\_\_  
Date

## MCCA Center Director

I, \_\_\_\_\_, acknowledge that I have provided a copy of the Family Handbook for Moose Corner Children's Academy to the parent or caretaker. I have provided time for thoughts, comments, questions, or concerns regarding the handbook.

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date



## Program Permissions

I give permission for staff of Moose Corner Children's Academy to take my child on walking field trips off the Moose Corner's property and to the Moose neighborhood playground.

Child's Name			
Parent Signature		Date	

I give permission for Moose Corner Children's Academy to transport my child via motor vehicle. Children will use a safety restraint system that conforms to the Federal Motor Vehicle Standards and Wyoming Laws. Any child who is not required to be secured in a restraint system shall wear seat belts according to Wyoming Law.

Child's Name			
Parent Signature		Date	

I give permission for my child to wade in a wading pool not more than 12 inches deep during outdoor water play either in the front or backyard with teacher supervision.

Child's Name			
Parent Signature		Date	

I \_\_\_\_\_, a parent/guardian understand and agree that my child(ren) may be photographed by the daycare during normal daycare hours, field trips, or other activities. I give my permission for those photographs to be used for the following purposes: (check all that apply)

- ☐ In the classroom to track progress and activities.
- ☐ Posting in daycare newsletter and other print media.
- ☐ Posting on **closed/private** daycare social media accounts.
- ☐ Posting on **public** daycare website and social media.
- ☐ Promotion and marketing of childcare services.

By signing this form, I understand that this release will remain in effect for the duration of my child's daycare enrollment. I understand and agree that I can revoke this release at any time by notifying the daycare in writing and that revocation will not affect any actions taken before the receipt of this written notification.

Parent Signature		Date	
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# About your child

## Center Use Only

Name:

Date of intake: \_\_/\_\_/\_\_

The following information is requested to provide the best care for your child. Your responses assist us in getting to know your child, as well as allowing us to be consistent with daily routine as much as possible. All information is confidential.

Has your child been in child care before? ☐ Yes ☐ No

Does your child have experience with: ☐ Other children ☐ Siblings ☐ Adults

How does your child get along with other children? \_\_\_\_\_

Other languages spoken at home: \_\_\_\_\_

Have there been any recent changes in your family structure? (ex: a move, new sibling, marriage, divorce/separation, or death of someone close) \_\_\_\_\_

Please check the words that best describe your child:

- |  |                                    |  |                                      |
|--|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> calm            | <input type="checkbox"/> shy       | <input type="checkbox"/> aggressive          | <input type="checkbox"/> sensitive   |
| <input type="checkbox"/> cheerful        | <input type="checkbox"/> loud      | <input type="checkbox"/> bright              | <input type="checkbox"/> stubborn    |
| <input type="checkbox"/> creative        | <input type="checkbox"/> active    | <input type="checkbox"/> hyperactive         | <input type="checkbox"/> destructive |
| <input type="checkbox"/> curious         | <input type="checkbox"/> loving    | <input type="checkbox"/> refuses eye contact | <input type="checkbox"/> thoughtful  |
| <input type="checkbox"/> gives in easily | <input type="checkbox"/> inventive | <input type="checkbox"/> happy               | <input type="checkbox"/> brave       |
| <input type="checkbox"/> shares well     | <input type="checkbox"/> contented | <input type="checkbox"/> easily angered      | <input type="checkbox"/> independent |
| <input type="checkbox"/> busy            | <input type="checkbox"/> excitable | <input type="checkbox"/> on task/focused     | <input type="checkbox"/> unfocussed  |
| <input type="checkbox"/> social          | <input type="checkbox"/> quiet     | <input type="checkbox"/> jealous             | <input type="checkbox"/> anxious     |

How does your child usually express his/her feelings? \_\_\_\_\_

Does your child: ☐ use a pacifier ☐ suck thumb ☐ suck fingers

Is your child potty trained? ☐ yes ☐ no ☐ in the process

What are your child's favorite activities? \_\_\_\_\_

Least favorite activities? \_\_\_\_\_

What behavior do you find most difficult to handle? \_\_\_\_\_

What method of discipline works best for your child? \_\_\_\_\_

Who enforces most of the discipline at home? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

Are their "family" or "house" rules your child's caregiver should be aware of? \_\_\_\_\_

## Eating Habits

Favorite foods: \_\_\_\_\_ Dislikes: \_\_\_\_\_

At home, does your child eat: ☐ held in lap ☐ highchair ☐ at table ☐ other

Does your child eat unassisted using: ☐ fingers ☐ spoon ☐ fork ☐ knife

Does your child drink from: ☐ bottle ☐ sippy cup ☐ open cup



Does your child require the use of a dropper, weighted cup, or other adaptive equipment to self-feed? \_\_\_\_\_

Eating habits that you are concerned with? \_\_\_\_\_

Any medical or religious dietary restrictions? \_\_\_\_\_

For Infants

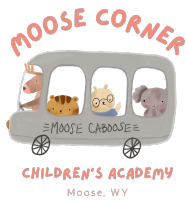
Nourishment: ☐ breast milk ☐ formula ☐ combination ☐ baby foods Time of day? \_\_\_\_\_

Any history of colic? ☐ yes ☐ no

Mobility: ☐ rolls ☐ crawls ☐ “cruises”/walks with assistance ☐ walks

Example schedule:

Time	Activity
:	Wakes
:	
:	
:	
:	
:	
:	
:	
:	
:	
:	
:	
:	



## Accessibility and Accommodation

At Moose Corner we strive to provide the most inclusive experience possible for your child. The more that we know about the challenges and strengths your child has, the better we can help your family to meet those challenges and build on those strengths.

Is there a family history of any learning/behavioral difficulties? \_\_\_\_\_

Does your child receive therapeutic services in a developmental center or school? \_\_\_\_\_

Where? \_\_\_\_\_

If yes, please check which services:

☐ Speech therapy

☐ Occupational Therapy

☐ Physical therapy

☐ Psychological/Counseling services

☐ Behavioral therapy

☐ Art therapy

Mobility Support (check all that apply)

☐ does not move self

☐ uses walker

☐ uses cane

☐ crawls

☐ uses crutches

☐ wears adaptive shoes

Communication Support (check any that apply)

☐ wears glasses

☐ uses sign language and/or  
hand signals

☐ uses lightboard or other  
adaptive devices

☐ wears hearing aids

☐ lip reads

I give permission for my child to participate in early learning assessments and health screenings administered by MCCA. The results of these assessments will be used by MCCA to measure my child's progress and to identify any health issues. I will have access to all results of these assessments.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

### TO BE COMPLETED BY PARENT

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Program Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*

**I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):**

- ☐ Diaper Rash Cream/Ointments
- ☐ Insect Repellent
- ☐ Sunscreen
- ☐ Cortisone/Anti-Itch Creams/Ointments
- ☐ Medicated Lip Treatments
- ☐ OTC Antibiotic Creams/Ointments
- ☐ Teething Tablets/Ointments
- ☐ Burn Creams/Sprays
- ☐ Other Non-Ingestible OTC's: (Please Specify) \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_
  - ☐ \_\_\_\_\_

**To administer a non-ingestible over the counter (OTC) medication:**

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions \_\_\_\_\_ Refrigeration Y/N

**Parent/Guardian Signature (required)** \_\_\_\_\_

**\* This document must be updated on an annual basis.**

**Unused Medication:** Returned to Parent Y/N or Discarded Appropriately

By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Keep in the child's file when medication is finished.**