



# EARLY CHILDHOOD ENROLLMENT FORM

2018/19 SCHOOL YEAR

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

\*Please Print Clearly in Black Ink

Child's Information					
Child's First name:		Child's Middle name:		Child's Last Name:	
Child's Nickname:					
Age:	Birthdate:	Sex: MALE FEMALE	Child/Household Primary Language:		
Child's Home Address			City	State	Zip
Early Childhood Age Group: INFANT      WOBBLER (1') TODDLER (2's)    PRE-K (3-5's)		Is your child a new or returning student to FFCDC:			
Family Information					
Parent/Guardian:		Relationship to Child:		Home Phone:	
Cell Phone:					
Home Address:			City:	State:	Zip:
Home Email:		Work Email:		Work Phone:	
Parent/Guardian:		Relationship to child:		Home Phone:	
Cell Phone:					
Home Address:			City:	State:	Zip:
Home Email:		Work Email:		Work Phone:	
Child Emergency Contact and Alternate Pick-Up Persons (Other than Parent/Guardian(s))					
<p><b>The person(s) designated in this section will be contacted by Eugene Creative Care if parent/guardians cannot be reached. Our staff will only release your child to you or to the person(s) listed below.</b></p> <p><b>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. There will be no exceptions to this rule. Please notify both the administrative office and your child's teachers of any additions or removals to your alternate pick-up persons. Any revisions must be added to this registration form.</b></p> <p><b>Please Initial Here: _____</b></p>					

Person #1:	Relationship to Child:	Home Phone:	Cell Phone:
Home Address:		City:	State: Zip:
Person #2:	Relationship to Child:	Home Phone:	Cell Phone:
Home Address:		City:	State: Zip:
Person #3:	Relationship to Child:	Home Phone:	Cell Phone:
Home Address:		City:	State: Zip:

### Medical Policies, Authorizations & Consent

1. Prior to enrollment, I understand I must provide Eugene Creative Care 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/Department of Health. **\*\* This Applies to all Enrolling Children \*\***
2. I agree to provide information to Eugene Creative Care about any medical, psychological, physical, emotional and/ or developmental conditions my child may have that would affect their participation in regular classroom activities.
3. If my child becomes ill with a reportable contagious disease or condition, 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. Eugene Creative Care reserves the right to extend the absence regardless of release from a physician if it is deemed appropriate for the situation.
4. If my child becomes ill or injured during his/her time in care at Eugene Creative Care, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 1/2 hour after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Alternate Pick-Up section of this agreement.*
5. In case of a medical emergency, the staff will first evaluate the incident and decide whether the parent/guardian or EMS should be the first phone call made. Every attempt will be made to contact the parent/guardian as soon as is safely possible. By initialing, you understand and give permission to the following: 1. In case of a medical emergency, I agree that my child may receive first aid and/or CPR. 2. In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel (police, fire). 3. In case of a medical emergency, I will be responsible for any emergency medical transportation expenses.
6. In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center, including following any medical emergency protocol as stated above.

Initial

**Please check which of the following products you will permit the use of on/with your child:**

I give my permission to Eugene Creative Care to apply ☐ sunscreen, ☐ anti-bacterial cream, and allow the use of ☐ toothpaste to/with my child, ☐ Tylenol, ☐ Ibuprofen, ☐ Diaper rash-cream

## Medical & Developmental Information (Please See Additional Questionnaire)

Child's Name	Age	Height	Weight	Hair color	Eye color
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### Distinguishing Marks

Does your child have any medical, mental, physical, emotional or developmental conditions that may/would affect their participation in regular classroom activities.

☐ No ☐ Yes If yes, Please Explain \_\_\_\_\_

Please list a brief history of your child's serious injuries and hospitalizations. \_\_\_\_\_

Will your child need to be administered medication while in the care of Eugene Creative Care? ☐ No ☐ Yes  
If yes, please attach care instructions from your physician and complete a Eugene Creative Care Medical Authorization Form.

Does your child have any special medical dietary needs documented by a physician?

☐ No ☐ Yes If yes, Please Explain \_\_\_\_\_

### Chronic Illness History (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            |
| <input type="checkbox"/> Diabetes                  |   |   |

Please attach care instructions from your physician for any of these illnesses.

### Disease History (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 _____    |

**Allergies (please list)****Medication Allergies****Reaction****Food Allergies****Reaction****Bee Stings Allergies****Reaction****Respiratory Allergies****Reaction****Other Allergies****Reaction****Are any of these allergies  
life-threatening or require an EPI  
Pen?**☐**Yes**☐**No****Child's Medical Care Provider (Information Must Be Complete)****Primary Physician's Name:****Primary Physician's Practice Name:****Phone:****Physician's Practice Address:****City:****State:****Zip:****Preferred Hospital/Clinic for Emergency Care:****City:****State:****Dentist's Name:****Dentist's Practice Name:****Phone:****Dentist's Practice Address:****City:****State:****Zip:****Media Release**

Occasionally, photos will be taken of the children in our programs by Eugene Creative Care staff for use within the organization or on our website/brochures/marketing tools. We do not allow outside media to photograph children in our programs. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with our programs/organization.

**Initial**

## Registration Policies

Tuition is due prior to services being rendered. **Billing cycles go out on the 20th of every month and tuition fees are due the following 1st of the month.** Late fees are assessed on the 6th day of each month in the amount of \$25. If you need to make changes to your account (including reporting extended vacation absences), change to a different tuition bracket or to drop one of our programs, families should contact the business office prior to the billing cycle for the upcoming month and we would happily make that change. Changes made past the 19th of the month (billing cycle) will not take effect until the following billing cycle.

**\*\*Please note that families have up to two weeks of vacation time allowance per academic year without penalty of losing their place in the program. No more than one week can be used in any one billing cycle. \*\***

Any unpaid tuition balance that remains after the 7<sup>th</sup> of the month will cause the enrolled child to be suspended from attending Eugene Creative Care until the balance is paid. Any unpaid tuition balance that remains after the 15<sup>th</sup> of the month will be reported to collection services. At that time, Eugene Creative Care cannot take payment directly or manage your account; all correspondence must be directed to the collection agency.

**Families who are late to pick up their child (past 6 p.m.) will incur a \$25 flat rate late fee for every occurrence. The only exception to this rule is a documented emergency.**

If a family goes over their agreement hours in any given month, they will be billed on the following bill cycle for any care more than their agreement, either by the hourly rate of \$8.00 or the difference between the current bracket and the next one up, whichever is less.

There is a one-time enrollment fee each school year of \$50 per child that is due along with the first month's tuition upon registration. This fee is not applied to any future tuition charges and is charged to offset the administrative costs associated with enrollment. All registration and tuition fees are non-refundable or eligible for credit.

There are days when Eugene Creative Care will have to close due to hazardous weather or other emergency situations. Fairfield Child Development Center will close when Bethel School District building close due to emergency or inclement weather condition. When there is a two-hour delay announced by the school district, FFDCDC will open at 9 a.m.

Checks and/or ACH (automatic payments) that are returned unpaid will incur a \$25 Non-refundable fee.

**DHS Clients Only:** I understand that I am responsible for the same enrollment agreement financial policies (stated above) as all other Eugene Creative Care families (this includes co-payment due dates). I understand that it is my responsibility to show proof of my eligibility to receive ERDC in the form of a written document from DHS or by having my case worker call the administrative office. I agree I will be billed for any amount that DHS does not cover. Eugene Creative Care will notify me when my billing statements are ready to be signed. I understand that I have 2 working days from that notification to come to the administration office and sign these papers before DHS will be notified of my non-compliance and at the discretion of Eugene Creative Care have child care suspended.

## Registration Policy Acknowledgements & Contract Approval

Information and policies regarding registration contained in this agreement may be subject to change and I will be notified of these changes in writing as they occur.

I understand that any questions or concerns related to any part of this registration agreement can and should be directed to the Director or Enrollment Specialist of Eugene Creative Care.

I certify that I understand and agree that it is my responsibility to read and familiarize myself with all policies, procedures, and terms related to registration that are outlined in this agreement and the 2018/19 Family Handbook. By signing below, I acknowledge that I understand and agree to abide by them.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
ECC Representative Signature

\_\_\_\_\_  
Date

# Rate Agreement and Contract – FFCDC

## Scheduled Attendance

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

Day of Week	Start Time	End Time	What age group/classroom are you requesting care for:
Monday			Hours were open 6:30 a.m. to 6:00 p.m.
Tuesday			
Wednesday			Full Time is 25 hrs or more per week
Thursday			Part Time is 24 hrs or less per week
Friday			

**\*\* TO BE COMPLETED BY ADMINISTRATIVE STAFF AT TIME OF REGISTRATION\*\***

**TOTAL HOURS PER MONTH:**      **Monthly Tuition**      **Registration**      **Total Paid at**  
**(Flat Rate Full Time or Part Time)**      **Bracket:**      **Fee:**      **Registration:**

Registration Taken/Reviewed by:

Administrator Signature:

Parent/Guardian Signature: