

ENROLLMENT FORM



Location: Stamford-Camp Ave Wilton
 Stamford-High Ridge Shelton

Date of Application: _____

Registering for: Infant/Toddler Preschool Afterschool Summer Camp

Date my child will start at Building Blocks: _____

Full Time: Part Time: (if part-time please mark days below)

Days for part-time enrollment: (check) M T W R F

My tuition will be: \$ _____ /week \$ _____ /month (Please see attached rate schedule)

Payment Method: ACH/Check Credit Card (3 % fee)

Child's First/Last Name: _____ Date of Birth: _____ Age: _____

Child Nickname (if any): _____ Gender: F M

Home Address: _____

Mother's First/Last Name: _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

Mother's Home Address: _____

Mother Employment: _____ Address: _____

Father's First/Last Name: _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

Father's Home Address: _____

Father Employment: _____ Address: _____

Sleeping Schedule (for children under 36 months): _____

Toilet Schedule (for children under 36 months): _____

ADDITIONAL INFORMATION THAT WOULD BE HELPFUL TO OUR STAFF

PARTICIPATING PARENT / GUARDIAN AUTHORIZATION FOR RELEASE OF CHILD AND EMERGENCY MEDICAL INFORMATION

Connecticut State Law requires that there be additional persons other than the child’s parent or guardian authorized for release and authorized to make medical decisions in the event of an emergency.

ALTERNATE PERSONS AUTHORIZED TO PICK YOUR CHILD UP IN THE EVENT OF EMERGENCY AND/OR LATE PICK UP OF CHILD BY PARENT(S) – THESE WILL BE USED BY STAFF OF BUILDING BLOCKS EARLY LEARNING CENTER (BBELC) IN THE EVENT WE CANNOT CONTACT PARENTS OR GUARDIANS:

Parent / Guardian Authorization for Release of Child

I understand that BBELC staff is trained in first aid and CPR as required by Connecticut General State. I authorize BBELC Staff to administer first aid and CPR to my child for minor injuries or illnesses as appropriate and to notify me of any actions taken. For all conditions requiring emergency medical treatment, BBELC Staff will contact me. If I cannot be reached, I authorize BBELC to contact and/or release my child to the following representative(s) designated by me for this purpose.

Authorized Non-Parent/Guardian Name: _____ Phone#: _____

Address: _____

*need current license/passport on file

Authorized Non-Parent/Guardian Name: _____ Phone#: _____

Address: _____

*need current license/passport on file

If I, or my representative(s), cannot be reached I authorize Building Blocks Early Learning Center, LLC to care for my child and transport my child to an appropriate medical facility and obtain any necessary medical treatment for my child at my expense.

Parent/Guardian Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Child’s Physician: _____ Phone #: _____

Address: _____

Child’s Dentist: _____ Phone #: _____

Address: _____

Child’s Health/Medical Insurance Carrier: _____ Policy #: _____

Name of Employer Providing Insurance: _____

Member Service Phone: _____

Affiliated/Preferred Hospital (if any): _____

Hospital Address: _____ Hospital Phone #: _____

PARTICIPATING PARENT / GUARDIAN NOTIFICATION OF CHILD ALLERGIES AND IMMUNIZATION

Connecticut Law requires each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization, including appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds.

Has your child been vaccinated? _____

If so, what vaccinations has your child received? _____

Does your child have injectable equipment used to administer glucagon? _____

Connecticut Law also requires parents to disclose any allergies and medical issues to your child has, along with any appropriate medication that is to be administered while in BBELC care.

Please List **All** Allergies: _____

Please list **Any and All** Medical issues: _____

Please list **Any and All** Medications required: _____

Does your child have a prescription prefilled cartridge injector or similar automatic injectable equipment to treat allergic reaction?

(If so, please provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child).

PARENT / GUARDIAN REGISTRATION AGREEMENT

PLEASE READ AND INITIAL NEXT TO EACH NUMBER

1. _____ I will notify BBELC and update all medical, family and other information previously provide as part of the registration. I will provide BBELC with any additional information required to comply with local and/or state licensing requirements as they become necessary. I understand it my responsibility to provide Building Blocks with any changes in the information provided herewith.
2. _____ Tuition is based off of a 52 week payment cycle and includes, but not limited to holidays, training and child absences. I understand and agree that there are 8, 4 week payment periods, and 4, 5 week payment periods. If you choose an alternate payment schedule, please see your Director.
3. _____ There will be late charge of \$10 per day applied for every day tuition is not paid. If tuition has not been paid, or a tuition balance is not fulfilled, I understand my child will not be permitted to maintain his or her enrollment.
4. _____ I understand that registration and enrollment fees are nonrefundable.
5. _____ Tuition should be paid by ACH, personal check or debit card. If choosing to use credit card, please note a 3% service charge will be applied to your yearly tuition. Please see your Director if you have more than one child enrolled. If any method of payment is returned for any reason a \$40 fee will be added to your tuition for each time it's returned.
6. _____ Registration and enrollment are subject to review by Building Blocks Administrators and managing members at any time for any purpose. All registration forms must be updated on a yearly basis.
7. _____ Tuition is to be paid as dictated by this Agreement. If any modifications, edits, or changes of any kind are made herein, said changes must be made in writing, acknowledged and signed by BBELC, the parent/guardian, and all other applicable parties. Any change in tuition requires the parties to complete a new working registration form. No tuition changes shall be made to this particular agreement through mark-ups, handwritten exceptions, or in any similar fashion.
8. _____ I agree to reimburse BBELC for any outstanding tuition balance.
9. _____ I agree to have my child use all of the indoor and outdoor equipment at BBELC and allow my child to participate fully in all activities scheduled by BBELC, unless otherwise notified.
10. _____ I grant my child permission to leave BBELC under the supervision of a staff member for any scheduled events including but not limited to neighborhood walks, field trips, and any activity associated with Building Blocks. I will be furnished with appropriate permission slips in the event any scheduled activity requires it. Unless there is my valid signature on the returned permission slip, my child will not be allowed to participate in the applicable activity.
11. _____ BBELC is not responsible for my child prior to my child entering the interior physical structure of the BBELC facility, nor shall BBELC be responsible for my child subsequent to my child leaving said facility. BBELC will assume responsibility for my child once parent/guardian and child make verbal or physical contact with BBELC staff.
12. _____ I understand and agree that if I am going to be late picking up my child from the BBELC facility at the designated pick-up times I must notify the school as soon as possible. I understand and agree that I will be charged a late fee of \$1.00 per minute for every minute late after 6:05 pm. At 6:20 pm parents will incur an additional flat \$20 fee (\$40 total at this point). The late fees will continue to accrue after 6:20 pm at \$1.00 per minute. All late fees must be paid in cash to the teacher scheduled to close.
13. _____ I understand and agree that when I bring my child to the BBELC, I am responsible for making physical contact with a BBELC staff member prior to my departure from the building. I understand and agree to sign my child in for the day he/she attends BBELC and I am to sign my child out when I arrive at BBELC to take my child with me from the facility.

14. _____ BBELC is allowed to include my child in any photographs or advertisements associated with BBELC, including but not limited to magazine articles, newspapers materials, brochures, website and the like.
15. _____ BBELC Staff will provide my child with the necessary emergency medical care as required by this Agreement and Connecticut Law. BBELC will administer basic medical procedures as they are stipulated by the American Red Cross (including cardiopulmonary resuscitation), the American Heart Association, the National Safety Council, American Safety and Health Institute or Medic First Aid International, Inc. It is agreed that any medical fees incurred as a result of treating my child will be reimbursed by me, the Parent.
16. _____ I understand and agree that if any changes are made in the custodial rights of my child I will provide BBELC with this information in immediate fashion as well as provide applicable court documents, along with the court's signature, in effort to validate appropriate court ordered guardianship.
17. _____ BBELC reserves the right to terminate my child's enrollment at any time upon notification to me for any action by the child or parent that has a detrimental impact on Building Blocks or any child, staff, person, property, parent or activity associated with BBELC.
18. _____ I understand and agree that if my child is evaluated in any way by an agency other than one associated with BBELC, I will give BBELC notice and results and records of said evaluation will be made available to BBELC upon request.
19. _____ BBELC staff is required to report any signs or suspicions of child abuse and neglect to the applicable authorities, along with notice to parents of said reporting.
20. _____ Families may withdraw children from BBELC at any time throughout the enrollment period. Families must give the Program Director a **30 day advance notice**, in writing, indicating you want your child's enrollment to be terminated. The notice must be signed and dated by the Parent/Guardian of the child. In addition, Building Blocks will be authorized to debit 30 days worth of tuition from said account. This also includes moving your child from full time to part-time enrollment.
21. _____ BBELC requires that an active credit card be on file in order to process all termination/late fees. If the amount has been paid by check, the card will not be charged.
22. _____ Two key fobs will be provided per family within the first week your child(ren) start. You will be responsible to return both key fobs upon leaving Building Blocks. If key fobs are not returned, \$15 per key fob will be charged to your credit card. If additional key fobs are needed, Building Blocks will charge \$15 per additional fob which is refundable upon return.

This Agreement and Registration Form constitutes the exclusive agreement between the parties and supersedes any oral or written understanding previously made. This Agreement may only be modified in writing executed by a duly authorized representative of Building Blocks Early Learning Center, LLC. Employees are not authorized to make any independent agreement with any Parent, Guardian or child. By signing this Agreement, I understand and agree to all above mentioned terms, conditions and provisions.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

I represent that I have been advised of and fully understand the Building Blocks Early Learning Center, LLC policy with regard to registration and cancellation, including but not limited to the obligation to pay a minimum of one month's tuition. I desire to enroll my son/daughter _____ at Building Blocks Learning Center LLC (BBELC) Early Care Learning program.

In consideration and reliance of my child's enrollment, I understand and agree that Building Blocks Early Learning Center LLC (BBELC) has reserved a position for my child and upon submission of the Registration Application, I am responsible to pay tuition for the first week together with a registration fee in the aggregate amount of \$_____.

I further understand that I am responsible to provide Building Blocks Early Learning Center, LLC (BBELC) with my valid credit card information to secure all future payment obligations. In the event that I choose not to have my child enroll at Building Blocks Early Learning Center LLC (BBELC), it is understood and agreed that Building Blocks Early Learning Center LLC is authorized to debit my credit card on file for the remaining three weeks tuition, in the amount of \$_____ based on Building Blocks Early Learning Center, LLC (BBELC) 30 day termination policy.

Signature of Parent / Guardian

Date

Printed name of Parent / Guardian

Date

Signature of Parent / Guardian

Date

Printed name of Parent / Guardian

Date