

CHILD AND FAMILY OVERVIEW

LOCATION:

HOURS OF OPERATION:

ENROLLMENT PREFERENCE

Full Day (M-F) <input type="checkbox"/>	Full Day, Part Time (select days): M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>
Part Day <input type="checkbox"/>	Part Time/Part Day (select days): M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/>
Program: Infant <input type="checkbox"/> Toddler/Twos <input type="checkbox"/> Preschool <input type="checkbox"/> School Age <input type="checkbox"/>	Start Date (mm/dd/yy):
Anticipated Arrival Time: _____ Anticipated Departure Time: _____	

CHILD INFORMATION

Child's Full Name:		Nickname:	
Date of Birth (mm/dd/yy):	Age at Registration:	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Is there a court order prohibiting anyone from having contact with your child? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, who?		*Please attach a copy of the court order to this form.	

FAMILY INFORMATION



Parent/Guardian 1

Relationship:	First Name:	Last Name:
Cell Phone:	Secondary Phone:	
I would like to receive school alerts through text messaging: <input type="checkbox"/> No <input type="checkbox"/> Yes, and Cell Phone Carrier:		
Email:	Primary Language:	
Home Address:		
City:	State:	ZIP Code:
Employer Name:		
Work Address:		
City/State/Zip:	Work Phone:	

Parent/Guardian 2

Relationship:	First Name:	Last Name:
Cell Phone:	Home Phone:	
I would like to receive school alerts through text messaging: <input type="checkbox"/> No <input type="checkbox"/> Yes, and Cell Phone Carrier:		
Email:	Primary Language:	
Home Address:		
City:	State:	ZIP Code:
Employer Name:		
Work Address:		
City/State/Zip:	Work Phone:	



My signature below indicates the above information is complete and correct to the best of my knowledge.

 Parent /Guardian Signature:	Date (mm/dd/yy):
 Parent /Guardian Signature:	Date (mm/dd/yy):

MEDICAL INFORMATION AND PHYSICAL DESCRIPTION

MEDICAL INFORMATION	
<i>Child's Physician Information</i>	
Physician and/or Clinic Name:	
Phone:	
Address:	
City:	
State, Zip Code:	
<i>Allergies and Conditions (describe in the spaces provided and, if needed, submit a separate Individual Health Care Form to detail specific care):</i>	
Allergies and Their Reactions:	
Chronic Health Conditions:	
Medical Alerts, Disabilities, or Medical, Behavioral, or Dietary Limitations:	
<i>Individualized Family Service or Education Plan</i>	
<input type="checkbox"/> My child has an Individualized Family Service Plan (IFSP) or Education Plan (IEP)	<input type="checkbox"/> A copy of the plan has been given to my child's teacher in order to accommodate my child's specific needs
<i>Physical and Immunizations</i>	
<input type="checkbox"/> I have submitted my child's last physical record to school	Date of Last Physical (mm/dd/yy):
<input type="checkbox"/> I have submitted my child's immunization record to school	Date of Last Immunization (mm/dd/yy):
<i>Medications</i>	
<input type="checkbox"/> My child takes regular medications at home (describe reason and potential side effects):	
<input type="checkbox"/> My child will take regular medications at school (please describe reason and potential side effects): (must also fill out school medication form)	
<i>Health Insurance</i>	
Health Insurance Company (optional):	Policy #:

In the unlikely event of an emergency requiring medical attention for my child, I understand that every effort will be made to contact me. I authorize staff at Building Blocks who are trained in the basics of first aid or CPR to give my child first aid or CPR when appropriate. However, if I cannot be reached or if my child needs immediate emergency treatment and a delay would be dangerous to the health of my child, I hereby authorize the program to transport my child to the nearest medical care facility and/or to secure necessary medical treatment for my child including but not limited to an epinephrine auto-injection for suspected exposure to a life threatening allergen. Building Blocks does not discriminate on the basis of a person's religion, race, color, national origin, cultural heritage, sex, marital status or any other factors protected by law.



 Parent /Guardian Signature:	Date (mm/dd/yy):
 Parent /Guardian Signature:	Date (mm/dd/yy):

EMERGENCY CONTACTS

Please list below all emergency contacts and persons besides legal guardians. Please also note if the contact is authorized by you to pick your child up from school. It is the policy of Building Blocks not to release children to anyone not authorized by the parent/guardian in writing (please list additional contacts authorized to pick up child on the back). If a child is protected by a restraining order, please submit the order to Building Blocks.

EMERGENCY CONTACTS (in order to be contacted)		
<i>Parent/Guardian 1:</i>	First Name:	Last Name:
Cell Phone:	Secondary Phone:	
<i>Parent/Guardian 2:</i>	First Name:	Last Name:
Cell Phone:	Secondary Phone:	
<i>Additional Contact 1 (Required)</i>		
Relationship:	Name:	Phone:
Address, City, State:		<input type="checkbox"/> Authorized to pick up child
<i>Additional Contact 2 (Required)</i>		
Relationship:	Name:	Phone:
Address, City, State:		<input type="checkbox"/> Authorized to pick up child
<i>Additional Contact 3 (Optional)</i>		
Relationship:	Name:	Phone:
Address, City, State:		<input type="checkbox"/> Authorized to pick up child
<i>Additional Contact 4 (Optional)</i>		
Relationship:	Name:	Phone:
Address, City, State:		<input type="checkbox"/> Authorized to pick up child

My signature below indicates I have read and consent to ALL of the above information.



 Parent /Guardian Signature:	Date (mm/dd/yy):
 Parent /Guardian Signature:	Date (mm/dd/yy):

PARENTAL AGREEMENT AND CONSENT FORM

Child's Full Name (Print): _____

		Check
1. I have read and agree to the program's Family Handbook Version Date: _____.	<input type="checkbox"/>	<input type="checkbox"/>
2. I have read and discussed with the Director the Behavior Management Plan. I understand a full copy of the plan can be found in the Family Handbook.	<input type="checkbox"/>	<input type="checkbox"/>
3. I have been informed of and understand the policies and procedures of the program.	<input type="checkbox"/>	<input type="checkbox"/>
4. I am aware that I will be informed of specifics through regular newsletters, letters, parent boards and emails.	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree that it is the responsibility of both the staff of the program and I (we) as parent/guardian(s) to keep an open line of communication and that I will alert the program if anything in this enrollment package changes.	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand the payment policies and that I will be charged a late fee if services are not paid for on time.	<input type="checkbox"/>	<input type="checkbox"/>
7. I understand that I must give 4 weeks notice to any schedule changes or withdrawal from the program.	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand I am responsible for making all regularly scheduled tuition payments even when the school may be closed due to (but not limited to) holidays, staff training, inclement weather, natural disaster and/or State of Emergency.	<input type="checkbox"/>	<input type="checkbox"/>
9. I give permission for my child to be observed during general classroom visits by guests in which there will be no interactions between my child and the observer and no identification of individual children.	<input type="checkbox"/>	<input type="checkbox"/>
10. I give Building Blocks consent to:		
a. Seek emergency medical care	<input type="checkbox"/>	<input type="checkbox"/>
b. Secure transportation for your child to the hospital in the event of an emergency	<input type="checkbox"/>	<input type="checkbox"/>
c. Administration of first-aid procedures	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate your preference for the following:	Yes	No
11. I give permission for my child's photograph to be used for <u>internal</u> purposes at Building Blocks (e.g. posted in classrooms, training materials, school emails, Kaymbu or newsletters).	<input type="checkbox"/>	<input type="checkbox"/>
12. I give permission for my child's photograph to be used for <u>external</u> purposes at Building Blocks (e.g. marketing materials, Building Blocks or affiliate websites, local newspapers. Note: your child will never be identified by name without your express permission.)	<input type="checkbox"/>	<input type="checkbox"/>
13. Walking Trips – I give permission for my child to leave the school for off-site walking trips. This may include taking a walk for outside exercise and educational purposes, with the understanding that my child will be accompanied by Building Blocks' staff and will be under proper staff supervision at all times.	<input type="checkbox"/>	<input type="checkbox"/>

My signature below indicates I have read, completed and acknowledge ALL of the information above.

 Parent /Guardian Signature:	Date (mm/dd/yy):
 Parent /Guardian Signature:	Date (mm/dd/yy):

KAYMBU CONTACT LIST

Building Blocks is **BIG** on transforming early education. Each and every day, we create new ways to improve your child’s education and overall family experience. That is why we partnered with Kaymbu, an innovative platform that allows teachers to capture your child’s development, share pictures and record information onto digital daily sheets. These moments will be shared with you via email and/or text throughout the week.

Privacy and security is of utmost importance in managing this sensitive information and media. The Kaymbu system employs leading enterprise-level security for all of its services, exclusively serving the preschool and child care market across the country. The entire platform is a “closed” system for each school – it is not connected in any way with social media or other public applications. Finally, all information captured and stored in the system will never be used for any other purpose outside of direct communication with families or as dictated by school media policies. However, please note that pictures tagged with multiple children will be sent to each family tagged.

Please select ONE statement below (☒):

I would like to participate in the secure Kaymbu photo system and receive regular photographs of my child as teachers document activities, learning and fun as a method of daily family communication. I also give permission for my child’s photograph to occasionally be sent as a group photo to other families as a method of daily family communication.

I do not want to participate in the Kaymbu photo program and understand that I will not receive photo emails of my child.

CHILD INFORMATION			
Child’s Full Name:			
School:		Classroom:	
KAYMBU CONTACTS			
Contact 1			
First Name:		Last Name:	Relationship:
Receive daily note:	<input type="checkbox"/> Email:		<input type="checkbox"/> Cell/Text:(only for urgent notifications):
Contact 2			
First Name:		Last Name:	Relationship:
Receive daily note:	<input type="checkbox"/> Email:		<input type="checkbox"/> Cell/Text:(only for urgent notifications):
Contact 3			
First Name:		Last Name:	Relationship:
Receive daily note:	<input type="checkbox"/> Email:		<input type="checkbox"/> Cell/Text:(only for urgent notifications):
Contact 4			
First Name:		Last Name:	Relationship:
Receive daily note:	<input type="checkbox"/> Email:		<input type="checkbox"/> Cell/Text:(only for urgent notifications):

My signature below indicates I have read and completed ALL of the information above.

 Parent /Guardian Signature:	Date (mm/dd/yy):
 Parent /Guardian Signature:	Date (mm/dd/yy):

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION – Page 1 of 3

SOCIAL RELATIONSHIPS	
	Please describe, or indicate “yes,” “no,” or “N/A”
How would you describe your child?	
What makes your child most happy? Any favorite toys?	
What makes your child most upset?	
How do you comfort or reassure your child?	
What does your child do to comfort him/herself?	
Do you have any concerns with your child’s sight? Hearing? Behaviors? Sensory stimulation?	
Any specific fears we should know about?	
What behavior management techniques do you use at home?	
What experience with other children his or her age does your child have?	
Reaction to strangers?	
Please describe routines you have at home that you would like us to try in school.	
What would you like your child to gain from this experience?	

DAILY SCHEDULE	
Please describe your child’s schedule on a typical day. Please include: awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, bathing, where he/she sleeps, bedtime routines, etc.	

EARLY EDUCATION & CHILD CARE EXPERIENCE	
	Please describe, or indicate “yes,” “no,” or “N/A”
Previous centers in which the child has been in care?	
Child’s experience with their care?	
Please describe how you feel your child will benefit from enrollment at Building Blocks.	

YOUR FAMILY	
	Please describe, or indicate “yes,” “no,” or “N/A”
Do you typically celebrate your child’s birthday?	
Are there any special days you celebrate at home?	
Are there any other languages besides English spoken in your household? If yes, please list.	

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION – Page 2 of 3

DEVELOPMENTAL HISTORY			
Does your child...	Please describe or indicate “yes,” “no,” or “N/A”		
Did your child have any prenatal or birth complications? Have a history of colic?			
Did your child ever have any serious illness or history of hospitalization?			
Tell us about your child as an infant . What is/was his or her temperament? Does/ Did he/she have any specific sleep or eating routines? <i>For children infants now:</i> Does he/she use a pacifier? Sleep on his/her back without issue? Formula or breast fed? <i>Note: Building Blocks follows Infant Sleep Safe Guidelines and a Back-to-Sleep policy for all infants under 12 months.</i>			
Tell us about your child as a toddler . Does/did he or she have any speech difficulties? Aggression issues? <i>For children toddlers now:</i> How mobile is he/she (walking, climbing, stairs, etc.)? What self-help skills does he/she have? Anything else?			
Tell us about your child as a preschooler : What topics does he/she seem most interested in learning about? Any signs of struggles learning or with attention? How easily does he/she make new friends? Anything else?			
Does your child have a particularly fussy time of the day? When? How do you handle this time?			
If applicable, at what ages did your child start:	Sitting?	Crawling?	Walking?
Talking?	Potty Training?	Dressing self?	Recognizing own name?

EATING HABITS	
Does your child...	Please describe or indicate “yes,” “no,” or “N/A”
Have any special characteristics or difficulties related to eating?	
Eat in a high-chair or lap? Eat with hands or utensils? Drink from a bottle/cup? Other?	

SLEEPING HABITS	
Does your child...	Please describe, or indicate “yes,” “no,” or “N/A”
Sleep in a crib or bed?	
Become tired or nap during the day? (When? And for how long?)	
Have any special needs when going to bed or waking up? (e.g. stuffed animal, story, mood upon waking, etc.)	
When does your child go to bed at night? Wake up in the morning?	

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION – Page 3 of 3

TOILET HABITS	
Is your child...	Please describe, or indicate “yes,” “no,” or “N/A”
<input type="checkbox"/> In Diapers	If so, what kind of diapers? Is there any concern with diaper rash? Any specific instructions?
<input type="checkbox"/> Potty Training	If so, how does he/she indicate bathroom needs? What methods are you trying at home? Are you still putting on diapers during parts of the day?
<input type="checkbox"/> Potty Trained	If so, does he/she have accidents? Any specific care instructions we should be aware of?
Does your child have regular or irregular bowel movements? (How many per day?)	

OTHER (OPTIONAL)
Is there anything else you would like us to know about your child that will help us best serve him/her and your family?

My signature below indicates I have read and completed ALL of the information above.

 Parent /Guardian Signature:	Date (mm/dd/yy):
 Parent /Guardian Signature:	Date (mm/dd/yy):

PAYMENT POLICIES AND AGREEMENT

Parent Name: _____	SSN: _____
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Registration & Deposit Fees

Building Blocks' registration fee of **\$100.00** is due at the time of your child's enrollment. A one-week non-refundable deposit is due at the time of registration. Enrollment is not guaranteed until registration and deposit fees are received. The deposit fee guarantees your child's slot at Building Blocks. Registration fees and updated child files are due annually.

Initial Registration: _____	One Week Deposit: _____	Tuition: _____
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IMPORTANT: Registration and Deposit fees are NON-REFUNDABLE.

Building Blocks requires a **four week written notice for termination** in the event you choose to leave Building Blocks. ***This notice must be given to the Director of your school. It will not be honored*** if given to your child's teacher. The same four week rule applies to any schedule change requested by the guardian. You are required to pay for four weeks of tuition following the date of your termination notice. The deposit will be applied to cover part, but not all, of these final payment terms. Families with tuition payments that are more than two weeks overdue will be considered to be working off their deposit and their child will no longer be enrolled in the school after four weeks.

Tuition

You may choose from two (2) methods to pay your tuition. The first option is preferred by Building Blocks:

Select **ONE** (☒)

<input type="checkbox"/>	Automatic Checking/Savings Deductions (PREFERRED): By electing this method, you are authorizing Building Blocks to automatically deduct your tuition from your checking/savings account through ACH transactions (Automated Clearing House). The verification process initially takes 7-10 days. Once bank approval has been received, your payments will be automatically deducted and credited to your account.
<input type="checkbox"/>	Money Order/Bank Check: You may choose to elect to prepay for your tuition by money order/bank check.

You are contracting for a guaranteed slot for your child to the exclusion of all others and tuition is due and payable whether your child is out due to sickness, holiday closing, weather emergency, vacation, or acts of God. This will automatically be charged to your account. Tuition is our only source of revenue to pay for the operation of our school and for teacher payroll. Prompt payment is necessary and expected. For families with state funding, if your child(ren) attends Building Blocks for any time that is not covered by Care 4 Kids or any other state/federal funded programs, you will be responsible for payment based on Building Blocks current tuition rates.

Late Payment Fees

There is a \$25.00 fee per week for any balance and/or tuition payment that is not paid by the close of business on Wednesday. If account remains delinquent for two weeks, enrollment may be terminated.

Late Pick Up Fee

A late fee of \$20.00 for the first 15 minutes past closing, and \$2.00 per minute thereafter will be charged to your account.

Returned Checks/Insufficient Funds

There is a \$35.00 service charge for each check returned and/or insufficient funds. You may also be assessed fees by your bank for this incomplete transaction. These charges will automatically be charged to your account.

Absences

Any time a child is gone for more than two weeks without payment of the regular weekly tuition, the child is dropped from the enrollment list and the vacancy is filled. In order to enroll again, an opening will have to be available and a new registration fee paid. Building Blocks reserves the right to deny re-enrollment for families whose state funding is terminated and reinstated for excessive absences.

Holidays & Closures

The program will be closed on specific days throughout the year as indicated within the annual closing calendar. Please note that holiday closures may vary by school and year. When a holiday falls on a Saturday, we will be closed the Friday before the holiday. When a holiday falls on a Sunday, we will be closed on the following Monday. Annual calendars are available at each school, specifying exact closure dates. This calendar may be amended at any time at Building Blocks' discretion. Building Blocks does not provide reimbursement for planned or unplanned closures, including inclement weather, power outages, construction, etc. Schools are closed on these days and alternate care should be arranged. Neither substitution nor compensation will be granted.

I have read the above and agree to the terms set forth by Building Blocks.

Parent /Guardian Signature: _____	Date (mm/dd/yy): _____
Parent /Guardian Signature: _____	Date (mm/dd/yy): _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

For Automatic Checking/Savings Deductions through ACH

Automatic checking/savings account deductions are the preferred tuition payment method of Building Blocks.

We are pleased to offer you the convenience of automatic tuition payments through Tuition Express. Your payment will be safely and securely processed automatically from your bank account. Tuition Express offers peace of mind that your tuition will be paid on time. To learn more about Tuition Express, receive automatic payment notifications, or review your payment history, please visit www.tuitionexpress.com.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize **Building Blocks** (called "SCHOOL" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize the SCHOOL to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize the SCHOOL to use the third party sender, Tuition Express to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law. **Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

ACCOUNT INFORMATION			
<i>Account Holder</i>			
First Name:	Last Name:	Phone:	
Home Address:			
City:	State:	ZIP Code:	
<i>Bank</i>			
Bank or Credit Union Name:			
Branch Address:			
City:	State:	ZIP Code:	
Phone:			
<i>Account</i>			
Routing Number:	Account Number:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

This authorization will remain in full force and effect until I (we) notify the SCHOOL in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

 Account-Holder Signature:	Date (mm/dd/yy):
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from Building Blocks.

Tuition Express is an assumed business name of Blum Investment Group, Inc.

PLEASE ATTACH A COPY OF A VOIDED CHECK



PAYMENT POLICIES CONSENT

Hello and Welcome to our Family!

We look forward to sharing many memories and milestones together. Before we get started, it is important to acknowledge and appreciate that creating these moments takes a village. Our Little Sprouts village – resources, teachers, administrators, materials, equipment, training, and more – is a community that endures. Our payment and enrollment policies allow us to operate and support high-quality, loving classrooms and sustain a growing and thriving community.

Please initial each statement and sign below to accept the terms of our payment policies:

_____ *NON-REFUNDABLE PAYMENTS:* I understand that **all pre-paid fees and tuition payments are non-refundable**, even in the event of child absences or temporary or permanent school closures.

_____ *SERVICE SUSPENSION:* If child care services are temporarily suspended for any reason, I agree to pay a **step-down tuition schedule**, recognizing that there are costs associated with operating a program that occurs regardless of my child(ren)'s access to the service. Should services be permanently suspended thereafter, payments remain non-refundable. The program may experience multiple closures, for which the step-down tuition schedule begins anew each time.

- If Little Sprouts closes a classroom or a school closes down for any reason and is unable to provide service for an unknown period of time, the tuition schedule is as follows:
 - *First 2+ weeks:* 100% tuition and fees (*through Friday of the second full school week*)
 - *Second 2 weeks:* 50% tuition and fees
 - *Thereafter:* *If we are closed for more than four weeks, you will pay one week's worth of tuition each month to hold your spot. This payment will be split into even payments charged across weekly installments.*
- You may also choose to withdraw. Our standard withdrawal policy requires a 30-day notice and a withdrawal fee—equal to one month's tuition. You may elect to have this final withdrawal fee charged at once or charged over the course of a four-week period.

_____ *ABSENCES:* In the event that my child is unable to attend the program for any reason (whether by my own choice or due to other program restrictions, especially around health and wellness), I am responsible for **maintaining 100% tuition payments**.

_____ *TUITION RATE CHANGES:* I understand that my **tuition rate is subject to change over the course of my enrollment** depending upon a variety of factors including, but not limited to, age group, schedule, tuition rate increases, program fees necessary for operations, etc. Little Sprouts will provide advanced notice prior to any tuition or fee adjustments.

By signing below, I understand that If I cannot or will not pay tuition, I have the option of withdrawing my child from the program or changing schedules (pending availability). From the date of the withdrawal notice, I am responsible for the standard tuition withdrawal policy (100% tuition of current tuition for 4 weeks, with deposit applied to balance if terming). If no withdrawal notice is submitted, the 4-week period will begin from your child's last day of attendance.

By signing below, I have read the above and agree to Little Sprouts payment policies and terms:

Signature

Print Name

Date