



# Coeur d'Alene

LEARNING CENTER

## CHILD FILE CONTENTS CHECKLIST

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# Coeur D' Alene Learning Center

## Enrollment Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Emergency Contact #1

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Emergency Contact #2

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Pick Up #1

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Pick Up #2

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Pick Up #3

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Pick Up #4

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Information

Payment Responsibility

Please outline below whom is responsible for payment of tuition and fees. If there is a parenting plan in place that requires each parent to pay a certain amount or percentage of daycare costs, I need a copy of the part of the parenting plan that specifies this so I can assure it is followed correctly!

# Agreement on Rate Terms or Payment Arrangements

You should fully understand the terms of the contract and the policies and procedures that you are agreeing to:

## RATE AGREEMENT

I, \_\_\_\_\_ have received and read Coeur D' Alene Learning Center's Parent Handbook of Policies and Procedures and will comply with all provisions contained therein, and shall at this time enter into an agreement with Coeur D' Alene Learning Center for the care of my child:

\_\_\_\_\_

Starting date: \_\_\_\_\_

**TO BE FILLED OUT BY COEUR D' ALANE LEARNING CENTER STAFF ONLY!!**

Monthly Tuition Rate: \$	Source of payment: (check one) <input type="radio"/> Parent <input type="radio"/> Other
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Tuition and Co Pays are due by the 5<sup>th</sup> of each month, if not paid after 5 days a \$50 late fee will be assessed. All accounts must be paid in full by the end of the month or childcare will not be provided the following month.

The contracted days and hours are as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# PERMISION FOR EMERGENCY MEIDCAL CARE

In the event that my child \_\_\_\_\_ may require medical care when I am unable to be reached, I hereby authorize evaluation and treatment as deemed necessary by the Kootenai County Hospital.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

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Surgical History: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Person(s) able to provide authorizing signature when parent(s) are unable to be reached:

- Cassie Carlson, Owner of Coeur D' Alene Learning Center
- (Emergency Contact): \_\_\_\_\_
- (Emergency Contact): \_\_\_\_\_

Date of permission signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

AUTHORIZATION IS TO BE LEFT WITH THE RESPONSIBLE ADULT AND  
PRESENTED TO THE HOSPITAL STAFF AT THE TIME EMERGENCY MEDICAL  
AND/OR SURGICAL CARE IS REQUIRED

## Permission to Take Photos

I, \_\_\_\_\_ give my Coeur D' Alene Learning Center my permission to take and use still photographs or videos of my child \_\_\_\_\_ in the following ways:

(Please initial the column you select)

Photo Authorization	Grant Permission	Decline Permission
Provider's Photo Book		
Craft Projects		
Share With Current Clients (newsletters, bulletin boards, etc)		
Online: Facility's Business Website		
Online: Facility's Business Facebook Page		

\_\_\_\_\_ I understand that it's my responsibility to update this form if I wish to retract permission in any category listed above.

\_\_\_\_\_ I understand that permission is given for the entire period of my child's enrollment unless I update the form.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date \_\_\_\_\_

# Permission to Administer Sunscreen

Please select one option from the following!

I, \_\_\_\_\_ give Coeur D' Alene Learning Center my permission to apply daycare provided sunscreen to my child before going outside for recess on any sunny days.

I, \_\_\_\_\_ give my Coeur D' Alene Learning Center my permission to apply parent provided (please label bottle) sunscreen to my child before going outside for recess on any sunny days.

I, \_\_\_\_\_ will be applying sunscreen to my child before school on any sunny days so that application is not needed at school.

If Coeur D' Alene Learning Center is providing sunscreen for your child, listed below is the sunscreen we provide.



Drug Facts	
<b>Active Ingredient</b>	<b>Purpose</b>
Avobenzone 3.0%...Octisalate 5.0%...Octocrylene 4.0%...Oxybenzone 5.0%.....	Homosalate 10.0%...
<b>Warnings</b>	
Flammable: Do not use near heat, flame or while smoking. Avoid long term storage above 104f-40c.	
<b>Pregnancy/Breastfeeding</b> If pregnant or breast-feeding, ask a health professional before use.	
<b>Directions</b>	
Apply liberally 15 minutes before sun exposure. Hold can 4-6 inches away from body, spray evenly to ensure complete coverage. Do not spray onto face. Spray into hand And apply to face. Use in well ventilated, but not windy areas. Reapply: after 80 minutes of swimming or sweating, immediately after towel drying, at least every 2 hours. Sun Protection measures: Spending time in the sun increases your risk of skin cancer And early skin aging. To decrease this risk, regularly use a sunscreen with broad-spectrum SPF of 15 or higher And other sun protection measures including: Limited time in the sun, especially from 10 A.M.-2 P.M. Wear long-sleeve shirts, pants, hats, And sunglasses. Children under 6 months: ask a doctor.	
<b>Inactive Ingredients</b>	
Alcohol Denat. (73.2% v/v), Acrylates/Octylacrylamide Copolymer, Stearoxtrimethylsilane, Glycerin, Diethylhexyl Syringylidenemalonate, Tocopherol (Vitamin e), Fragrance, Retinyl Palmitate (Vitamin a Palmitate), Caprylic/Capric Triglyceride.	

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Acknowledgement of Forms Submitted and Parent Handbook

I hereby agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand and agree to comply with the policy and procedures and information for parents given to me by Coeur D' Alene Learning Center in the parent handbook.

Yes/No I give permission for my child's file to be reviewed during the Steps to Quality verification process

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_



# Enrollment Agreement

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

## SECTION I: TUITION AND FEES

\_\_\_\_\_ **REGISTRATION FEE:** I understand that the payment of a onetime \$100 non-refundable registration fee per family is due at the time of registration.

\_\_\_\_\_ **TUITION AND MODIFICATIONS CONDITIONS:** \$\_\_\_\_\_ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require.

\_\_\_\_\_ **TUITION SCHEDULE:** I understand that tuition is billed based on the age of the child as of September 1st each year. I also understand that I can expect a 2-5% increase in tuition each or every other school year.

\_\_\_\_\_ **PAYMENT OF TUITION:** I understand that tuition is due on the fifth of each month. If tuition is unpaid after five days, I understand that my child will not be able to receive care from Coeur D Alene Learning Center. All payment arrangements must be approved, and a signed payment agreement must be signed by parents and Director.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$50 after the 10th business day. I understand that if my account is delinquent for more than two weeks, I will be asked to withdraw my child until my account is made current. CDA Learning Center will not guarantee a child's spot when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ **AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to communicate status changes promptly. I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** CDA Learning Center is open from 6:00 a.m. to 6:00 p.m., Monday through Friday, all year, except for holidays listed. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$1 per minute per child for the first 5 minutes and \$2 per minute per child after 5 minutes. All late pick-up fees must be paid directly to the staff member providing care after 6pm.

\_\_\_\_\_ **PAYMENTS:** Payments can be made by cash & checks to the payment box and credit or debit cards through MyProcure.

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a **2 week** written notice of withdrawal from the program to [cdlearning@gmail.com](mailto:cdlearning@gmail.com). If this notification is not provided, I agree to pay all tuition and fees for the month, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

## SECTION 2: DAILY PROCEDURES

\_\_\_\_\_ **HOURS:** I understand that operational hours for care are 6:00am - 6:00pm Monday - Friday and my child needs to be at the center each day by **9:30am**.

\_\_\_\_\_ **BIRTHDAY TREATS** I understand that birthdays are special and can be celebrated at school. If you want to bring a treat for your child's class, be sure that it is store bought.

My child may participate in birthday treats at school without additional permission.

YES       NO

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out using the center's attendance procedure each day. I understand that I am required to enter the center to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

\_\_\_\_\_ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

\_\_\_\_\_ **SURVEILLANCE** I understand that the cameras at our facility record video recordings.

## SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

\_\_\_\_\_ **HOLIDAYS:** I understand the school is closed on the following holidays:

- New Year's Eve
- New Year's Day
- Memorial Day
- Independence Day
- Staff Training and Center Cleaning (Last **week** in August)
- Labor Day
- Thanksgiving Day and the day after
- Christmas Eve
- Christmas Day

I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child is absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for absences. Tuition includes all days when the center is closed, as well as the days that your child does not attend due to sickness, vacation, or other reasons.

\_\_\_\_\_ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is CDA Learning Center's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or significant building issue may disrupt service from time to time. The director and staff will make every effort to contact all parents/guardians in this event.

#### **SECTION 4: OUR POLICIES**

\_\_\_\_\_ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, with notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by all policies and state regulations.

\_\_\_\_\_ **IMMUNIZATIONS** I understand that I must keep my child up to date on all immunizations to attend care. I understand that I will only have two weeks to update or provide immunizations once enrolled. I understand that if my child is not immunized then a Child Care Immunization Form must be filled out at time of enrollment to be kept in my child's file.

\_\_\_\_\_ **SICK POLICY:** I understand that my child must stay home for a full 24 hours if they have a fever higher than 100.3, constant coughing/severe coughs, diarrhea or vomiting, rash, head lice, or an eye infection. I understand my child can come back to when they have been evaluated by a doctor (and they say it is safe to do so) or symptoms have improved. However, children must be home for 24 hours starting at the time they have left school (if no other symptoms happened at home) or be at home for 24 hours starting when the last episode/symptom occurred.

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify CDA Learning Center.

I would only like to be contacted if my child needs to be picked up.     YES     NO

I would like to have a courtesy call if my child is not feeling well but is okay to stay.  
 YES     NO

\_\_\_\_\_ **COVID EXPOSURE:** I understand this if my child is exposed to someone that is positive with COVID they will need to quarantine at home for 10-14 days without symptoms or test 5-8 days after exposure and may come back with a negative result. I also understand that if my child is exposed to someone that is positive, the first day of quarantine starts on the positive individuals 5th day of isolation.

\_\_\_\_\_ **BEHAVIOR MANAGEMENT:** I understand that positive redirection and offering choices to children are techniques used to guide children's behavior at the school. However, if aggressive or disruptive behavior continues, I understand that my child may be exited from Coeur D Alene Learning Center. I understand that if my child needs a one-on-one teacher everyday in order to be successful in the classroom, that child will most likely need to be exited from our program.

\_\_\_\_\_ **PRESCHOOL** I understand that children need to be able to follow directions, work well with others, and engage in play independently so that a teacher can lead small groups to work on individual goals during center play/stations. If my child is unable to do that, it may not be a good fit in the preschool setting.

\_\_\_\_\_ **FAMILY HANDBOOK:** I have read and understood its contents and policies located on our website at [www.cdlearningcenter.com](http://www.cdlearningcenter.com)

\_\_\_\_\_ **POTTY TRAINING:** I understand that my child must be able to verbalize or use a sign to let a teacher know they need to use the restroom. When potty training, I will provide up to 4 extra pairs of undies and pants each day. Please understand that we will assist with potty training as long as the child is actively being potty trained at home.

\_\_\_\_\_ **CHANGE OF CLOTHES:** I understand that my child will play, get messy, and have accidents. I will keep a change of clothes (labeled in a ziplock bag) at the center at all times.

\_\_\_\_\_ **LUNCH:** Please put a cold pack in your child's lunch box if something needs to stay cool or in the refrigerator in your child's classroom. If your child's lunch needs utensils, please pack them. If your child's lunch needs to be heated up we ask that it is brought in a thermos.

\_\_\_\_\_ **NO LUNCH CHARGE:** I understand I must pack my child a lunch and extra snacks. I understand my child must have their lunch by 11:00am each day or an inconvenience fee of \$10.00 will be charged to your account.

\_\_\_\_\_ **LIFE THREATENING FOOD ALLERGIES:** I understand that CDA Learning Center cannot care for children that have life threatening food allergies. Children will be around other students that eat nuts of all kinds, dairy, wheat etc.

I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_