



For Office Use Only Child's Start Date: \_\_\_\_\_

Date Application Completed by Parent \_\_\_\_\_

Child's End Date: \_\_\_\_\_

Date Received by Business Office \_\_\_\_\_

At the time of enrollment, an original Birth Certificate or Foreign Passport with Notarized Translation is required.

All known parents/guardians of child to be enrolled are required to sign enrollment and financial paperwork. Exceptions to this practice may be granted for extreme circumstances, at the discretion of SCC. SCC Administration reserves the right to request supporting and/or additional documentation for purposes of establishing parental rights, status, or guardianship.

It is the responsibility of the child's parents(s)/guardians to provide updated or new contact information or authorized parties (for pickup) in writing immediately upon any change. Swift Child Care Early Childhood Center and its staff will not be liable for any adverse action or occurrences resulting from false/incorrect information contained on the child's application and/or in the child's file.

Child Information

Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birth Location: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_
Gender: (circle one) Male or Female Primary Language(s): \_\_\_\_\_ Nationality: \_\_\_\_\_
Primary Residence: Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate days/hours you would like your child to attend our Center:

Mon \_\_\_ am until \_\_\_ pm Tues \_\_\_ am until \_\_\_ pm Wed \_\_\_ am until \_\_\_ pm Thurs \_\_\_ am until \_\_\_ pm Friday \_\_\_ am until \_\_\_ pm
(Please consult the program schedule for available Saturday programs) Saturday \_\_\_ 5:00 pm - 9:00 pm

1st Parent/Guardian Information

Primary Email Address: \_\_\_\_\_ @ \_\_\_\_\_
Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Company Name: \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_
Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: (circle one) Male or Female
Relationship to Child:(circle) Birth Mother Birth Father Foster Parent Adoptive Parent Legal Guardian Grandparent Aunt Uncle Sibling Other: \_\_\_\_\_
Primary Residence: Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
Zip \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

If you work, please indicate days/hours you are at work:

Mon \_\_\_ am until \_\_\_ pm Tues \_\_\_ am until \_\_\_ pm Wed \_\_\_ am until \_\_\_ pm Thurs \_\_\_ am until \_\_\_ pm Friday \_\_\_ am until \_\_\_ pm

If you are in school, please indicate:

Name of College/University/Technical/Training: \_\_\_\_\_ Program of Study \_\_\_\_\_
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

If you attend school or training, please indicate days/hours you attend school or training:

Mon \_\_\_ am until \_\_\_ pm Tues \_\_\_ am until \_\_\_ pm Wed \_\_\_ am until \_\_\_ pm Thurs \_\_\_ am until \_\_\_ pm Friday \_\_\_ am until \_\_\_ pm

**2nd Parent/Guardian Information** Primary Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone Company Name: \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: (*circle one*) **Male** or **Female**

Relationship to Child:(*circle*) Birth Mother Birth Father Foster Parent Adoptive Parent Legal Guardian Grandparent Aunt Uncle Sibling Other: \_\_\_\_\_

Primary Residence: Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**If you work, please indicate days/hours you are at work:**

**Mon** \_\_\_\_ am until \_\_\_\_ pm **Tues** \_\_\_\_ am until \_\_\_\_ pm **Wed** \_\_\_\_ am until \_\_\_\_ pm **Thurs** \_\_\_\_ am until \_\_\_\_ pm **Friday** \_\_\_\_ am until \_\_\_\_ pm

If you are in school, please indicate:

Name of College/University/Technical/Training: \_\_\_\_\_ Program of Study \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**If you attend school or training, please indicate days/hours you attend school or training:**

**Mon** \_\_\_\_ am until \_\_\_\_ pm **Tues** \_\_\_\_ am until \_\_\_\_ pm **Wed** \_\_\_\_ am until \_\_\_\_ pm **Thurs** \_\_\_\_ am until \_\_\_\_ pm **Friday** \_\_\_\_ am until \_\_\_\_ pm

**Both Parents' Right to Pick up the Child:** Under the laws of the state of Illinois, both parents may have the right to pick up their child unless a court document restricts that right. The enrolling parent(s)/party(ies), who chooses not to include the other parent's name on the authorized list for pick-up must file an official court document such as: \* Current restraining order \* Sole custody decree \* Divorce decree stating sole custody \* Judgment of adoption \* Foster parent documentation Absent this documentation, the program may release the child to either parent, provided that parent documents biological, foster, or adoptive parenthood of that child. My signature below indicates I have read and understand this right:

**1st Parent/Guardian Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2nd Parent/Guardian Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's safety preeminent:** If we have a concern about a child's safety at pick up time, we will contact another person on the authorized list to pick up the child. If a crisis arises at the end of the day, we will take the following steps to ensure everyone's safety and well being. We will utilize the following procedure: \* Not immediately release the child. While discussing our concerns with the person picking up the child, we will engage the child with another staff member; \* Contact the other parent or persons on the authorized list to enlist them in ensuring that the child leaves our care safely; \* Offer alternatives. Brainstorm with the family member alternative ways to ensure the child goes home safely; \* Release the child with reservation, notifying the appropriate authorities of our concern; \* Call the police and/or other authorities if anyone's well being and/or safety is threatened. My signature below indicates I have read and agree to abide by this policy:

**Car safety seats required:** Children transported in vehicles must be buckled safely into car safety seats/seatbelts that meet state requirements. Parents will take whatever steps are necessary to maintain and use car safety seats. Parents will also ensure that any person who picks up a child with a vehicle will transport children in car safety seats/seatbelts that meet state requirements. Another person on the authorized list will be called if it comes to our attention that this requirement is not met. Staff members are not permitted to assist in car seat installation or buckling a child into a safety seat or seat belt. Staff members are not permitted to pick up a child in lieu of any other person. My signature below indicates I have read and agree to abide by this policy:

**1st Parent/Guardian Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2nd Parent/Guardian Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**No Babysitting & Conflict of Interest Policies:**

I/we understand that employees of Swift Child Care are not permitted to work (in any capacity) for current, past, or future families in our program. Staff members at Swift Child Care are also not permitted to babysit for families in our program. Violation of this policy may result in termination of my child's/family's enrollment at Swift Child Care and/or termination of the employee in violation of our policy.

**1ST PARENT/GUARDIAN INITIAL HERE:** \_\_\_\_\_ **2ND PARENT/GUARDIAN INITIAL HERE:** \_\_\_\_\_

**Screening and Assessment Systems:**

I/we understand that my child(ren) enrolled at Swift Child Care will be screened at regular intervals using Ages and Stages Questionnaires and their learning and growth will be observed/assessed using Teaching Strategies Gold. The results of the Ages and Stages screening will be communicated verbally. In the event a concern is identified, your child will be rescreened within 2-3 months. If a concern persists, your child(ren) or family will be referred to the appropriate support services for a comprehensive development assessment.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**Cooking/Nutrition Activities:**

I/we understand that children of all ages may participate in nutrition and/or cooking activities. I/we understand that for safety purposes my child may not be permitted to participate in activities with items that he/she may have a diagnosed allergy to.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**Photos:**

I/we understand that children and families may be photographed during program hours and/or special events. Staff utilize photos for purposes of observations, documentation, display, special projects, and advertising. I/we understand that my/our child will not be identified by name publicly in any photo, nor in any promotional materials without my/our written consent.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**Prayer:**

I/we have been informed that it is common practice at Swift Child Care for one of the following prayers to be said before each meal and snack and understand that my child will be present and may participate in this practice: "God is good; God is great, let us thank Him for our food. Amen." Or "Thank You for the world so sweet, thank You for the birds that sing, thank You for the grass so green, thank You God for everything!" For safety purposes, at no time shall any child be removed from the group during any mealtime prayer period.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**Health Questionnaire:**

Was your child born premature (before 38 weeks gestation) \_\_\_ Yes \_\_\_ No (if yes, how early? \_\_\_\_\_ weeks)

Were there any complications of birth? \_\_\_ Yes \_\_\_ No (if yes, please specify: \_\_\_\_\_)

Birth weight: \_\_\_\_\_ lbs, \_\_\_\_\_ oz How old was the mother at the time this child was born? \_\_\_\_\_ years

Was the pregnancy high risk and/or did the mother experience stress at any time during the pregnancy? Explain: \_\_\_\_\_

Does child frequently have any of the following? Upper Respiratory Illness \_\_\_ Tonsillitis \_\_\_ Ear infection \_\_\_ Stomach ache \_\_\_ Diarrhea \_\_\_ Vomiting \_\_\_

Rash \_\_\_ Fever \_\_\_

Does your child have any history of serious illness or hospitalization? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Has your child ever required emergency medical care? If so, please explain: \_\_\_\_\_

**Do you have any concerns about your child?** \_\_\_\_\_ Yes \_\_\_ No \_\_\_ (check all that apply) \_\_\_ Speech \_\_\_ Behavior \_\_\_ Large Muscle Development \_\_\_ Small Muscle Development \_\_\_ Vision \_\_\_ Hearing \_\_\_ Cognitive \_\_\_ Social Skills \_\_\_ Emotional Well Being \_\_\_ Hyperactivity \_\_\_ Distractibility \_\_\_

(Please detail concerns here): \_\_\_\_\_

**Any physical/developmental delays and/or disabilities?** Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

**Has your child ever been referred for Early Intervention Services and/or Special Education Services?** Yes \_\_\_ No \_\_\_

(If your child has qualified for EI, Special Ed, or any form of therapy, attach the most recent copy of their IFSP or IEP. Future IFSP or IEP meetings shall involve our teaching staff and/or Director. Please complete any release/consent forms with your child's IFSP or IEP coordinators to ensure our staff receive regular updates)

**Diagnosis of asthma?** Yes or No; **Diagnosis of diabetes?** Yes or No If yes, Type I or Type II?

**Diagnosis of allergies?** Yes \_\_\_ No\_\_\_ If yes, please list all diagnosed allergies:\_\_\_\_\_

If your child has any allergies, please have your doctor provide a written statement detailing the diagnosis, allergens to avoid, and a treatment plan inclusive of instructions for administering any "emergency" medication(s). **\*\*\*\*Please note that we are able to make food substitutions if a child has a diagnosed life-threatening allergy, when accompanied by a physician's note listing the allergy, food restrictions, and recommended food substitutes.**

**Does your child have an EPI pen?** Yes \_\_\_ No \_\_\_ (if yes, an unexpired EPI pen must be provided to the Director prior to your child's first day of attendance, along with a prescription/emergency plan)

**Family Values/Beliefs Questionnaire:**

What do you enjoy doing in your free time with your child/ren?

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Do you live alone with your child/ren or do you live with other people? If you live with other people, please share who lives with you:

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What are your goals for your child?

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Are there any cultural/religious expectations for your child's behavior? If so, please explain:

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Are there any customs or rituals your family follows with respect to meal periods? If so, please explain:

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Was/Is your child breast-fed? \_\_\_Yes \_\_\_No If yes, until what age did you or do you plan to breast feed your child?

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Are there any foods/drinks your child is not permitted to consume for religious/cultural/personal reasons? Please list restricted foods and appropriate substitute items:

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Are there any customs/routines you following regarding sleep time for your child? If so, please explain:

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Children frequently enjoy having parents and family members participate in their classroom. Are there any skills, talents, or artifacts you would like to share with your child's class? If so, please explain:

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**Past Care Questionnaire:** Has your child ever been in a home daycare, Center, or other child care or nursery/preschool program? Y\_\_\_ or N \_\_\_

Has your child had any difficulty separating from you or other family members in the past? Yes \_\_\_ No \_\_\_ Please explain:

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Has your child had any difficulties with previous caregivers or teachers? Yes \_\_\_ No \_\_\_ If yes, please explain:

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Please share the thing you liked most that a previous caregiver/program did or (or a service offered):

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**Parent Code of Conduct:**

We expect parents/guardians/relatives and other authorized parties to observe a certain standard of conduct. It is the responsibility of the parents/guardians to ensure that all persons sent to pick up their child are informed of these expectations. The following conduct is not acceptable in the presence of SCC clients (children and families), staff, volunteers or on any property used or occupied by SCC program clients or staff:

- Physical or verbal punishment of their children
- Physical or verbal punishment of other children
- Threatening, harassing or otherwise disrespecting staff, other parents or other children
- Swearing/cursing or threatening/obscene gestures
- Quarreling with other parents or staff
- Making negative or disparaging comments regarding the school to staff, parents or anyone other than Administration (including outside of school)
- Smoking (any substance, including vapor products)
- Consumption of alcohol
- Possession of a firearm, knife, or other potentially deadly weapon
- Driving in an unsafe manner (speeding, erratic driving, failing to approach the properties and park in a safe and courteous manner)
- Violating policies designated to protect the safety and security of everyone at the School

Any violation of this policy may result in the immediate termination of the child or family from SCC.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**Authorized list for pick up:** Persons on the authorized list below must be at least 18 years of age and able to supply documentation of their identity.

Acceptable documentation includes: State ID, U.S. Driver's License, Passport, and Military ID. My signature below indicates I have read and agree to abide by this policy:

1<sup>st</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1st Person:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

**2nd Person:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

**3rd Person:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

**4<sup>th</sup> Person:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

**Emergency Contact Plan:** In the event of an emergency of an immediate nature, every attempt will be made to follow this contact plan.

**1st Contact:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

**2nd Contact:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

**3rd Contact:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work/Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

1<sup>st</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) or legal guardian placing the child must initial all of the following consents:

**EMERGENCY MEDICAL CARE:**

This authorizes SWIFT CHILD CARE to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the Statement. \_\_\_\_\_ is the preferred doctor/clinic/hospital.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**FIRST AID/CPR:**

I/we authorize the trained staff of Swift Child Care to administer First Aid and CPR to my/our child \_\_\_\_\_. In the event the injury or situation is of a serious nature, the staff will contact 911 for help. We/I \_\_\_\_\_ parents/legal guardians of \_\_\_\_\_ (name of child/ren) agree not to hold Swift Child Care and its staff liable for any harm that our child may experience during or as a result of the administration of First Aid and/or CPR. In cases of accidents and health emergency, paramedics will be called. In addition, every effort will be made to contact the parents immediately.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**ADMINISTER PRESCRIPTION MEDICINE:**

I/we authorize SWIFT CHILD CARE to administer prescribed medicine to my/our child as specified in the prescription’s directions for administration and directed by me/us.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**ADMINISTER OVER-THE-COUNTER MEDICINE:** (Administer only in accordance with the appropriate standards for licensure)

I/we authorize SWIFT CHILD CARE to administer over-the-counter medicine to my/our child as specified in the physician’s written instructions and direct by me/us.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES:**

I/we authorize SWIFT CHILD CARE to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize my/our child to ride as a passenger in the vehicle owned or leased by the above-named person(s) or its officers/staff. I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**Sunscreen:**

As the parent/guardian of the above child, I/we recognize that exposure to UV rays may increase my/our child’s risk of getting skin cancer someday. Swift Child Care practices sun safety. I/we acknowledge that the staff at Swift Child Care may apply a sunscreen product to my/our child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m. I/we understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. I/we understand that I/we are required to provide a suitable sunscreen for my/our child. Every child should have on file a standing parental consent form & authorization to have sunscreen applied by SCC staff or to apply on their own (for school-age children)

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER! APPROPRIATE CLOTHING, HATS, SUNGLASSES, AND COVERUPS ARE RECOMMENDED FOR USE DURING OUTDOOR TIME

\_\_\_ I have provided the following brand/type of sunscreen for use \_\_\_\_\_

OR \_\_\_ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child’s body: \_\_\_\_\_

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**SWIMMING/Wading: (For children 5 years and older)**

I/we consent to my/our child using the swimming pool of Skokie Water Park – Skokie Park District at 4715 Oakton Street, Skokie Illinois 60076.

1<sup>ST</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_ 2<sup>ND</sup> PARENT/GUARDIAN INITIAL HERE: \_\_\_\_\_

**Tuition, Copay, and Fee Payment Policy:**

I/we understand that tuition and any other fees or copays are billed in advance prior to care. Payment is due in full prior to services being rendered (i.e., my/our child attending at Swift Child Care). Payments that are returned by a financial institution or credit card company (examples include but are not limited to: NSF, Unavailable Funds, Account Closed, Compromised Card, Stop Pay, Declined, or Disputed Charges) or are delayed for any reason are treated like late payments and will incur declined payment (\$29) and late payment fees. **Failure to remit payment on time may result in suspension of my/our child’s enrollment until the balance and any past due amounts and fees are paid in full. The following late payment penalty structure is in place:** Payments received after the prescribed deadline will accrue the following late charges: The greater of \$25.00 or 3% of the balance due for the first day the payment is past due; the greater of \$25.00 or 3% of the balance due for each additional week the payment remains past due. **Families who experience a returned payment may be required to provide a new method of payment, as well as a backup credit card number on file (to be charged at S.C.C.’s discretion) in accordance with current S.C.C. policies. Families with a returned or delayed payment may also be required to remit an additional enrollment fee and/or more advance payment for services. S.C.C. reserves the right to terminate a child/family’s enrollment after 2 failed/delayed/declined payments.**

1<sup>st</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition and Tuition Express:**

All payments are required to be done electronically. Families have the option to pay either via ACH auto debit or credit card. If choosing the **credit card option**, a convenience fee of **2.85%** will be assessed per transaction. Tuition rates may vary each school-year (beginning each August/September). All tuition payments are assessed monthly.

1<sup>st</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee for Late Pick-up:**

**We are licensed by DCFS to provide care only until 6:00 p.m. Monday thru Friday (EHS & HS programs may have different program hours).** We also occasionally close earlier for meetings, conferences, holiday breaks, and other reasons. All early closures are communicated to parents in advance via one or more of the following modes: email, electronic messaging, memos, bulletins, signs, letters, and verbal reminders. If your child has not been picked up by the Center’s designated closing time each day, a late charge will accrue at the rate of **\$2.00 per minute for every minute until your child is picked up and exits the Center.** ***All late pick-up fees will be automatically deducted from your Tuition Express account the following morning. If the fee is not collected, your child(ren) may not return to school until the fee has been paid.*** Further, if a parent fails to arrive on time and does not pick up their child (or send a person listed on the authorized pickup/emergency contact list) within two hours after closing time, the staff of Swift Child Care will be required to call 911 to notify the local authorities of the situation. Please be advised that Center staff will attempt to call all people listed under authorized pickups and emergency contacts prior to making any phone call to local authorities.

1<sup>st</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Acknowledgement and Authorization for Child’s Enrollment:**

I/we understand that all enrollments at Swift child Care are done on a 30 day initial trial basis. Swift Child Care Early Childhood Centers reserves the right to request child/school records from any previous daycare, school or child care provider. **As stated in the Center’s Acceptance and Enrollment Policy as well as the Disenrollment/Withdrawal Policy: if at any time the program administrators and/or teaching staff determine that this program is not the right fit for my child and/or family, Swift Child Care reserves the right to discontinue my child/family’s enrollment.** I/we agree to abide by all policies (written, oral, and posted) and understand that Swift Child Care reserves the right to make updates and changes to their policies at any time. In the event I/we fail to abide by a policy of Swift Child Care, I/we understand that I/we may be required to withdraw my/our child from care immediately. I/we have received and thoroughly read and understand the policies and procedures as outlined in the Parent Handbook and any supplemental packets or information provided to me/us, and hereby authorize the enrollment and attendance of my child, \_\_\_\_\_, at Swift Child Care.

1<sup>st</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Acceptance: For Office Use Only**

Name of Child Enrolled: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Initial Agreement: \_\_\_\_\_ Family was provided Parent Handbook dated: \_\_\_\_\_

Name of Director: \_\_\_\_\_ Signature of Director: \_\_\_\_\_

**Initial Classroom Placement: (For Office Use Only)**

Location: \_\_\_\_\_ Classroom Name/Number: \_\_\_\_\_ Date: \_\_\_\_\_ Age of child: \_\_\_\_\_

Classroom Age Grouping: \_\_\_\_\_ Notes Regarding Child's Placement: \_\_\_\_\_

**Program Withdrawal or Discharge:**

Name of Director: \_\_\_\_\_ Signature of Director: \_\_\_\_\_

Date of Withdrawal or Discharge: \_\_\_\_\_ Reason: \_\_\_\_\_

**ATTACH SUPPORTING DOCUMENTATION FOR ANY FAMILY WITHDRAWAL OR AND/OR PROGRAM INITIATED DISCHARGE**