Revised 8/21/2024

SWIFT CHILD CARE
Early Childhood Centers

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 Administration. SCC reserves the right to request supporting and/or additional documentation for purposes of establishing parental rights, status, guardianship, and program eligibility.

Parents(s)/guardians are responsible for providing 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 in the application and/or in the child's electronic records.

Child Information

Legal Name: First _____ Middle _____ Last _____

Date of Birth: Month _____ Day _____ Year _____ Birth Location: City _____ State _____ Country _____

Sex: (*circle one*) **Male** or **Female** Primary Language(s): _____ Nationality: _____

Home Address _____ City _____ State _____ Zip _____

Please indicate days/hours this child will attend SCC:

Mo ____am/pm to ____am/pm **Tu** ____am/pm to ____am/pm **We** ____am/pm to ____am/pm **Th**____am/pm to ____am/pm **Fr**____am/pm to ____am/pm

(Please consult the program schedule for available Saturday programs) **Saturday** ____pm to ____pm

1st Parent/Guardian Information

Primary Email Address: _____@ _____. _____

Cell Phone (____) ____- _____ Cell Phone Company Name:_____ Other Phone (____) ____- _____

_____ Legal Name: First _____ Middle _____ Last _____

_____

Date of Birth: Month _____ Day _____ Year _____ Birth Location: City _____ State _____ Country _____

Sex: (*circle one*) **Male** or **Female** Primary Language(s): _____ Nationality: _____
Relationship to Child:(*circle*) Birth Mother Birth Father Foster Mother/Father Adoptive Mother/Father Legal Guardian Grandparent Aunt Uncle Sibling

Home Address _____ City _____ State _____ Zip _____

Please indicate days/hours this person is at work:

Mo ____am/pm to ____am/pm **Tu** ____am/pm to ____am/pm **We** ____am/pm to ____am/pm **Th**____am/pm to ____am/pm **Fr**____am/pm to ____am/pm

Employer _____ Address _____ City _____ State _____ Zip _____ Phone (_____)

_____- _____

If this person attends school or training, please indicate days/hours attending:

Mo ____am/pm to ____am/pm **Tu** ____am/pm to ____am/pm **We** ____am/pm to ____am/pm **Th**____am/pm to ____am/pm **Fr**____am/pm to ____am/pm

Name of School or Training Program:_____ Program of Study _____ Address _____

City _____ State _____ Zip _____ School Phone (____) ____- _____

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2nd Parent/Guardian Information Primary Email Address: _____@_____. _____

Cell Phone (_____) _____- _____ Cell Phone Company Name:_____ Other Phone (_____) _____- _____

Legal Name: First _____ Middle _____ Last _____

Date of Birth: Month _____Day _____ Year _____ Birth Location: City _____ State _____ Country _____

Sex: (circle one) Male or Female Primary Language(s): _____Nationality: _____

Relationship to Child:(*circle*) Birth Mother Birth Father Foster Mother/Father Adoptive Mother/Father Legal Guardian Grandparent Aunt Uncle Sibling

Home Address _____City _____State _____ Zip_____

Please indicate days/hours this person is at work:

Mo ____am/pm to ____am/pm **Tu** _____am/pm to ____am/pm **We** ____am/pm to ____am/pm **Th**_____am/pm to ____am/pm **Fr**_____am/pm to ___am/pm

Employer _____ Address _____City _____State _____ Zip_____ Phone (_____) _____- _____

If this person attends school or training, please indicate days/hours attending:

Mo ____am/pm to ____am/pm **Tu** _____am/pm to ____am/pm **We** ____am/pm to ____am/pm **Th**_____am/pm to ____am/pm **Fr**_____am/pm to ___am/pm

Name of School or Training Program:_____ Program of Study _____ Address _____City _____State _____Zip _____School Phone (_____) _____- _____

Parental Access and Child Safety (Arrival and Departure)

Both Parents' Right to Pick up the Child: Under the laws of the State of Illinois, **both parents have the right to pick up their child unless a court document restricts that right.** Absent appropriate documentation, SCC and its staff may release the child to either parent, provided either parent supplies adequate documentation to support biological, foster, or adoptive parenthood of the child. Enrolling parent(s)/party(ies) who omit(s) the other parent's name on the application or authorized list for pick-up must submit to SCC official court documentation such as:

*** Active restraining order * Sole custody decree * Divorce decree outlining custodial rights/ parenting agreement * Judgment of adoption * Foster Care Placement**

Child's safety preeminent: If a safety concern or crisis arises during or related to a child's departure, staff may take some or all of the following steps:

*** Not immediately release the child - If discussing concerns with the person picking up the child, staff will engage the child with another staff member; * 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 an existing concern; * Contact the other parent or persons on the authorized list and enlist them to ensure the child departs from SCC safely; * Call the police and/or other authorities if anyone's well being and/or safety is threatened.**

Car safety seats required: Children transported in vehicles must be buckled safely into car safety seats/seatbelts that meet state requirements. Parents/ guardians and authorized persons must take all necessary action to maintain and use car safety seats. Parents/guardians 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. In the event SCC staff observes a child arrive or depart without using a car safety seat/seatbelt that does not meet state requirements, staff will speak with the responsible adult present with the child and may contact another person on the authorized list for pickup if needed. Staff members are not permitted to assist in car seat installation or buckling a child into a safety seat or seat belt and are not permitted to pick up a child in lieu of any other person.

My/Our signature below indicates I/we have read and understand the policies and actions outlined this section (Parental Access and Child Safety):

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 babysit or provide any form of household or family childcare for current, past, or future program families. Staff members at Swift Child Care are not permitted to work (in any capacity) for current, past, or future families in our program. **Violation of these policies may result in termination of a child's/family's enrollment at Swift Child Care and/or termination of the employee in violation of these policies.**

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND PARENT/GUARDIAN INITIAL HERE: _____**

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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 never acceptable in the presence of SCC clients (children and families), staff, volunteers, visitors, including on any property used or occupied by SCC program clients or staff:

- Attempting to drop of or pick up while under the influence or suspected of being impaired by drugs or alcohol (whether used lawfully or unlawfully)
  SCC is a private business and reserves the right to deny entry to any person presenting with an offensive odor including but not limited to smoke, alcohol, personal products or any other odor
- Harsh physical or verbal punishment of a child
- Shouting, threatening, harassing, intimidating, or otherwise disrespecting
- Swearing/cursing and/or making threatening/obscene gestures
- Quarreling with clients, visitors 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)
- Attempting to drop off or pick up a child when the person attempting to do so is under the influence/impaired by drugs or alcohol
- Possession of a firearm, knife, or other potentially deadly weapon on SCC property or during SCC sponsored events (including offsite). Law Enforcement Officers are exempt from this policy.
- Operating a vehicle 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

Violation of the Parent Code of Conduct may result in the immediate termination of a child's enrollment and/or termination of family participation at SCC, and referral to the appropriate authorities as needed.

1ST PARENT/GUARDIAN INITIAL HERE: _____ 2ND 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:

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd 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: _____

4th 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: _____ **Full Home Address:** _____

2nd Contact: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Full Home Address:** _____

3rd Contact: _____ **Relationship to Child:** _____ **Cell Phone:** _____

Work/Home Phone: _____ **Full Home Address:** _____

***Screening and Assessment Systems*:**

I/we understand SCC will utilize developmental and social emotional screening tools (including but not limited to Ages & Stages Questionnaires) and assessment tools (including but not limited to Teaching Strategies GOLD) at regular intervals to monitor the development, learning, and progress of each child enrolled at SCC. Parents/guardians will complete parent-oriented screening tools supplied by SCC, prior to enrollment and at regular intervals during enrollment. Parents and staff will together discuss screening results. In the event concerns are identified resulting from screening results, children may be referred for further evaluation and/or a comprehensive developmental evaluation, support services, or may be scheduled to be screened again by SCC staff within 30-60 days.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND 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 participate in activities with items that he/she may have a diagnosed allergy to.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND PARENT/GUARDIAN INITIAL HERE: _____**

Photos:

I/we understand that children and families may be photographed during program hours and/or special events. The program utilizes 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.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND PARENT/GUARDIAN INITIAL HERE: _____**

Prayer:

I/we have been informed that it is common practice at Swift Child Care for prayers of gratitude to be said before each meal and snack and understand that my child will be present and may participate in this practice. For safety purposes, children may not be removed or separated from the group for mealtime prayer period. Prayers said before meals may include: "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!"

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND PARENT/GUARDIAN INITIAL HERE: _____**

Health Questionnaire: Birth weight: ___lbs, __oz

Child born premature (before 38 weeks gestation) __Yes ____No (if yes, how early? _weeks) **Mother's age at birth**: _____ **Complications during pregnancy or birth:** ____Yes ____No If yes, please describe: _____

High Risk Pregnancy and/or Maternal depression, high stress, or trauma during or after pregnancy: __Yes ____No

If yes, please describe: _____

History of Frequent: Upper Respiratory Illness ____ Tonsillitis ____ Ear infection ____ Stomach ache ____ Diarrhea ____ Vomiting ____ Rash ____ Fever ____

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 diagnosed allergies:_____

For children with allergies, submit written statement from primary or specialty physician detailing diagnosis, allergens to avoid, and a treatment plan inclusive of instructions for administering medication in the event of exposure, including "emergency" medication(s).

Does this 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)

History of serious illness, emergency medical care (medication or hospitalization: Yes ___No____

If yes, please describe: _____

Has this ***child been referred (now or in the past) for*** any kind of therapy, ***Early Intervention Services and/or Special Education Services?*** Yes _____ No ___ ***and/or have diagnosed or suspected areas of concern*** related to speech, sensory integration, physical/cognitive/social/emotional development? ____Yes ___No

If yes, please describe: _____

*If child qualifies for EI, Special Ed, or any form of therapy, attach the most recent copy of their IFSP or IEP or therapy plan. Future IFSP, IEP or therapy planning meetings shall include SCC teaching staff and/or Director. Updates to service plans or therapy plans shall be supplied by parents/guardians to SCC staff within 5 days of any updates or revisions. Parents/guardians will complete release/consent forms to support timely communication among service providers/coordinators and SCC.

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Family Values/Beliefs Questionnaire:

Name and describe the relationship of anyone that shares a home with this child (including if part-time):

_____

List/describe your goals/ambitions for this child?_____

List/describe activities you enjoy doing with this child in your free time: _____

List/describe any cultural or religious expectations for this child's behavior: _____

List/describe any nap or rest time routines or cultural practices: _____

List/describe any family practices, customs or rituals related to meal time: _____

Was/Is your child breast-fed? _____Yes _____No If yes, until what age did you or do you plan to breast feed your child? _____

List foods/drinks this child is not permitted to consume: _____

Describe the reason for any food restriction(s) and appropriate substitute items:_____

Children enjoy having parents and family members participate in their classroom. List/describe any cultural experiences, personal skills, talents, or artifacts you would like to share with your child's class: _____

Past Care Questionnaire:

H**as** this **child** received child care in **a home (nanny/relative/friend/neighbor/au pair/daycare),** c**enter, or nursery/school?** Y____ or N ____

If yes, supply the following for the last three childcare providers, beginning with the most recent:

Provider 1: (name or center/program) _____ Address/Location _____

Phone _____ What will this provider say is the reason they are no longer caring for this child? _____

Provider 2: (name or center/program) _____ Address/Location _____

Phone _____ What will this provider say is the reason they are no longer caring for this child? _____

Provider 3: (name or center/program) _____ Address/Location _____

Phone _____ What will this provider say is the reason they are no longer caring for this child? _____

Has this child had any difficulty separating from you or other family members in the past? Yes _____ No _____

Please explain: _____

Has your child experienced any difficulties with previous caregivers or teachers? Yes _ No ____

If yes, please explain: _____

List/describe anything previous caregivers/programs did or (or services provided) that you/your child enjoyed or benefited from:

_____

_____

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NAME OF CHILD:_____ DATE OF BIRTH: _____

CONSENTS REQUIRED FOR CHILDCARE SERVICES

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd 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.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND 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) agree to hold Swift Child Care and its staff harmless 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.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND 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 the prescribing licensed medical professional.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND PARENT/GUARDIAN INITIAL HERE:** _____

ADMINISTER OVER-THE-COUNTER MEDICINE: (Over -the-counter medication may only be administered in accordance with the appropriate standards for licensure, and only for specific child conditions diagnosed by a licensed medical professional **- examples include but are not limited to allergies, seizures, etc.)**

I/we authorize SWIFT CHILD CARE to administer over-the-counter medicine to my/our child if specified by a physician and accompanied with a diagnosis, written instructions and directed by me/us.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND 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.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND PARENT/GUARDIAN INITIAL HERE:** _____

Sunscreen:

I/we acknowledge that evidence exists exposure to UV rays may increase my/our child's risk of developing skin cancer. Swift Child Care practices sun safety. I/we acknowledge that 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 April 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 my child:**_____

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND PARENT/GUARDIAN INITIAL HERE:** _____

SWIMMING/Wading: (Exclusively 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.

1ST PARENT/GUARDIAN INITIAL HERE: _____ **2ND PARENT/GUARDIAN INITIAL HERE:** _____

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Tuition, Copay, and Fee Payment Policy:

I/WE understand that there are NO credits or refunds for absences, school closures (scheduled and/or not scheduled), early dismissal days, illness, vacation days, early termination of Contract, etc. (refer to the Parent Handbook for more details). Furthermore, families utilizing any form of financial assistance are required to ensure their children are present at least 80% of the child's eligible assistance days each week. In the event a child's total monthly attendance drops below the required 80% minimum, the Center reserves the right to charge the family for any amount not eligible for collection for the financial aid provider, up to a maximum of 100% of the current self-pay tuition rates. Under no circumstances will Tuition/Copayment fees be refunded, in full or in part.

I/WE understand that tuition is payable in full prior to care (Tuition will not be prorated regardless of a specified start and/or end date). S.C.C. Early Childhood Centers utilizes electronic processing for all tuition and fees. "Tuition Express" is the Center's processing agent. Preferred method of payment is ACH (direct withdrawal from a checking account). There is NO fee assessed to parties enrolling in ACH. If choosing the credit card option, a convenience fee of 2.85% will be assessed per transaction. I/WE understand that MY/OUR monthly tuition and/or copayments will be charged and processed in advance on the 21st of each month for the upcoming month to ensure that all payments are collected before the new month begins. Upon enrollment, all fees and the first month of tuition will be due to secure your child's slot regardless of start date. I/WE understand that if I/WE choose to decline MY/OUR child's slot and/or request a change in start date, the fees and tuition payment placed upon enrollment will be non-refundable and/or unusable. I/WE understand that the charges will be assessed to MY/OUR account at any time on the billing date, depending upon MY/OUR method of payment and processing schedules for MY/OUR financial institution. I/WE understand that if the tuition amount due for MY/OUR child(ren) changes (for any reason), MY/OUR account will be automatically adjusted and charged based on those changes. Reasons for rate changes include but are not limited to: Increase/decrease to changes in MY/OUR child(ren)'s attendance or enrollment; Increase/Decrease to any financial assistance; Cancellation, delay, or suspension of any financial assistance; Birthday of a child; Rate change based on new school year; Reassessment of a child's placement in the classroom based on developmental abilities. I/WE understand that in the event MY/OUR tuition (or other fee) charge is denied, returned, or disputed by MY/OUR financial institution, I/WE will be assessed a fee in the amount of $29.00 plus any applicable late payment fees. Failure to remit payment the following day may result in suspension and/or termination of MY/OUR child(ren)'s enrollment until the balance and any past due amounts and fees are paid in full. Any suspension and/or termination of enrollment due to non-payment may jeopardize MY/OUR eligibility for the future enrollment of any child. Families who experience a returned payment may be required to provide a new method of payment, as well as a backup credit card number to remain on file and charged at the discretion of the Center in accordance with SCC policies. Families with a returned or delayed payment may also be required to submit an additional enrollment fee and/or more advance payment for services. SCC reserves the right to terminate a child/family's enrollment after 2 delayed/declined and/or failed payments. I/WE understand that the Center reserves the right to refer my account for collection to a third party and/or may pursue legal action for any past due balance. I/WE will be responsible for the payment of any fees or charges associated with the collection or legal action taken for any past due balance.

The following late payment penalty structure is in place and penalties are assessed weekly: Up to one week past due: The greater of 20% of the past due balance OR $150 for each week past due. More than one week past due: The greater of 40% of the past due balance OR $200. Past due fee assessments are charged immediately when your account is past due and added to the past due balance. Total past due amounts may continue to increase and impact rate at which fees accrue.

Enrollment Fee and First Month Tuition Due Upon Enrollment:

At the time of enrollment to secure a space for your child(ren), Swift Child Care requires a non-refundable enrollment fee of $200.00 per child (up to $500 maximum per family) AND payment for the first month of tuition per child (regardless of start date). If a slot is available prior to your requested start date, tuition will be due each month the slot remains open. These fees will retain your child's space in our program up to four weeks from the enrollment date, or until your child's initial mutually agreed upon start date (whichever occurs first).
Example: On February 15th, a family communicates decision to enroll a 2 year old child; start date of March 10th.
Due February 15th: $200 Enrollment Fee + Tuition for Full month of March.

Full tuition is due for each month during which a child attends (including when a child's first day or last day results in partial month attendance). TUITION AND/OR FEES CAN CHANGE AT ANYTIME: Notification will be provided in advance. Monthly tuition payments and fees for enrollment, registration, summer, and all other fees (stated or implied) are non-refundable under any circumstance (including in the event of non-attendance or non-start)

Delayed start date:

In the event a child does not begin attending within 30 days of their initially planned start date, tuition and fees will be forfeited and the child's space will be released from reservation and offered to the next family on our waiting list. Reservations can be guaranteed up to a maximum of four additional weeks (for a total of eight weeks reservation) with an additional enrollment fee per child, due immediately following the fourth week of the original reservation.
Parents of unborn/newborn children that enroll an unborn/newborn child will be required to provide a requested "start date" for the child and will be given a maximum grace period of 30 days (15 days prior to and 15 days following the projected "start date") for which their paid enrollment fee and first month of tuition will hold the child's space. If the child does not begin attending within 30 days, tuition and fees will be forfeited in their entirety and the child's space offered to the next family on the waiting list.

Change in enrollment status and/or request in schedule change:

Families wishing to change their child(ren)'s attendance schedule and/or withdraw one or more children from our program shall provide written notice to the Director and Billing Department a minimum of 2 months prior to the date the child(ren)'s attendance will terminate. The full tuition will be charged from the date written notification is given, whether or not the child attends part or all of the days (monthly tuition will not be prorated).

Parent/Guardian Acknowledgement and Authorization for Child'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. /we understand that all enrollments at Swift Child Care begin with a 30 day initial trial basis. Swift Child Care reserves the right to request child/school records from any previous daycare, school or child care provider, including but not limited to history of family conduct and adherence to program and financial policies.
I/we acknowledge I/we have read, understand, and accept the Termination and Withdrawal Policy and agree to abide by the procedures outlined for family-initiated withdrawal or transition including participating in required discussions and abiding by the required notice period. Additionally, I /we have read, understand, and accept the Termination/Planned Transition Policy and agree to cooperate with the efforts of SCC and its staff in meeting the needs of my child. I/we understand and accept there are circumstances under which Swift Child Care reserves the right to discontinue my child/family's enrollment.

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.

1st Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

2nd Parent/Guardian Printed Name: _____ Signature: _____ Date: _____

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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: _____

Child's Age at Start Date: _____ Eligible Age Grouping: _____ Location: _____ Classroom Name: _____

Notes: _____

_____

Program Termination or Withdrawal:

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