



EMPLOYEE CHILD CARE ENROLLMENT AGREEMENT

Welcome to The Haverford School and The Haverford Center. We are committed to providing your child with a nurturing environment that facilitates his/her cognitive, social, emotional, and physical development.

Child's name

Birth date

Enrollment date

I. HOURS OF SERVICE

1. The Center's general hours of operation are 7:30 a.m. to 6 p.m.
2. Child's arrival time: _____ Child's departure time: _____
3. I will notify the program if my child's schedule changes.
4. To ensure that my child arrives at his/her classroom safely, and to promote daily communication with staff, my child will be personally escorted to and from his/her classroom.

Late Fee: A flat \$50 late fee is assessed if your child is picked up any later than 6 p.m. A pattern of late pick-ups may result in permanent suspension of childcare services.

II. FINANCIAL INFORMATION

Monthly tuition schedule, 2021-22 (5 days per week):

Infant	\$1,322
Young Toddler	\$1,164
Older Toddler	\$1,129
Preschool	\$1,057

Payment Guidelines – Payment is due at the beginning of each month, or by semi-monthly payroll deduction. Payment is due without regard to child's attendance including illness, vacations, and holiday or emergency closings.

Tuition will be prorated for the month of December and the month of May.

I agree to pay: the monthly fee of \$_____.

III. MEDICAL POLICIES

I agree that:

1. My child will have physical examinations and age-appropriate immunizations in accordance with the American Academy of Pediatric recommendations, which legally qualifies him/her to attend/continue in childcare.
2. Prior to enrollment, I must provide the Center with updated medical and immunization information, and provide all information about my child's conditions, illnesses, allergies, or other needs (i.e.; my child is receiving services such as physical therapy, occupational therapy, speech therapy, special instruction, etc.).
3. If my child becomes ill during the day, I will arrange for pick up within one hour. My child will only return if able to participate fully in the program's activities, and according to The Haverford Center Illness Policy.
4. I will sign a Medication Permission Form for prescription or OTC medications if my child requires medication during the program day.
5. I give permission to the Center to apply __sunscreen and __diaper cream to my child. (Check which products you will permit.)
6. I understand that I must supply my own sunscreen and diaper cream, with a valid expiration date, and it will be labeled with my child's name.

IV. OTHER POLICIES

1. I agree to communicate the following changes promptly to the appropriate staff:
 - a. Home or work address and telephone numbers
 - b. Emergency or escort information, including court orders
 - c. Time of pick-up when a person who is not designated on my escort list will pick up my child.
2. I agree to update the information on the Emergency Contact and Parental Consent Form every six months or whenever changes occur.
3. I agree to provide lunch and snack daily, all infant food, special dietary foods, bottles, training cups, diapers, wipes, bibs, crib sheets and blanket for rest time, and a complete change of seasonably appropriate clothing
4. I agree to allow my child to participate in activities including trips (walks) to nearby parks (the Haverford College campus).
5. I agree to try to attend family orientation meetings and family-teacher conferences.
6. I agree to, when requested, meet with the director or other staff to discuss child- or family-related issues.
7. I understand that the program staff members supervise groups of children at all times.
8. I understand that my child's teachers will complete a written progress report (Child Service Report) twice yearly, which will provide information to me regarding my child's growth and development.
9. I understand that the program utilizes the Ages and Stages Questionnaires, Third Edition (ASQ-3) to help keep track of my child's development. This questionnaire includes questions about my child's communication, gross motor, fine motor, problem solving, and personal-social skills.

10. I understand that children who exhibit behaviors deemed unmanageable will be asked to withdraw from The Haverford Center. These behaviors include but are not limited to: presenting a danger to self or others, running away, behavior that requires constant individual attention, consistently refusing to cooperate with teachers, and refusing to follow classroom routines.
11. I agree to permit The Haverford School and The Haverford Center to use, in whole or in part, photographs, videos, artwork, and voice recordings of my child/children for marketing purposes, including but not limited to illustrations, publications, advertising, or website. If I do not want my child used in these materials, you must notify the Center's Director in writing.
12. If I choose to share photos of my child in The Haverford Center on any social media sites (Facebook, Twitter, Pinterest, etc.), I agree not to identify any other children therein. I will use discretion in posting.

V. CONFIDENTIALITY

I understand that my child's teacher, assistant teacher, and the Director (as needed) have access to my child's records (including but not limited to screenings and assessments), and I understand that they will follow the confidentiality guidelines below:

In accordance with Title 55 of the DPW Pennsylvania code,

1. All children's files are confidential. Parents/legal guardians shall have access to the child's complete file.
2. Children's records shall be stored in administrative offices in a locked cabinet.
3. Children's screening results and assessment information will be stored in confidential files and will be interpreted by his/her classroom teacher, assistant teacher, and the Director of Early Childhood Education (as needed) to enable them to plan developmentally appropriate curricula for every child.

VI. HANDBOOK ACKNOWLEDGMENT

1. I understand that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them.
2. I understand that it is my responsibility to go directly to the Director with any questions that I have regarding the policies, procedures, and information contained in the Handbook or this Agreement.
3. I understand that information contained in the Handbook may be subject to change.
4. My signature below indicates that I have received the program information at the time of enrollment.

I/We have read this agreement and understand that compliance with its contents is necessary for my child to remain enrolled.

Signature of parent or legal guardian _____ Date

Signature of program director _____ Date

PERIODIC REVIEW (DO NOT SIGN until 6 months from above date):

Signature of parent or legal guardian _____ Date

Signature of program director _____ Date

Academic year: 2021-22