



## 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: \_\_\_\_\_  
Other than a legal guardian, my child may be released to \_\_\_\_\_.  
(name and relationship)
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, 2024-25 (5 days per week):

Infant	\$2,115
Young Toddler	\$1,916
Older Toddler	\$1,861
Preschool	\$1,764

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

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

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

### **III. HEALTH 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 child care,
2. 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 fully participate in the program, and according to The Haverford Center Illness Policy,
3. Medication will be administered to my child in accordance with the Center's Medication Permission Policy,
4. The Haverford Center has permission to administer first aid to my child.

### **IV. OTHER POLICIES**

***I agree to:***

1. 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. Provide lunch and snack on a daily basis, all infant food, special dietary foods, bottles, training cups, diapers, wipes, bibs, crib sheets & blanket for rest time, and a complete change of seasonably appropriate clothing
3. Allow my child to participate in activities including trips (walks) to nearby parks (the Haverford College campus).

### **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 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. MISCELLANEOUS**

1. I will try to attend parent orientation meetings and parent-teacher conferences.

2. When requested, I will meet with the director or other staff to discuss child- or family-related issues.
3. I understand that the program staff members supervise groups of children at all times.
4. 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.
5. I understand that parents whose children exhibit behaviors that are deemed unmanageable will be asked to withdraw their children 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.
6. I agree to permit the School to use, in whole or in part, photographs, videos, writings, artwork, and voice recordings of my child/children for the purpose of illustrations, publications, advertising, or website.
7. 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.

My signature below indicates that I have received the program information at the time of enrollment.

I understand that I am required to update the emergency contact/parental consent form information whenever changes occur or every six months.

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 2024-25**