



Enrollment Agreement

Enrollment Information

Site Name / Number

Completion of this Agreement is required for enrollment.
Parent/Guardian Signature must be in ink; electronic signature not accepted

CHILD INFORMATION

Child's First Name	Child's Last Name	Home Phone Number	Date of Birth
Home Address		City	State
			Zip Code
Names of other siblings attending this program		Email Address (Payer)	

STATUS

Student Status:

☐ Returning ☐ New Student

REQUESTED SCHEDULE

Start Date	
Champions® Before School	M T W TH F
Champions® After School	M T W TH F
Kindergarten Full Day	M T W TH F
Kindergarten Half Day (AM or PM)	M T W TH F
Preschool Full Day	M T W TH F
Preschool Half Day (AM or PM)	M T W TH F
Champions® Break Full Day	M T W TH F
Champions® Break Half Day (AM or PM)	M T W TH F

Options to enroll:

- 1) Fill out this paperwork electronically, then print, sign, and drop off at any school
- 2) Printed copies are on site; stop by any school to fill out your paperwork

Enrollment Agreement

Contacts and Care Information

Child's Name _____

PRIMARY CONTACT AND RELEASE PERSONS

Include parents and guardians

Is parent/guardian a Champions employee? ☐ Yes ☐ No If yes, employment date _____ Name _____

Parent/Guardian #1	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Driver's license number/state
Employer and address	Work e-mail address	Work hours	Work phone/ext
Parent/Guardian #2	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Driver's license number/state
Employer and address	Work e-mail address	Work hours	Work phone/ext

Parent/Guardian Identification Information (2 items required)

Question 1 _____ Answer 1 _____

Question 2 _____ Answer 2 _____

Note: Personal questions will be used to verify parent/guardian identity if a pick up authorization is called into the site.

EMERGENCY CONTACT AND RELEASE PERSONS

Do not include parents and guardians

If possible, please notify the site if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.

Name #1	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext
Name #2	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext
Name #3	Relationship to child	Home phone	Cell phone
Home address	Home e-mail address		Gov Issue Photo ID Type
Employer and address	Work e-mail address	Work hours	Work phone/ext

The persons designated in this section will be contacted by Champions and are authorized to pick up your child if there is a medical or other emergency and you cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older.

Site staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify site staff in advance, in writing. **Your child will not be released without prior authorization.** In the event you call a pick up authorization into the site the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.

CHILD'S CARE NEEDS

Is there anything we should know about your child's care needs to ensure that we provide the best quality education and care for your child?

ALLERGIES

Please list

☐ Medications _____	Reaction _____
☐ Food _____	Reaction _____
_____	_____
☐ Respiratory _____	Reaction _____
☐ Bee sting _____	Reaction _____
☐ Other _____	Reaction _____

Are any of the allergies severe or life-threatening? ☐ Yes ☐ No

If yes, please provide special instructions: _____

KinderCare Champions does not discriminate on the basis of a person's religion, color, race, gender, sexual orientation, age, national origin, disability, Vietnam-era status, or any other factors protected by law. Toilet training is not an eligibility requirement for enrollment. Contact Inclusion Services to assist with special needs or reasonable accommodation issues.

KinderCare Learning Companies
5005 Meadows Rd. Suite 200
Lake Oswego OR 97035
Phone: 1-800-633-1488, ext. 1440
E-mail: inclusionservices@kc-education.com

SIGNATURE

Parent/Guardian Signature _____

Date _____

Enrollment Agreement Other Terms and Certifications

Child's Name

TERMS

By signing this Enrollment Agreement and enrolling your child(ren) in Champions® programs, you acknowledge your understanding and acceptance of the following:

- **Assessments and Screenings:** I give permission for my child to participate in learning assessments and screenings administered by KinderCare Champions LLC. The Results of these assessments will be used by KinderCare Champions LLC to measure my child's progress and may be used to evaluate, market and update KinderCare Champions LLC programs. I will have access to all results of these assessments.
- **Babysitting:** We do not encourage private babysitting by our staff. KinderCare Champions LLC is not responsible for those services.
- **Communications:** I give KinderCare Champions LLC permission to communicate with me about services, offers and promotions by telephone, text, e-mail, or other means. I understand that data and messaging charges may apply to these communications and that I can opt-out of certain communications via text or by contacting KinderCare Champions LLC. At 1-800-246-2154.
- **Privacy:** I understand that KinderCare Champions LLC Privacy Notice and Terms of Use (www.kindercare.com/kindercare-legal/legal-information) apply to the information I provide under this Agreement and notifies me of my privacy rights and how to exercise those rights.
- **Resolving Disputes:** We do not expect any disagreements. However, we agree that, in the unlikely event we have on we cannot resolve, any dispute or claim will be submitted to nonbinding mediation before beginning arbitration, litigation or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.
- **Consent to release and Exchange:** I give Champions permission to release and exchange information regarding my child(ren) with local school representatives for the purpose of providing continuity of care. Records that may be shared but are not limited to, attendance, behavior management, incident reports and portfolios.
- **Family Handbook:** The Family Handbook is incorporated by reference into this Enrollment Agreement. You acknowledge that you have received and will abide by the policies in the Family Handbook. The Family Handbook is provided upon enrollment.
- **Child Not Picked Up:** If I fail to pick up my child and/or contact the site, and I or another authorized person cannot be reached within 30 minutes past the site closing time, staff may release my child to the custody of child protective services or local authorities.
- **Medication:** I will provide written permission for site staff to administer medication with written instructions from me or the child's health care provider, as permitted by local childcare licensing regulations. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).
- **Illness:** If site staff notifies me that my child is ill, I will pick up my child as soon as possible and no later than one (1) hour after being contacted. If my child contracts a contagious illness, I understand that my child may return when they are well, as described in the Family Handbook.
 - **Emergencies:** In Case of emergency, I understand that site staff will attempt to contact me immediately. I also authorize site staff to Administer first aid and/or cardiopulmonary resuscitation.
 - Transport my child via ambulance or other emergency medical service to a local hospital or urgent care facility.
 - Obtain any emergency medical, surgical or dental treatment deemed necessary by medical authorities.
 - Transport my child to a local emergency shelter in the event of an emergency evacuation of the site.

FOR CALIFORNIA ONLY: The California State Department of Social Services (CDSS) or other public agency authorized by CDSS to assume such responsibilities shall have the authority to interview children or staff, and to inspect and audit school records without prior consent. The site shall make provisions for private interviews with any child(ren) or staff member; and for the examination of all records relating to the operation of the site. The Department shall also have the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement. Fee Schedule – You agree to pay the most recent published tuition and fee schedule in effect for the program in which your child is enrolled. As your child changes schedules or programs, the tuition and fees may also change. Champions may, from time to time, adjust the tuition and fee schedule and you agree to pay such adjusted tuition or fee as a condition of your child's continued enrollment. You will be given appropriate written notification of any changes in tuition and fees. Tuition fees are not subject to pro-rata for illness, holidays, or emergency closure of the site. If - your child's attendance change in any way, you will notify the site immediately so appropriate staffing may be arranged. If tuition is not paid on time, a late pay fee will be charged. The terms of this Agreement, including the fees, are subject to change in whole or in part by Champions with 30 days' notice, Champions retains the right to terminate this agreement at any time

CERTIFICATIONS

- ☐ Yes ☐ No _____ Initial **Walking Trips** – I give permission for my child to leave the site for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by site staff and under proper staff supervision at all times. (If required by individual state child care licensing regulations, I will be given a specific permission slip for each walking trip.)
- ☐ Yes ☐ No _____ Initial **Transportation** – I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from school, educational excursions and other site sponsored activities. I will be given a specific permission slip for each off-site field trip requiring transportation. Off-site field trips and all transportation of children will meet state child care licensing regulations and site policies including minimum-age requirements.
- ☐ Yes ☐ No _____ Initial **Water Activities** – I give permission for Champions to include my child in supervised water activities, including water activities at the site. I will be given a specific permission slip for all off-site water activities.
- ☐ Yes ☐ No _____ Initial **Photographs/Videotape** – I give permission for my child to be photographed and videotaped in the site and during program functions and field trips. I will be notified if any photos/videos are to be used for public relations purposes and understand I have the right to refuse permission for such use.
- ☐ Yes ☐ No _____ Initial **Child First Aid** – I give Champions permission to give my child first aid when necessary and for my child to be transported to an emergency medical facility. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital/ medical personnel to undertake examination and emergency treatment, up to and including surgery, if warranted.
- ☐ Yes ☐ No _____ Initial **Medical Sign Off** – My child is in good health and immunizations are up to date and on file at the school. I will complete any state specific medical authorization forms required by individual state child care licensing regulations.

I have read, understand, and accept all terms and conditions described in this Enrollment Agreement. Site management does not have authority to alter or modify the terms of this Enrollment Agreement either verbally or in writing. This is a legally binding agreement between KinderCare Education LLC d.b.a. Champions® and the undersigned.

Any dispute or claim arising out of or relating to this Agreement shall be submitted to non-binding mediation prior to the commencement of arbitration, litigation, or any other proceeding before a trier of fact. The parties agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. If a mediator cannot be agreed upon by the parties, each party shall designate a mediator, and those mediators shall select a third mediator who shall act as the neutral mediator to assist the parties in attempting to reach a resolution. All parties to the mediation shall share equally in its costs.

PARENT/GUARDIAN SIGNATURE

DATE

☐ Please check box if you do not wish to receive information from Champions, including newsletters and updates, via email or otherwise.