

# ENROLLMENT REGISTRATION INFORMATION

## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence:  Mother  Father  Both  Guardian \_\_\_\_\_ List the family members your child lives with—include names and ages of siblings : \_\_\_\_\_

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

PM MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care: Breakfast \_\_\_\_\_ A.M. Snack \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

## **PRIMARY CONTACT AND RELEASE PERSONS**

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

### Mandatory:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

Emergency Contact & Release  Release Only

### Optional:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

Emergency Contact & Release  Release Only

### Optional:

Name #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gov Issue Photo ID Type: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

Emergency Contact & Release  Release Only

If you want a person who is not identified above to pick up your child, you must notify school 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 school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your Director for additional information

# ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$ \_\_\_\_\_ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than \_\_\_\_\_ each year. In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract.

**TUITION and MODIFICATIONS CONDITIONS:** \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): \_\_\_\_\_

Days: (check all that apply)  M  T  W  TH  F From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from \_\_\_\_\_ am to \_\_\_\_\_ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

**ADDITIONAL FEES:** School age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the Director for details.

**DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a \_\_\_\_\_% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.

**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

**DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

**MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

# ENROLLMENT REGISTRATION INFORMATION

\_\_\_\_\_**HOLIDAYS:** I understand that the school is closed on the following holidays: Jewish Holidays, New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as either Martin Luther King, Jr. Day or President's Day for in-service training. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_**ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the Director, if possible. I agree to pay the reservation fee of \$\_\_\_\_\_ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

\_\_\_\_\_**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

\_\_\_\_\_**ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

\_\_\_\_\_**PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

\_\_\_\_\_**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.**

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact (name and phone number)  
\_\_\_\_\_

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_.

I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider and Policy Number: \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent information: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Appeared before me and produced \_\_\_\_\_ as identification. Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

## DIAPER CREAM PERMISSION SLIP

I, \_\_\_\_\_, give permission to apply non-prescription ointment to my child. I understand that I must supply the diaper cream to BYCC Academy labeled with my child's first and last name. The diaper cream must be a non-prescription topical that is free of anti-fungal, steroidal, or antibiotic components. The cream will be applied according to the directions on the bottle. In the event prescription cream is needed, a doctor's note must be given. Please do not bring baby powder because it is not permitted according to Health Department regulations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUNSCREEN PERMISSION SLIP

I, \_\_\_\_\_, give permission to apply sunscreen to my child. I understand that I must supply the sunscreen to BYCC Academy labeled with my child's first and last name. The sunscreen must be a non-prescription topical that we will apply according to the directions on the bottle.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHEMICAL AIR FRESHNER NOTIFICATION

At times, BYCC Academy uses chemical air fresheners during our regular business hours.

## PEST CONTROL NOTIFICATION

BYCC Academy has a pest control service that monitors and treats the facility monthly. This service is provided by a licensed pest control operator. All chemicals are approved by the State of Nevada Department of Agriculture and are stored off-site. The treatment is applied the first of each month.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHILD PROFILE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

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2. What does your child enjoy doing the most?

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3. What are your child's favorite toys?

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4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

CHILDREN: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

5. Who also cares for your child(ren)? \_\_\_\_\_

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6. What language is spoken in your home? \_\_\_\_\_

7. Does your child have any medical or physical needs? Explain:

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8. Does your child have any allergies? Explain:

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9. What are the foods your child likes best? \_\_\_\_\_

Least? \_\_\_\_\_

10. What are your child's mealtime routines at home? \_\_\_\_\_

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11. How many hours of sleep does your child receive at night? \_\_\_\_\_

12. Does your child need to be awakened in the morning to attend the school? \_\_\_\_\_

13. What are your child's sleeping arrangements? Check appropriate answer.

Own room     Shares room with \_\_\_\_\_     Sleeps in crib     Sleeps in bed

14. What are your child's bedtime rituals? \_\_\_\_\_  
\_\_\_\_\_

15. Does your child take naps?  Yes     No    How long? \_\_\_\_\_

16. Does your child need a favorite item (such as a blanket) for a nap?  Yes     No

If so, does your child have a special name for it? \_\_\_\_\_

17. What words are spoken in your house for toileting? \_\_\_\_\_

18. How does your child express anger or react to frustration? \_\_\_\_\_

19. Does your child have any particular fears? \_\_\_\_\_

20. How does your child react to change (such as being left by parents)? \_\_\_\_\_  
\_\_\_\_\_

21. How does your child comfort himself/herself? \_\_\_\_\_

22. What are your child's play interests (preference for creative, dramatic or construction play)? \_\_\_\_\_  
\_\_\_\_\_

23. How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_

24. When did your child begin to use language? \_\_\_\_\_

25. How would you describe your child (personality characteristics)? \_\_\_\_\_  
\_\_\_\_\_

26. What do you enjoy the most about your child? \_\_\_\_\_

27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?  
\_\_\_\_\_  
\_\_\_\_\_

28. Has your child had previous preschool experiences? \_\_\_\_\_

29. Are you available to help us with field trips or other special events?  
\_\_\_\_\_

30. Do you have a special interest or hobby you would like to share with the children?  
\_\_\_\_\_

31. What family or cultural traditions are important in your home? \_\_\_\_\_

Would you be willing to share these traditions with the children? \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school: \_\_\_\_\_  
\_\_\_\_\_

2. Special Dietary Needs:

3. Is your child able to walk?  Yes  No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_

5. Is your child toilet trained?  Yes  No

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_  
\_\_\_\_\_

Allergies (please check and list all that apply)

Medications Reaction: \_\_\_\_\_

Food Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions:  
\_\_\_\_\_  
\_\_\_\_\_

***Per state regulations, a written statement is required for waiver of immunization requirements.***



## BYCC Academy's Infant, Toddler & Jr. Preschool Procedures

### Feeding

- All food is to be provided by parents.
- All milk bottles need to be prepared and clearly labeled with the child's initials and date on each one.
- We do not prepare powdered formula.
- If you are breast feeding and plan to send in frozen breast milk we will need a clean bottle for **EVERY** feeding and each container will need to be labeled with the child's initials and date.
- All bottles and frozen breast milk must be taken home every night.
- Health regulations prohibit adding anything to your child's formula bottles without a doctor's note.
- No previously opened baby food jars will be accepted.
- Regulations require we discard bottles of milk after 1 hour of taking them out of the refrigerator; the leftover milk in the bottles will be sent home.
- Highchairs used for the feeding of infants are washed after feeding and then sprayed with sanitizing solution prior to feeding the next child.

### Care of and kinds of diapers used

- Parents are to provide all diapers and wipes.
- Disposable diapers are required for sanitary reasons.
- Diapers are changed on a vinyl covered changing pad, which is sprayed with a sanitizer and dried after every change.

We ask that a change of clothing be kept in your child's diaper bag or in the classroom.

We do not bathe children.

### Sleeping/Napping accommodations

- All staff members working with infants are required to attend a **SIDS** class.
- A SIDS handout for parents is included in the enrollment packet available at BYCC Academy, please read and become familiar with it. Along with the brochure we want to inform you that the use of fluffy blankets, comforters, waterbeds, sheepskin, pillows or other soft materials have been known to contribute to Sudden Infant Death Syndrome.

### Infants

- Sleep in cribs with sheets that are washed on a regular basis.
- All infants will be placed on their backs while sleeping and no sleeping aides will be placed in the crib unless we have a doctor's note authorizing it.

### Toddlers & Jr. Preschoolers

- Sleep on their own personal cots with sheets and blankets brought from home that are sent home to be washed weekly.

### Toilet training

Potty training starts at home. We will assist your child with potty training if they indicate to us that they are ready. Indicators are that the child needs to recognize the sensations, be able to control it and verbally express that they need to go before they are ready to work on this. A good indication of this is if they are waking up with a dry diaper. The child should be able to put on/off their own clothing and be able to wipe themselves without assistance. No child is forced to sit on the toilet and no punishment of any kind will be administered or suggested in the toilet training process. When accidents occur, health regulations restrict us from rinsing out soiled clothing.

### Biting

Infant and Toddler areas are unfortunately a place that substantial biting occurs. We try to keep this to a minimum, but it still happens. Some of the reasons for this behavior include children exploring by placing objects in their mouth, the lack of verbal skills to deal with anger, frustration (as in change of routine, having to share or another child taking their possession). Another possible reason for biting at this age may also be teething. When we have a child that is biting we track the time of the day, the activity that is happening and also the possibility of new teeth coming in. Parents of a biting child, as well as the parents of the child who has been bitten, are informed in writing each time a child bites. We also shadow the child during this time in order to watch their behavior more closely. Upon request, we have biting information packets available at our office.

### Additional Information

All of our policies for sick children are strictly enforced. Please refer to your Parent Handbook under "Illness" for more information.

At BYCC Academy, our policy for the **infant areas** is for children to **eat and sleep on demand**. In our infant rooms, diapers are changed each hour or more often if soiled. Meeting an infant's needs on demand builds trust between the child and the caregiver.

Parent or Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

# ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

## OBTAIN SIGNED FORMS FROM FAMILY

- Completed Enrollment Registration Information Packet (Staple the carbon copy of the Enrollment Agreement to the back pages of the Family Handbook)
- Family Handbook Acknowledgement
- Child Information Card (if applicable)
- Other State or Federal required forms: \_\_\_\_\_

## REVIEW WITH FAMILY

- The child's first day
- Child guidance and classroom management (discipline policy)
- Tuition payment schedule, amounts and due dates
- Parent conferences and other communications, what to expect daily and/or weekly
- Process and Procedures of Security Access
- Authorized pickup, late pickup policy and emergency controls
- Child Custody Documents (if applicable)
- Clothing and other items to bring (labeled)
- Any pickup restrictions
- Any field trip restrictions
- Any photo restrictions
- Immunization/Health information
- Annual registration fee
- Late fees
- Vacation policy
- Special needs
- Absenteeism policy
- Sick policy
- Meals
- Allergies
- Security deposit (if applicable)
- Medication policy
- Relevant curriculum features for child's age group
- Infant/Toddler Needs Services Plan (if applicable)
- Review Disaster Plans

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of BYCC Academy's policies.

**Name of Parent/Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Director:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_