What we need when your family joins our center

**Parent/Guardian Information**

Parent or Guardian Name ____________________________

____ Completed Enrollment Forms

____ $50 Deposit

____ Subsidy Certificate (if qualified)

____ Up to date Immunization Record

____ At least one change of clothes

____ Appropriate clothing for going outside (e.g., sneakers, boots, jacket, hat, etc.)

____ Rest Time Items: Blanket, Sheet, Stuffed Animal (if applicable), etc.

**Future Einsteins Center Staff Information**

Completed by ____________________________
Child Information Form

Child's Name

Child's Nickname

Known Food Allergies:

Important: Please ensure your child's teacher knows of any life threatening allergies.

Prior Childcare Experience

Daily Routine

Sleeping Habits

Child's Fears

Anything else you would like us to know about your child?

Parent or Legal Guardian's Signature:

Date:
Enrollment Form

Child’s Information

Child’s Name:______________________________

Child’s Date of Birth:____________

Home Address:________________________________________

City:_________________ State:_________ Zip:______________

Home Phone:_________________ Cell Phone:____________________

Parent or Guardian Information

Parent/Guardian Name ______________________________

Home Address:________________________________________

City:_________________ State:_________ Zip:______________

Place of Employment:_________________ Work #:_________________

Home Phone:_________________ Cell Phone:____________________

Email Address:_________________________

Parent or Guardian Information

Parent/Guardian Name ______________________________

Home Address:________________________________________

City:_________________ State:_________ Zip:______________

Place of Employment:_________________ Work #:_________________

Home Phone:_________________ Cell Phone:____________________

Email Address:_________________________

Continue on next page
# Enrollment Contract

## Child's Information

Child's Name: \\
Child's Date of Birth: Date of Enrollment: \\

## Child's Schedule

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start/End Time</td>
<td>Start/End Time</td>
<td>Start/End Time</td>
<td>Start/End Time</td>
<td>Start/End Time</td>
</tr>
</tbody>
</table>

## Preschool Rates (Choose One) without Act 166 Funding

- **5 Day Rate**: $187/week/child
- **4 Day Rate**: $152/week/child
- **3 Day Rate**: $117/week/child
- **2 Day Rate**: $95.34/week/child
- **5 Day Rate**: $125/week/child
- **4 Day Rate**: $102/week/child
- **3 Day Rate**: $95.34/week/child

## Preschool Rates (Choose One) with Act 166 Funding

- **5 Day Rate**: $98.66/week/child
- **4 Day Rate**: $63.66/week/child
- **3 Day Rate**: $28.66/week/child
- **2 Day Rate**: FREE week/child
- **5 Day Rate**: $36.66/week/child
- **4 Day Rate**: $13.66/week/child
- **3 Day Rate**: FREE week/child

## Agreement

I understand that I am contracting for the above time slot and I agree to abide by the terms and conditions noted below as well as those indicated in the Future Einsteins Parent’s Handbook.

* A nonrefundable deposit of $50 is due prior to enrollment in the preschool. This deposit will hold your child’s spot in the center for up to one week and will be applied towards your first week of school. Holding a spot longer than two weeks and the fees required for this will be at our discretion.

* Weekly payments of the contract fee indicated above for full-time (5 day or 4 day program) preschoolers are due in advance on the Friday prior to the week of service. Monthly payments of the contract fee indicated above for part-time (3 day program) are due on the first Monday of each month.

* If the tuition payment is late but paid during the week of service, the late fee will be $5.00 for each day that the payment late (except for extenuating circumstances which will be determined on a case by case basis).

* If the tuition payment is more than 3 days late, Future Einsteins has the option to cancel service; however you would still be required to pay any tuition and late fees owed.

* If the bank returns a check, the parent/guardian is charged both the late fee and a $35 return check fee. If payment for contracted care is not received, and no arrangement for payment has been made, Future Einsteins has the option to cancel service; however, you would still be required to pay any tuition and fees owed. Preferred method of payment is a credit card that we will keep on file to charge our parents on a weekly/monthly basis.

## Authorization

I agree to the terms and conditions noted above and I have read and agree to abide by the terms and conditions stated in the parent’s handbook. By signing this document, I am confirming that I have read, understand, and agree to follow the terms and conditions while my child attends Future Einsteins. Future Einsteins reserves the right to cancel this contract if its policies are not upheld.

Parent or Legal Guardian’s Signature: \\
Date: 

Future Einsteins Authorized Signature: \\
Date: 

Automatic Billing Authorization Form

Monthly Charge: ____________ Weekly Charge: ____________

Primary Card Account

Name on credit card (exactly as printed)

Billing Address for credit card (Street Apt#)

City / State / Zip Code

Credit Card NumberExpiration Date

CCV Code

Signature Today’s Date

Secondary Card Account

Name on credit card (exactly as printed)

Billing Address for credit card (Street Apt#)

City / State / Zip Code

Credit Card NumberExpiration Date

CCV Code

Signature Today’s Date

*This authorization is valid until I provide you with written cancellation.

Children’s Name(s) ____________________________________________________________
Emergency Release Form

Emergency Information

Child's Name: _____________________________________________
Child's Doctor ___________________________ Phone __________________
Child's Dentist ___________________________ Phone __________________

Child's Insurance Information

Health Insurance Company: ___________________________ Policy # ___________________________
Dental Insurance Company: ___________________________ Policy # ___________________________

Parent or Guardian Information

Parent/Guardian Name _____________________________
Work/Cell Phone ___________________________ Home Phone ___________________________

Parent/Guardian Name _____________________________
Work/Cell Phone ___________________________ Home Phone ___________________________

Authorization

I __________________ and/or _______________________ understand the above and hereby authorize any
member of the staff at Future Einsteins to give permission for any medical, hospital, or dental treatment
for child __________________ in the event of injury or illness, while the child is in the care of the above
named provider or center. In understand and agree that I would be financially responsible for any
medical, hospital, or dental treatments unless my child's injury is due to improper supervision or faulty
equipment. I have full understanding that every attempt will be made to contact the parent/guardian in the
event medical, hospital, or dental treatment is necessary. I understand that certain medical emergencies
may not allow much time for contact of a parent/guardian and that if a life threatening situation arises,
immediate medical attention will be sought by the provider/center.

Parent or Legal Guardian's Signature: _____________________________ Date: ____________________
Photo Release Form

Child's Information

Child's Name: ________________________________________________

Photo Release

Please check the appropriate box

_____ I give permission to Future Einsteins to take or have photos taken of my child. I understand that these photos will not be sold or distributed without my knowledge or permission.

_____ I do not give permission to Future Einsteins to take photos of my child.

Please check the appropriate box

_____ I give permission to Future Einsteins to videotape or have videotapes taken of my child. I understand that these videotapes will not be sold or distributed without my knowledge or permission.

_____ I do not give permission to Future Einsteins to videotape or have videotapes taken of my child.

Please check the appropriate box

_____ I give permission to Future Einsteins to include photographs of my children on marketing materials and/or on the www.futureeinsteinstvvt.weebly.com website. I understand that my child's name will not be used on the website or on the marketing materials.

_____ I do not give permission to Future Einsteins to include photographs of my children on marketing materials and/or on the www.futureeinsteinstvvt.weebly.com website.

Authorization

By signing this document, I am confirming my choice to either grant or deny the photographing or videotaping of my children while they are enrolled and attending Future Einsteins.

Parent or Legal Guardian's Signature: ___________________________ Date: ________________________

Future Einsteins Authorized Signature: __________________________ Date: ________________________
Emergency Contact Information

If one of the above parents or guardians cannot be reached in an emergency or illness, please contact one of the following individuals. The State of Vermont requires that we have on file, the current names and daytime phone numbers of at least two individuals that can pick up your child if we cannot reach you.

The following people have permission to pick up my/our child without written notification.

Emergency Contact Person

Emergency Contact's Name

Home Address:

City: State: Zip:

Daytime Phone: Cell Phone:

Emergency Contact Person

Emergency Contact's Name

Home Address:

City: State: Zip:

Daytime Phone: Cell Phone:

Authorization

Parent or Legal Guardian's Signature:

Date:
CHILD CARE GENERAL HEALTH EXAMINATION FORM

Child's Name: ____________________________________________

Date of Birth: __________________ Date of Last Exam: __________

______ This child has no health conditions or medications that impact enrollment in child care.

______ This child has a condition or medication that should be known by the child care provider.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Health Care Provider Name: ________________________________

Phone Number: ________________________________

Health Care Provider Signature: ___________________________

Date: ____________________________