



## Enrollment Agreement

### Welcome to Sanbridge Early Learning Center at Windsor Mill!

Sanbridge Early Learning Center at Windsor Mill ("SELC") is an excellent choice for your child! We are honored to become a part of your child's early learning experience - and we're thrilled to welcome you and your child to the Sanbridge family.

This enrollment agreement ("Agreement") ensures that we all get off to a great start. This information requested on this form also ensures that we comply with state child care licensing regulations.

The most important thing we want you to know is this: We are committed to making your time with us a positive one. Please do not hesitate to give us a call if you have any questions or concerns. Again, welcome! We're so glad to have you join the Sanbridge family.

| TELL US ABOUT YOUR CHILD |                             |             |           |
|--------------------------|-----------------------------|-------------|-----------|
| First Name:              | Middle:                     | Last:       | Nickname: |
| Date of Birth:           | Gender:<br>Female      Male | Home Phone: |           |
| Child's Home Address     |                             |             |           |

| TELL US ABOUT YOU  |                        |             |      |
|--|------------------------|-------------|------|
| <p><b>The safety of your child is our top priority!</b></p> <p>Please be advised that you must notify SELC's office in writing of all changes of address, telephone numbers, and emergency contacts no later than 7 business days after changes occur.</p> <p>I understand and agree that SELC <b>MUST</b> receive proper authorization <b>IN WRITING</b> to release my child to anyone not listed as a parent/guardian or emergency contact. SELC staff will only release your child to the emergency contacts you authorize below.</p> |                        |             |      |
| Primary Parent / Guardian:   | Relationship to Child: | Cell Phone: | DOB: |
| Home Address:  | Email Address:         | Home Phone: |      |
| Employer and Address:  | DL # and State:        | Work Phone: |      |
| Secondary Parent / Guardian:   | Relationship to Child: | Cell Phone: | DOB: |
| Home Address:  | Email Address:         | Home Phone: |      |
| Employer and Address:  | DL # and State:        | Work Phone: |      |
| Marital Status of Parent(s)/Guardians:<br>Single      Married      Divorced      Separated      Widowed      Other      Court Decree   |                        |             |      |

**EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD** *(must be 18 or older with proper identification)*

|               | Authorized Emergency Contact 1 | Authorized Emergency Contact 2 | Authorized Emergency Contact 3 | Authorized Emergency Contact 4 |
|---------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Name:         |                                |                                |                                |                                |
| Relationship: |                                |                                |                                |                                |
| Address:      |                                |                                |                                |                                |
| Phone:        |                                |                                |                                |                                |
| Alt. Phone:   |                                |                                |                                |                                |

## Caring For My Child

Childs Name: \_\_\_\_\_

Please answer the questions below. Your responses will assist us in meeting your child's needs. Please indicate whether your child receives any of the following support:

Physical Therapy      Speech Therapy      Occupational Therapy      Applied Behavior Analysis      Auditory Support  
 Visual Support      Other: \_\_\_\_\_

Would you like your child's therapist(s) to provide services at SELC?      Yes      No  
 Does your child have an IEP/IFSP?      Yes      No  
 Would you provide a copy of your child's goals?      Yes      No

If you are not willing to provide a copy of your child's goals, please explain why:

What are some of the things that you are working on with your child in order to make them successful?

What are things that your child does well?

**MY CHILD'S MEDICAL CARE PROVIDER**

Medical Care Provider's Name

Provider's Address:

Phone:

Health Insurance Provider and Policy Number:

## CHILD'S ALLERGIES

|                   |                |
|-------------------|----------------|
| Medications _____ | Reaction _____ |
| Food _____        | Reaction _____ |
| _____             | _____          |
| _____             | _____          |
| _____             | _____          |
| Respiratory _____ | Reaction _____ |
| Bee Sting _____   | Reaction _____ |
| Other _____       | Reaction _____ |

Are any of the allergies severe or life-threatening? *(If yes, please talk to your Center Director about completing an allergy plan)*

Yes      No

Insurance card on file

Yes      No

## MEDICAL ACKNOWLEDGEMENTS

- 1. Medication Authorization.** I will provide SELC with written permission and instructions to administer medication. I will complete and sign authorization forms. I will provide the medication in its original container (with the pharmacist's label for prescriptions).
- 2. Sunscreen.** I authorize SELC and staff to apply Sunscreen.
- 3. Diaper Ointment.** I authorize SELC and staff to apply diaper ointment.
- 4. Emergencies.** In the event of an emergency, I understand that SELC staff will attempt to contact me immediately and I authorize SELC staff to:
  - Consult my child's physician.
  - Administer first aid and/or cardiopulmonary resuscitation.
  - Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility.
  - Obtain any emergency medical or surgical treatment deemed necessary by medical professionals.  
Transport my child to a local emergency shelter in the event of an emergency evacuation of SELC.
- 5. Payment for Medical Care.** I agree to pay all expenses incurred for such first aid and/or medical treatment and to indemnify and hold SELC harmless against any liability arising from or related to such first aid and/or medical treatment.

Childs Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

## SELC Hours | Transportation | Tuition

The Center is open 24 hours, Monday through Friday.

SELC is closed for federal holidays as well as University and/or school closings. Also, in order to provide you and your child with the best level of service, we dedicate time every year for professional development. Your SELC Director will inform you of closures for these training days in order to permit you to make arrangements for back-up child care. In the case of severe weather or other emergencies, SELC sites located in the Baltimore Region will follow Catonsville College of Baltimore County (CCBC) closure and delay schedules. SELC sites in Prince George's County will follow Prince George's County Public School System (PGCPS) closure and delay schedules. Please note, tuition is not reduced as a result of center closures.

**Your Child's Program:**      **Daily**      **Weekly**

|   |                     |
|---|---------------------|
| Traditional Care Hours  | Before & After Care |
| Before Care   | After Care          |
| Extended Care Hours   | Summer Program      |
| Weekly (Mon-Fri) / Part-Time (Up to 3 Days) / Drop-In Daily Rates | Transportation      |

### MY CHILD'S SCHOOL TRANSPORTATION INFORMATION

|                 |                |               |
|-----------------|----------------|---------------|
| School:         | Grade:         | School Phone: |
| School Address: | Drop Off Time: | Pick-Up Time: |

### MY CHILD'S HOME TRANSPORTATION INFORMATION

|               |                |
|---------------|----------------|
| Home Address: | Home Phone:    |
| Pick-Up Time: | Drop Off Time: |

### SCHEDULE AND TRANSPORTATION ACKNOWLEDGEMENTS

1. **Permission to Transport.** I give SELC permission to transport my child to and from the center. This transportation will be completed in a vehicle authorized by SELC (see transportation authorization for schedule of fees).  
     Yes      No
  
2. **Transportation Changes:** I agree to notify SELC if my child does not need to be picked up from school no later than 12 p.m. the day service is to be rendered. If I fail to notify the center and they arrive to pick up my child who is not present, a \$25 no show fee will be assessed.
  
3. **Regular Schedule.** Tuition is based on my child's contracted hours of service. If my child's schedule changes in any way, I will notify SELC immediately. Tuition and/or Childcare Fees are not pro-rated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days.
  
4. **Absences.** If the child is out of SELC due to illness for more than 3 days, parent(s)/guardian(s) must submit a doctor's notice upon the child's return.

## TUITION AND FEE INFORMATION

1. Tuition and/or Childcare Fees. Your Child's Tuition and/or Childcare Fees are \$ \_\_\_\_\_. Tuition and/or Childcare Fee are due every Monday by 6 p.m.. If late, there will be a late fee of \$25. Tuition and/or Childcare Fees are subject to change upon reasonable notice to parent/guardian.
2. Late Payment Fee. All Tuition and/or Childcare Fees are due in advance of services rendered. Online and in-center tuition payments are due on or before close of business (6 p.m.) the Monday prior to service. If tuition is not paid by close of business Monday, a late fee of \$25 will be charged. The terms of this agreement, including the fees, are subject to change in whole or part by SELC with 60 calendar days notice.
3. Registration Fee. A non-refundable registration fee of \$ \_\_\_\_\_ is due at the time of registration. This fee will hold a spot for your child for 30 days prior to enrollment. If your child is not enrolled within 30 days of registering, or is withdrawn from the program and is later re-enrolled, a new registration fee is due at that time.
4. Academic Fee. For existing SELC parent(s)/guardian(s), an Academic Fee of \$ \_\_\_\_\_ is due the last Friday in August.
5. Security Deposit. A security deposit (equivalent to one week of tuition), will be due at the time of enrollment.
6. Late Pick-Up Fee. A late pick-up fee will be applied when a child is left beyond your child's scheduled pick-up. Refer to the table below for exact fees.
7. Accepted Forms of Payment. SELC accepts ACH, credit cards, and government subsidies.
8. Additional Fees. Your child may have the opportunity to participate in special programs, summer programs, or field trips which are subject to an additional fee.
9. Summer Program- Summer Program. Begins Mid-June and ends Mid-End of August. Summer tuition is \$ \_\_\_\_\_. Parent(s)/ Guardian(s) are also responsible for a summer activity fee which covers all special guests, activities, and trips. Summer tuition is due every Monday by 6 p.m. If late, there will be a late fee of \$25. Please refer to Summer schedule for the activity fee.

|  |  |
|--|--|
| Traditional Care Hours/After Care/Summer Program | After 6:01 p.m., \$35 for the first 1-15 minutes. and \$2.00 each additional minute thereafter.  |
| Extended After Care Until 9 p.m.                 | After 9:01 p.m., \$35 for the first 1-15 minutes. and \$2.00 each additional minute thereafter.  |
| Extended After Care Until 12 a.m.                | After 12:01 a.m., \$35 for the first 1-15 minutes. and \$2.00 each additional minute thereafter. |

## COVID 19 PROCEDURES AND SICK POLICY

### 1. COVID-19 PROCEDURES.

- a. Before entering the building, temperature needs to be checked and documented
- b. Hand sanitizer must be applied before entering the building
- c. Tables are bleached and wiped down with soap water after every use
- d. Masks and face coverings must be worn for all individuals that enter the building
- e. If child has COVID-19 symptoms, they must provide appropriate documentation from a physician clearing the student before they may return

### 2. Sick Policy.

- a. If a child has a temperature 100 degrees or more, the parent/guardian must be called and the child must be picked up immediately. Parent must wait 24 hours and provide appropriate documentation from a physician clearing the child before they may return
- b. Any child that experiences diarrhea more than 3 consecutive days must be picked up and cannot return for 24 hours. In additional the Parent/Guardian must provide clearance documentation from a physician before child may return.
- c. If a child vomits, parent/guardian will be contacted and child will be sent home. Parent/Guardian is required to wait 24 hours and provide clearance documentation from a physician before child may return.

## MEAL SCHEDULE

Food items that my child does not like:

| Day       | Hours Of Care | Meals (please check) |          |       |          |        |
|-----------|---------------|----------------------|----------|-------|----------|--------|
| Monday    |               | Breakfast            | AM Snack | Lunch | PM Snack | Dinner |
| Tuesday   |               | Breakfast            | AM Snack | Lunch | PM Snack | Dinner |
| Wednesday |               | Breakfast            | AM Snack | Lunch | PM Snack | Dinner |
| Thursday  |               | Breakfast            | AM Snack | Lunch | PM Snack | Dinner |
| Friday    |               | Breakfast            | AM Snack | Lunch | PM Snack | Dinner |

Childs Name: \_\_\_\_\_

## Financial & Miscellaneous Terms

### SCHEDULE AND TRANSPORTATION ACKNOWLEDGEMENTS

**1. Payment Authorizations.** I authorize SELC to:

- Use my tuition and fee payment checks to initiate electronic debits to my checking account.
- Electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law.
- Initiate one-time ACH debits to my checking account for any amounts owed that become past due (upon written notice from the center.)

My payment authorizations will remain in effect until I provide SELC written notification to terminate the authorization.

**2. Financial Obligations.** As the parent/guardian signing this Agreement all amounts due are ultimately my responsibility. I understand and agree that past due tuition and fees may be referred to an attorney or collection agency. I agree to be responsible for all account balances, plus reasonable collection and attorney fees incurred by the SELC arising from or relating to the collection of tuition, late fees, and/or service charges which are not paid as specified in this Agreement. SELC also has the right to collect interest, charged at the legal rate, for all outstanding balances. Payments from families with prior unpaid returned checks must be in the form of a money order or cashier's check.

**3. Advance Notice for Withdrawal.** 14 calendar days advance written notice is required prior to the last day of attendance. If I do not give 14 calendar days advance written notice of withdrawal, I agree to pay full tuition and fees due for the final two weeks regardless of my child's attendance. If the parent/guardian does not give such notice, any advance money paid may be retained by SELC without limiting the SELC's other legal remedies.

### PERMISSION TO PHOTOGRAPH

I give permission for my child to be photographed/videoed in SELC and during program functions and field trips. I consent to the use of these photographs/videos for any legal use, including but not limited to publicity, advertising, and web content.

Parent/Guardian Initials \_\_\_\_\_

## MISCELLANEOUS TERMS

- 1. Dress Code and Uniform Policy.** Uniforms. All children 18 months to 5 years old are required to wear uniforms throughout the school year excluding school-age children. Each uniform shirt is \$15. This is a uniform facility for all children enrolled in the pre-school program. Uniform shirts are to be purchased at the Center for \$15. The bottoms may be purchased from a vendor of your choosing. All children must wear a blue polo-style SELC shirt with a khaki bottom.
  - Footwear must be worn at all times. Footwear that is considered unsafe such as loose sandals, flip flops, shower shoes, wheelie shoes and such footwear are prohibited.
  - Hats or other head coverings, except in the case of religious observance, may not be worn in the building.
  - No clothing may be worn that promotes illegal substances, alcohol or tobacco products. In addition, clothing with messages or graphics deemed offensive, profane, violent, derogatory, or otherwise inappropriate are prohibited.
  - All clothing must have your child's initials labeled on the interior of the garment with permanent ink.
- 2. Modifications.** Any changes or modification to the terms of this Agreement shall be made in writing and signed by the undersigned parties. 14 calendar days advance notice will be provided for all written modifications by which the undersigned parent(s)/guardian(s) agree to abide.
- 3. Termination.** SELC reserves the right to immediately terminate the enrollment of any child who is unable to adjust to the child care program. In addition, if the parent/guardian becomes delinquent on payment or violates any terms of this Agreement, SELC may immediately terminate this Agreement. However, SELC shall give at least 14 calendar days advance written notice for any termination without cause.
- 4. Court Orders.** I agree that should my child(ren) be the subject of an executed, court approved custody, separation or other form of legally enforceable agreement determining the custodial status of such child(ren), I shall provide copies of all such agreements to SELC and shall provide to SELC any and all changes, amendments, and updates to such agreements in a timely manner.
- 5. Maryland Department of Social Services ("DSS") and the Office of Child Care ("OCC").** DSS, OCC, or other authorized public agencies responsible for child safety and welfare shall have the authority to interview children or staff, and to inspect, audit, and copy center records without prior consent. SELC 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 SELC. These authorized agencies shall also have the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

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I have read, understand, and accept all terms of this Agreement. I will promptly update any information provided for in this Agreement if there are any changes. A child may be disenrolled from SELC without prior notice if, in the sole opinion of SELC, it is in the best interest of the child or SELC. SELC reserves the right to alter its policies and/or program at any time. The terms of this Agreement, including the tuition and fees, are subject to change in whole or in part by SELC with 60 calendar days' notice.

This Agreement will begin on \_\_\_\_\_

|                                   |      |
|-----------------------------------|------|
| Primary Parent/Guardian Signature | Date |
| Center Director Signature         | Date |

# Office Use Only

## DISCIPLINE POLICY

Food Program Enrollment

Lead

Food Program Meal Benefit

Immunization

Sunscreen

Emergency

Ointment, if applicable

Health Inventory

Infant Formula and Breast Milk, if applicable

Medical Administration Authorization

Tuition Express

Seizure

Allergy

MSDE Parent's Guide

Asthma

Health History