



Enrollment Application/Intake

Enrollment Date: _____ **Withdrawal Date:** _____

Child's Name: _____ Sex: _____ Age: _____ DOB: _____

Home Address (Street): _____

City: _____ State: _____

Zip: _____

Home Phone Number: _____

Parent One: _____ Home Phone Number: _____

Home Address (if different from the child's) Street: _____

City: _____ State: _____

Zip: _____

Parent One Place of Employment: _____ Work Phone: _____

Employer's Street Address: _____

City: _____ State: _____ Zip: _____

Parent Two Name: _____ Home Phone

Number: _____

Home Address (if different from the child's)

Street: _____

City: _____ State: _____

Zip: _____

Parent Two Place of Employment: _____ Work Phone: _____

Employer's Street Address: _____

City: _____ State: _____ Zip: _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other Child's
Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

Name: _____ Address: _____

Telephone: _____ Relationship to Child: _____

Relationship to Parent/Guardian: _____

Other identifying information (if any): _____

Name: _____ Address: _____

Telephone: _____ Relationship to Child: _____

Relationship to Parent/Guardian: _____

Other identifying information (if any): _____

Name: _____ Address: _____

Telephone: _____ Relationship to Child: _____

Relationship to Parent/Guardian: _____

Other identifying information (if any): _____

Eating:

Is your child on any special diet? _____

Does your child have any food allergies? If yes, please describe:

Sleeping:

Does your child nap? If so, what time of the day and how long:

Does your child sleep with a special blanket or item for comfort? If so, describe:

Are there specific bedtime routines at home? _____

Where does your child sleep at

home? _____

Toileting:

Does your child use diapers? If so, which type: _____

If cloth, we are unable to launder diapers and they will be bagged and sent home un-rinsed and un-emptied.

*Any lotions or topical ointments your family uses for your child will be brought from home, labeled, in their cubby and not used on others. This helps the risk of allergic reactions.

Does your child use a potty or toilet? If so explain:

How does your child let you know when it is time "to go":

Does your child need regular reminders to use the bathroom?: Yes: _____ No: _____

Development:

What is your child's primary spoken language? At home?: _____

Do you have any concerns regarding your child's development: If so, explain:

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Social/Emotional Development:

Has your child been in child care before? Yes: _____ No: _____

Is your child comfortable in group settings? Yes: _____ No: _____

What is your child's regular routine at home?

Is there anything we should know about your child's play with other children, by themselves, any concerns?

What kind of activities does your child enjoy? Are there activities that your child avoids?

How would you describe your child's temperament/personality?

Does your child have any siblings? _____

Does your family have any
pets? _____

What soothes your child? _____

What frightens your child? _____

What are your expectations or goals for your child at our child learning center?

What are your expectations for the child learning center and your child's caregivers ?

Is there anything regarding your family, extended family or child that you would like to share
with us?



Emergency Medical Contact and Authorization

Should (child's name) _____ Date of Birth: _____

suffer an injury or illness while in the care of The Gathering Place: A Child Learning Center and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

Child's Doctor or Clinic Name: _____

Telephone Number: _____ Last Visited: _____

Parent/Guardian:

Signature: _____ Date: _____

Signature: _____ Date: _____

Facility Administrator/Director:

Signature: _____ Date: _____

Signature: _____ Date: _____



Parental Agreement

The Gathering Place: A Child Learning Center agrees to provide **full time child care** for (name of child) _____ on Monday-Friday, 7:30am-5:30pm from September 1st, 2019 - September 1st, 2020.

I (we) understand that there is a late fee of \$10 every 5 minutes that I (we) are late picking up after 5:30pm.

I (we) understand that my (our) child will participate in the following meal plan based off of the Montana Child and Adult Care Food Program. They will receive breakfast, lunch, and an afternoon snack.

<https://dphhs.mt.gov/hcsd/childcare/cacfp>

I (we) understand that my (our) child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I (we) acknowledge it is my (our) responsibility to keep the child's records current to reflect any significant changes as they occur; telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child at an immediate response.

The Gathering Place: A Child Learning Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for The Gathering Place: A Child Learning Center at Bozeman United Methodist Church.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____

(Parent/Guardian)

Signed: _____ Date: _____

(Facility Administrator/Director)



The Gathering Place: A Child Learning Center

Tuition Agreement 2019-2020

Child's Name: _____ DOB: _____

I (we) agree that \$900 tuition is due on the 1st of every month and will be paid in full by cash, check, or pay online (added fee) at <https://bozemanumc.breezechms.com/give/online>

There will be a \$25 late fee after the 5 day grace period. This ensures that tuition is due on time and can fund this program at Bozeman United Methodist Church.

I (we) understand that there is no discount, refund, or other allowance for absence, illness, vacation, holidays, school closures, or any other reason.

I (we) understand parents will be required to give one month's notice to terminate enrollment, submitted to the preschool director and turned in a withdrawal notice/schedule change request form.

I (we) will pay tuition for the one month notice period, even if the child does not attend the school during that month.

I (we) understand that school operational hours are Monday-Friday from 7:30am-5:30pm (with the exception of school holidays listed in the family handbook and other related school closures) and will not have prorated tuition.

Tuition, waitlist fees, registration fees, late payment fees, late pick-up fees and all other fees are payable directly to The Gathering Place

By signing below, each signatory declares to have read, understood, and come into agreement with the terms of this Preschool Tuition Contract.

Signature: _____ Date: _____

Signature: _____ Date: _____