



# Enrollment Agreement

## Welcome to Little Miracles Daycare!

We're so happy you've chosen Little Miracles Daycare for your child's early learning journey! It's an honor to be part of your child's growth and development, and we're excited to get to know you, your family, and the important people in your child's life. This enrollment agreement gathers the information we need to ensure a smooth start for your child. We use this information to complete enrollment, assign your child to the appropriate classroom, communicate with you, and comply with childcare licensing regulations.

Providing information about yourself and your family is your choice, and we will only use it in the ways outlined in this agreement. Most importantly, we want you to feel confident and comfortable with your decision. If you ever have questions—big or small—please don't hesitate to reach out. We know the first few weeks of a new routine can be an adjustment, and we're here to support you every step of the way.

We can't wait to begin this journey together!

### TELL US ABOUT YOUR CHILD

First Name	Middle	Last Name	Nickname
Date of Birth	Gender	Language spoken at home	
Height	Weight	Hair Color	Eye Color
Child's Home Address			Primary Phone

Please list family members your child lives with, including the name and ages of siblings.

## TELL US ABOUT YOU

At Little Miracles Daycare, your child's safety is our top priority. We will only release your child to parents, guardians, or authorized emergency contacts if you need to add a new pick-up person, please notify us in advance. Anyone we don't recognize will be required to show a government-issued photo ID before pickup.

Thank you for helping us keep our center safe!

Parent / Guardian	Relationship to Child	Primary Phone
Home Address	Email	Secondary Phone
Employer and Address		Other Phone

## WHO ARE EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD? (18 YEARS OR OLDER)

The people named here are authorized to pick up my child. I will notify the center on days when an authorized "Emergency Contact" will pick up my child

Contact Name	Relationship	Address	Primary Phone

Parents / Guardian Signature

Date

## CARE INFORMATION

Our goal is to provide your child excellent education and care. We have a few questions that will help us be better prepared to meet your child's individual needs. Please indicate if your child receives any of the following supports:

<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Communication Devices
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Feeding Tube
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Visual Support
<input type="checkbox"/> Applied Behavioral Analysis	<input type="checkbox"/> Auditory Support
<input type="checkbox"/> Mobility Devices	<input type="checkbox"/> Other:

Would you like your child's therapists to deliver services at the center?  Yes  No

Is there anything else we need to know about your child to ensure he or she can be well supported by our staff?

List of Current Medication

## CHILD'S MEDICAL CARE PROVIDER

Medical Care Provider	Practice / Clinic Name
Provider Address	Phone Number
Preferred Hospital / Clinic	Date of Last Physical Examination
Dentist Name	
Dentist Address	Phone Number
Health Insurance Provider and Policy Number	

## CHILD'S ALLERGIES

Medication	Reaction
Food	Reaction
Respiratory (Asthma)	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

## MEDICAL ACKNOWLEDGMENTS

**Medication:** I will provide written permission for staff to administer medication, along with written instructions from myself or my child's healthcare provider, as allowed by childcare regulations. All medication must be in its original container with proper labeling.

**Immunizations:** I will provide updated immunization records or an exemption form as required.

Health Consultant Review: I understand that my child's records may be reviewed by a Nurse/Health Consultant if required by state regulations.

**Illness:** If my child becomes ill while at the center, I will pick them up as soon as possible, no later than one hour after being notified. If my child has a contagious illness, they may return only when they are well, as outlined in the Parent Handbook.

**Emergencies:** In an emergency, staff will contact me immediately. I also authorize staff to:

- Consult my child's physician or dentist.
- Administer first aid and CPR if needed.
- Transport my child via ambulance to a medical facility if necessary.
- Obtain emergency medical, surgical, or dental treatment as deemed necessary by medical professionals.
- Relocate my child to an emergency shelter if evacuation is required.

Parents / Guardian Signature

Date

## LITTLE MIRACLES HOURS OF OPERATION

The center is open from 7 a.m. to 6p.m. Monday through Friday.

**Little Miracles Daycare will be closed** for a two-week Christmas break beginning on Christmas Day, as well as on Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and the day following Thanksgiving.

- The center will remain open on all other scheduled days unless severe weather or emergencies require closure.  
**Tuition is not adjusted for closures.**

## TUITION AND FEE INFORMATION

**Tuition Schedule:** Tuition is based your child's regular bi-weekly schedule. Additional charges will apply if your child attends beyond this schedule. Any schedule changes must be reported to the center immediately. Tuition is not adjusted for absences, holidays, or emergency closures, and full tuition is required even if my child misses one or more days.

**Tuition Rates:**

Toddler - Transitional Kindergarten Programs

- 2 days per week: \$170
- 3 days per week: \$220
- 4 days per week: \$280
- 5 days per week: \$325

**Infant Pricing:** \$375 - 5 days a week only (Limited space available)

**Absences:** I will notify the center by 9:00 AM if my child will be absent.

**Late Pick-Up:** If I fail to pick up my child or contact the center, and no authorized person can be reached within 30 minutes after closing, the center may take appropriate action to ensure my child's safety, including contacting local authorities.

**Late Payment Fee:** All tuition must be paid two weeks in advance of services. If tuition is not paid on time, a late fee of \$50.00 will be applied.

**Registration Fee:** A nonrefundable registration fee of \$200.00 is due at enrollment. If a child withdraws and later reenrolls, a new registration fee will be required.

**Late Pick-Up Fee:** A late pick-up fee of \$10.00 per 10 min per child will be charged for pick-ups beyond the center's operating hours.

## SCHEDULED ATTENDANCE

DAYS	HOURS OF CARE (E.G., 7 AM - 6 PM)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

## PAYMENT AUTHORIZATIONS

### I authorize Little Miracles Daycare to:

- Process tuition and fee payments electronically.
- Attempt to collect on returned payments up to two additional times.
- Debit my account for any returned payment, including a returned item fee as permitted by state law.
- Initiate one-time ACH debits for past-due amounts, upon written notice from the center.
- This authorization remains in effect until I provide written notice to terminate it.

### Financial Obligations

- As the parent/guardian signing this agreement, I understand that all tuition and fees are my responsibility.
- Accounts more than two weeks past due may result in immediate termination of services. Enrollment may be reinstated upon full payment, including applicable tuition and registration fees.
- Overdue accounts may be sent to collections, and I will be responsible for all outstanding balances, plus any reasonable collection or attorney fees.
- Payments from families with prior unpaid returned checks must be made via money order or cashier's check. Repeated returned check activity may result in termination of services.
- Written notice of withdrawal is required prior to the last day of attendance. If I fail to provide notice, I agree to pay full tuition for the final two weeks, regardless of attendance.

## CHILD PHOTOGRAPHY CONSENT AUTHORIZATION

**I do / do not** give permission for my child to be photographed or recorded while at Little Miracles Daycare or during daycare activities.

I understand that photos/videos may be taken by center staff or other parents/guardians. By giving permission, I consent to the use of these images for communication purposes, including updates to families, internal communications, and use on email, the center's website and social media, mobile applications, or other approved platforms.

## OTHER TERMS

### Assessments and Screenings

**I do / do not** give permission for my child to participate in assessments at Little Miracles Daycare to track progress and improve programs. I will have access to all results.

### Communications

I give Little Miracles Daycare permission to contact me via phone, text, or email for updates and promotions. Standard messaging rates may apply, and I can opt out anytime.

### Disputes

Any unresolved disputes will first go to nonbinding mediation before legal action. All parties share mediation costs equally.

Parents / Guardian Signature

Date