



LIABILITY RELEASE (RELEASE OF ALL CLAIMS)

I, the undersigned parent(s) or legal guardian(s) for _____ do hereby release, forever discharge and agree to hold harmless Children's Choice and the representatives thereof from any and all expenses of any nature whatsoever which may be incurred by my child in the course of participation in **Children's Choice Early Learning Center and related activities**. I understand that there are certain risks inherent in Children's Choice services and activities. I give my child permission to participate in these activities and participation is on voluntary basis only.

I have been made aware of the scheduled activities and agree to assume all responsibility for any of the previously mentioned occurrences. I give authorization for Children's Choice to provide all necessary food and, if necessary, transportation. I give permission for my child to participate in the aforementioned activities and for any representative of Children's Choice to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests, if necessary. I understand that every effort will be made to contact me prior to any treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Children's Choice to secure and administer treatment, including hospitalization for my child.

I also consent to having my child's photograph and/or video used in center galleries, or educational presentations only. These pictures will not leave our physical building. I understand that any and all videos recorded by the security cameras are property of Children's Choice and are not shared with anyone outside of the facility including the ability to watch them on the internet. I have been made aware that I can view the video of my child(ren)'s classroom from the Director's office.

Should my child have to be removed from the center for medical or disciplinary reasons, I hereby assume any costs incurred. I also understand that disciplinary infractions may result in my child barred from remaining activities without refund.

Print Child's Name(s)

Parent/Guardian Signature

Date

Children's Choice Early Learning Center

115 S 3rd Avenue

Eldridge, IA 52748

(Release Authorizations)

Travel Release

I/We give consent for (name of child) _____ to participate in walking field trips with the above named program. I/We do reserve the right to be notified before each walking field trip. I release the program of any liability unless negligence is proven.

Restrictions:

Date

Signature of Parent or Legal Guardian

Photography/Video Taping Release

I/We do give consent that the above named program may take photographs/videotaping of our child (name of child) _____, and I/We consent that the program may use the photographs of our child in promoting the activities of the center. No photographs will leave the center. They are only for posting in the building. We understand that no financial benefits from the use of the photographs/videotapes are obligated to be paid to us.

Restrictions:

Date

Signature of Parent or Legal Guardian

School-Age Travel to and From School Notification

I/We understand that my child will be transported with the only one adult in a center-owned vehicle for the sole purpose of transporting children to and from school. My child will be transported to and from (name of school) _____. This includes days in which there are early release/late starts at school. I affirm that my child's participation in the transportation program is entirely my choice, with the understanding of risk or accidental injuries that may be involved in any transportation program in the center. Children's Choice Early Learning Center is a school bus pick up and drop off stop for one of the Neil Armstrong and Alan Shepherd Elementary bus routes.

Date

Signature of Parent or Legal Guardian

Children's Choice Early Learning Center

115 S 3rd Avenue

Eldridge, IA 52748

Parental Emergency Medical Consent

This form must be present upon admission for treatment

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration

Of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

| | | | |
|---|---------------|------------------------------|---------------------|
| Child's Name: | | | |
| Parent(s) Guardians with whom the Child Resides: | | | |
| 1. Name | | Relationship to Child | |
| Address | | Employer | |
| Home # | Cell # | Work # | |
| 2. Name | | Relationship to Child | |
| Address | | Employer | |
| Home # | Cell # | Work # | |
| Emergency Contact Person(s) | | | |
| 1. Name | | Relationship to Child | |
| Home # | Cell # | Work # | |
| 2. Name | | Relationship to Child | |
| Home # | Cell # | | |
| 3. Name | | Relationship to Child | |
| Home # | Cell # | Work # | |
| Persons Authorized To Pick Up Child | | Address | Phone Number |
| 1. | | | |
| 2. | | | |
| 3. | | | |

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

| | |
|-------------|-------------|
| Name | Name |
|-------------|-------------|

| | |
|----------------------------|-----------------------------|
| Physician Name | Dentist Name |
| Phone # | Phone # |
| Address | Address |
| Hospital Preference | |
| Known Allergies | Date of Last Tetanus |
| Present Medication | |
| Insurance Company | Policy Holder ID |

This consent will be in effect for one year beginning (date) _____

Signature of Parent or Guardian Date

Signature of Parent or Guardian Date



Parent-Provider Contract

EIN# 27-4249612

This agreement is made by and between Children's Choice Early Learning Center LLC 115 S 3rd Ave, Eldridge IA 52748 and _____ (Parent/Guardian) of _____.

The following has been agreed upon between the two parties beginning _____.

I, _____ have read the Children's Choice Early Learning Center Parent Handbook, I understand and agree to the following terms of this said handbook. I also understand that disregarding these policies can result in termination from enrollment at Children's Choice Early Learning Center.

I agree to the weekly/hourly rate of \$ _____ per _____ to be paid every Monday or on the first day that my child is scheduled.

Note: _____

I understand that the first week's tuition is **due prior to my child (ren)s start date.**

I understand that a late fee of \$5.00 will be applied every 5 minutes that my child (ren) is not picked up from Children's Choice Early Learning Center by 6:00pm.

I understand that additional charges and late fees will be applied if my weekly tuition is not paid on time.

I understand that I need to call the front office (563-285-6500) if my child (ren) will not be here on their scheduled day. I need to call the front office 24 hours in advance if my child (ren) needs to come an extra day. I understand that I am not allowed to drop in without 24 hours' notice.

I understand that my child (ren)s spot will be forfeited if they have not come for 2 weeks. if I have not given the front office a reasonable explanation for their absence and have not filled out a withdrawal form or a vacation form.

This agreement shall be in effect until the parent/guardian or provider has given termination notice in accordance with the Parents Handbook policy or negotiation of a new contract.

Children's Choice Early Learning Center reserves the right to update or change policy upon review.

Print child's name _____

Parent/Guardian Information:

Parent/Guardian Signature _____ Date _____

Email _____ Driver's License # _____ State _____

Parent/Guardian Information:

Parent/Guardian Signature _____ SSN# _____

Email _____ Driver's License # _____ State _____

Children's Choice Early Learning Center
115 S. 3rd Street
Eldridge IA 52748

Intake Form

I. Child's Identification Information

| | | |
|--------|------------|-------------------------------|
| Name : | | Nickname: |
| Sex: | Birthdate: | Name Of school, If attending: |

II. Family Information : Parent Or Guardians

| | |
|--|------------------|
| Name: | Name: |
| Address: | Address: |
| City, State: | City, State: |
| Phone Number(s): | Phone Number(s): |
| E-Mail: | E-Mail: |
| Single ____ Married ____ Divorced ____ Separated ____ Foster Parent ____ | |

Please be sure that both parent's emails are correct and included. This is how you will receive an invitation to our Procure app, which will be used to clock your child in and out daily and to communicate with your child's teachers.

Names Of other children in the home: _____

Is your Child on any Medications? _____

III. Emergency Contact Information Name Address Place of Employment Phone number

| | | | |
|--|--|--|--|
| | | | |
| | | | |

IV. Play And Sociability

How does your child get along with other children? _____

His/Her usual playmates are: Girls ____ Boys ____ Older ____ Younger ____

What is the usual size of your child's neighborhood play group? _____

Previous group experience other than school: Preschool ____ Playgroup ____ Sunday School ____

Other Please Specify _____

V. Personality and Emotional Development

Is your Child Affectionate? _____

Does He/She accept new people easily? Yes ____ No ____

What are your child's fears? _____

Is your Child usually happy? Yes ____ No ____

What nervous habits does your child have? _____

Does your Child have any comfort items (pacifier, Blanket, Etc.)? _____

VI. Redirection

When you find it necessary to redirect your child, which parent usually does this and how?

VII. Infants and toddlers

Has your child had any feeding problems? Yes ____ No ____

If yes please explain: _____

Have you noticed any allergies or sensitivities to particular foods? Yes ____ No ____ What food is your baby eating now?

Fruits _____ Juices _____

Vegetables _____ Meats _____

Cereals _____ Milk (Formula) _____

What is your Childs sleeping habits throughout the day? _____

Does your Child have a "fussy" time? _____ When? _____

How do you handle "fussy" time? _____

DO you have Special ways of helping you child go to sleep? Yes ____ No ____

IF yes, how? _____

Does your Child use a pacifier or suck their thumb? _____

Has Toilet training been attempted? Yes ____ No ____ What is used at home? _____

Is your child's skin highly sensitive? Yes ____ No ____ what is used at home? _____

How does your child relate to strangers?

Is your child frightened by anything? _____

VIII. Other Information

Favorite toy: _____

Favorite book: _____

Favorite snack: _____

Favorite thing to drink: _____

Favorite game _____

Does your child have any pets at home? _____

Are there any areas of learning or behavior that you feel require particular attention?

Please Give Us any other information you believe will be helpful to us in understanding your child

Tuition[®] Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

| | |
|----------------------|-----------------|
| Cardholder Name | Phone # |
| Cardholder Address | City State Zip |
| Account Number | Expiration Date |
| Cardholder Signature | Date |

SECTION B (Bank Account)

| | | | | |
|---|------------------------------|-----------------------------------|-------|--|
| Your Name | Phone # | | | |
| Address | City State Zip | | | |
| Bank or Credit Union Name | Bank or Credit Union Address | City | State | Zip |
| Routing Transit Number (see sample below) | | Account Number (see sample below) | | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Authorized Signature | | Date | | |

For Official Use Only

Date Received

Employee Signature

| | | |
|---|----------------------------------|--------------|
| John Sample Mary Sample 123 Nice Street Anytown, USA | BANK OF THE WEST 555-555-5555 | 00226 |
| Pay to the order of: | Attach Voided Check Here | \$ |
| Deposit slips not accepted | | Dollars |
| 123456789012 | 1000330 | 0226 |
| Routing Number | Account Number | Check Number |

A service of



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Children's Choice

Child's Schedule

Child Name _____

Week of _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Children's Choice

Child's Schedule

Child Name _____

Week of _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____