



**St. Theresa School Lil' Stallions Day Care
PARENT ENROLLMENT AGREEMENT
2021-2022**

Child's Name: _____ Birthdate: _____

Contract Period: From _____ To _____ Enrollment Date: _____

Fees

There is a \$50.00 non-refundable registration fee, or \$100.00 enrollment fee for all first-time enrollments, payable with your completed form. Your monthly tuition of \$_____ is to be paid in advance.

Tuition is billed on a monthly, weekly or bi-weekly basis. Payments are permitted through Brightwheel Childcare Management. Payment of your weekly tuition is expected by 6:00PM closing time on the last day of each month. After that time, your account will be charged a late payment fee of \$25.00 per week. Failure to keep tuition fees current by the 30/31st of each month will result in your child(ren) not being able to attend St. Theresa School Lil' Stallions Daycare until all financial obligations are met.

A security deposit of \$500.00 is required when signing the Parent Enrollment Agreement. The security deposit will be credited to the final month.

The Daycare Program's operating hours are from 7AM to 6PM, Monday through Friday. You must notify us if you will be picking up your child late. The fee for late pick-ups is based on the current fee schedule.

There will be no adjustments to your weekly tuition for any reason, including holidays, sickness, or vacation days. Payment is expected in full.

Holidays and Closings

St. Theresa School Lil' Stallions Day Care is closed for the following holidays:

- Martin Luther King, Jr.'s Birthday
- Presidents' Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving: Wednesday at 3, all day Thursday and Friday
- December 23-24 and the week of December 27-31, 2021
- New Year's Day

The School will be closed for two weeks in August for maintenance and summer cleaning.

Snow Days / Emergency Closings/ Other Closings

While every effort will be made to keep the Daycare open, St. Theresa School Lil' Stallions Day Care will close at the discretion of the Director in conjunction with the Principal of St. Theresa School in case of inclement weather or an unforeseen emergency. We will notify parents as early as possible using the "Honeywell"/Brightwheel alert system regarding any such closings. In case of an early closing, parents are required to arrange a pick-up for their child within one hour of being notified; otherwise, late pick-up fees will be charged.

Family Vacations

Please notify us, at least three weeks, when you plan to take vacation and your child will not be in Daycare. The full monthly tuition and pre-payment should be made by the 30/31 of the prior month in order to avoid fees or losing your spot.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

For Office Use

- Enrollment fee (\$100.00 fee for first-time enrollees)
- or*
- Registration fee (\$50.00 fee for re-registrations)
- Security Deposit
- Medical Forms
- Handbook Acknowledgement Form

Withdrawal Date _____

For New Enrollments:

Application Date _____

Scheduled Start Date _____

Actual Start Date _____



St. Theresa School Lil' Stallions Day Care Authorized Child Release/Emergency Contact 2021-2022

I understand that the St. Theresa School *Lil' Stallions* Daycare Program will not release my child _____ to any person other than his/her parents, legal guardians, or those people listed below unless I notify St. Theresa School Lil Stallions Daycare in advance, following the guidelines below:

- If the person picking up the child is listed on one of the forms, then the parent or guardian must notify Lil Stallions/ STS verbally. Written notification is preferred.
- If the person picking up the child is NOT listed on the forms, then the parent or guardian must notify Lil Stallions/STS in writing.
- Photo identification will be required of any person picking up my child.

I/we understand that in the event of an emergency, St. Theresa School Lil' Stallions Daycare will make every effort to contact me/us. If I/we cannot be reached, I/we understand that the emergency contacts listed below will be contacted. Emergencies include, but are not limited to: my child being ill, the need to close the Daycare for the day, or my child not being picked up within 30 minutes of the Daycare's scheduled closing time.

Authorized people to whom my child can be released are:

1. Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Alt. Phone # _____
2. Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Alt. Phone # _____
3. Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Alt. Phone # _____
4. Name _____ Relationship _____
Address _____ Phone # _____
City, State, Zip _____ Alt. Phone # _____

By signing this form I authorize St. Theresa School *Lil' Stallions* Daycare Program to release my child to any of the persons listed.

Father's name: _____
Father's signature: _____ Date: _____
Mother's name: _____
Mother's signature: _____ Date: _____



St. Theresa School Lil' Stallions Day Care

Emergency Medical Authorization and Consent 2021-2022

I/we understand that every effort will be made to contact me/us in the event of an emergency requiring medical attention for my/our child _____.

If I/we cannot be reached I/we understand that the emergency contacts listed on my/our child's Emergency Contact Form will be called. However, I/we hereby authorize St. Theresa School *Lil' Stallions* Daycare to call an ambulance to transport my/our child to a hospital or medical facility and to secure for my/our child the necessary medical treatment. In the event that I/we cannot be contacted, I/we further consent to the medical, surgical, and hospital care treatment and procedures be performed for my/our child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my/our child's health.

I/we understand the St. Theresa School/Lil Stallions Daycare staff are trained in the basics of First-Aid and CPR, and I/we authorize them to give my/our child First Aid or CPR if deemed necessary.

Child's physician: _____

Physician's phone number: _____

Physician's address: _____

Preferred hospital: _____

Hospital address: _____

Medical insurance: _____

Insurance numbers: _____

Date of last tetanus: _____

Allergies: _____

ALL CUSTODIAL PARENTS/GUARDIANS MUST SIGN:

Father's name: _____

Father's signature: _____ Date: _____

Mother's name: _____

Mother's signature: _____ Date: _____



**St. Theresa School Lil' Stallions Day Care
Phone - Email - Address Release Authorization
2021-2022**

Child's Name: _____

Mother's Name: _____

Father's Name: _____

The St. Theresa School Lil' Stallions Daycare respects the privacy of each family. Sometimes, families request class lists with phone numbers and/or addresses for play dates, parties, etc...

Please check the information that we MAY give out to other parents or guardians enrolled in the St. Theresa School Lil' Stallions Daycare. We will not give any information to anyone not enrolled at St. Theresa School Lil' Stallions Daycare.

- Mother's home telephone number
- Mother's work telephone number
- Mother's cell number
- Mother's home address
- Mother's email address
- Father's home telephone number
- Father's work telephone number
- Father's cell number
- Father's home address
- Father's email address
- PLEASE DO NOT GIVE OUT ANY INFORMATION LISTED ABOVE.
Mother's Signature: _____ Date ___/___/___
Must sign if mother's information is checked for release.

Father's Signature: _____ Date ___/___/___
Must sign if father's information is checked for release.



St. Theresa School Lil' Stallions Day Care

Permission to Photograph 2021-2022

I, _____
(parent's or guardian's name)

give St. Theresa Lil' Stallions Daycare and its staff permission to photograph my child

(child's name)

for the following purposes:

Still Photographs for Display Use	(Please check one)	
	Grant Permission	Decline Permission
in the Lil' Stallions scrapbook		
on St. Theresa School's website *		
on bulletin boards and panels		
in promotional materials		
On Salesian Sisters promo literature/website		

* Only first names will be displayed.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

Parent or guardian signature

Date



St. Theresa School Lil' Stallions Day Care
Authorization for Non-Prescription Diaper Ointment
2021-2022

I hereby authorize St. Theresa School *Lil' Stallions* Daycare to apply the following diaper cream/ointment

to my child:

All diaper cream/ointment must be provided in the original container with a valid expiration date and labeled clearly with the child's full name. A new form should be filled out when the ointment brand is changed.

Special Instructions:

Parent/Guardian Signature: _____ Date ___/___/___



**St. Theresa School Lil' Stallions Day Care
Sunscreen and Insect Repellent Permission
2021-2022**

We/I give The St. Theresa School Lil' Stallions Daycare permission to apply

_____ (name of sunscreen/repellent)

to my child _____

from ___/___/___ to ___/___/___ (may not exceed one year)

All sunscreen and insect repellent must be provided in the original container with a valid expiration date. The container must be labeled with the child's full name and given directly to the Caregiver along with this form. A new form must be filled out if brand of sunscreen or repellent changes.

Special Instructions:

Parent (Print name) _____

Signature of Parent _____ Date _____

Parent (Print name) _____

Signature of Parent _____ Date _____

Only one parent/guardian's signature is required.



St. Theresa School Lil' Stallions Day Care Allergy Information 2021-2022

Child's Name: _____

_____ My child has no known allergies.

_____ My child has allergies. (Please fill out remainder of this form).

If your child has allergies, please describe them below, including symptoms of the allergic reaction.

Food Allergies:

Medication Allergies:

Other Allergies:

Instructions for responding to allergic reaction:

If your child's allergy requires medication, you must fill out the appropriate authorization form. If your child's allergies are severe or could be life-threatening, please have your physician fill out an action plan for us to follow in an emergency.

Parent/Guardian Signature: _____ Date ___/___/___



St. Theresa School Lil' Stallions Day Care
INFANT/WADDLER/TODDLER DEVELOPMENTAL HISTORY
(to be completed annually)
2021-2022

Child's Name: _____ Date of Birth: ____/____/____

What would you like us to call your child? _____

DEVELOPMENTAL HISTORY

Type of birth: _____ Complications: _____

Age child began sitting: _____ crawling _____ walking _____ talking _____

Does child: • • pull up • • crawl • • walk with support

Times child is fussy: _____

How do you handle these fussy times?

FAMILY INFORMATION

With whom does child reside?

Who else lives in the home?(siblings, extended family, pets) _____

What does child call family members?

Language(s) spoken at home:

Are books read in languages other than English?

Are there words in home language that we should know? _____

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful:

HEALTH/ DEVELOPMENT

Serious illnesses or hospitalizations? (Describe):

Any history of colic?

Special physical conditions, disabilities, or allergies? (Describe):

Is your child presently or ever been diagnosed with a special need?

If so, are they receiving any special services?

Regular medications?

EATING HABITS

Special characteristics or difficulties? _____

Special diet: _____ Formula: _____

Any food allergies? _____

Favorite foods: _____

Foods refused: _____

Child eats: • • on lap • • in high chair • • other

Child eats with: • • spoon • • fork • • hands • • other

TOILET/DIAPERING HABITS

Is there frequent diaper rash? _____

Do you use: • • oil • • powder • • lotion • • other

Does child wear: • • disposable diapers • • cloth diapers

Are bowel movements: • • regular how often: _____

Is there a problem with: • • diarrhea • • constipation

Is your child toilet trained: • • urination • • bowels

What is used at home: • • potty-chair • • special seat • • regular seat

Word used for urination: _____ bowel movement: _____

Does child have accidents? _____

SLEEPING HABITS

Does child sleep in: • • crib • • bed

Does child take naps? • • Times: a.m. _____ p.m.

What does child take to bed? _____ mood on awakening: _____

What time does child go to bed at night: _____ awake in morning: _____

Are there any sleep time rituals? _____

SOCIAL RELATIONSHIPS

Has child had any experience playing with children? _____

Is child: • • friendly • • aggressive • • shy • • withdrawn

Reaction to strangers?

Have you had any previous child care experience?

If so, did it meet your needs and expectations?

Explain: _____

Prefers to play: • • alone • • in small groups

Favorite toys and activities? _____

Is child frightened by: • • animals • • rough children • • loud noises • • dark

Explain: _____

What is your style of disciplining?

DAILY SCHEDULE

Please describe using approximate times, your child's current daily activities (e.g., awakening, eating, time out of crib, napping, toilet habits, fussy time, night bedtime):
MORNING, AFTERNOON

PARENTING PHILOSOPHY

Do you have ideas about parenting that would help us to better care for your child as an individual?

What do you, as a family, hope to get out of this child care experience?

(Parent/Guardian's Signature)

(Date)



**St. Theresa School 'Lil Stallions Day
Infant Crib Furnishing and Materials
Release and Indemnity Agreement
2021-2022**

I/we understand that the standard practice at St. Theresa School *Lil' Stallions* Daycare is to not provide or allow crib bumpers or other soft items in the crib as recommended by the American Public Health Association and the American Academy of Pediatrics.

I/we have received and read materials strongly urging that my/our child's crib not contain soft materials or crib bumpers. I/we would like The St. Theresa School *Lil' Stallions* Daycare to make an exception to that practice and allow the placement of the soft items I will bring from home in my/our child's crib.

I/we the undersigned, being all of the custodial parents or other legal guardians of _____, a minor, do hereby release and agree to hold harmless, and to indemnify St. Theresa School *Lil' Stallions* Daycare and all their employees, from any and all actions or claims, on account of personal injuries or death to said minor resulting from this decision concerning infant crib furnishings.

ALL CUSTODIAL PARENTS OR LEGAL GUARDIANS MUST SIGN.

Mother's Name: _____

Mother's Signature: _____ Date: _____

Father's Name: _____

Father's Signature: _____ Date: _____



**St. Theresa School Lil' Stallions Day Care
Infant Sleep Position Release
2021-2022**

I certify that _____(child's name) has the following medical contra-indication to sleeping supine (on his/her back):

(Must specify the condition, the instructions for alternate position or place of sleep, and length of time to follow instructions)

I have discussed the risks/benefits of placing _____(child's name) in a non-supine position with the child's parents/guardians.

Physician's Name and Address:

Physician's Signature: _____

Date: _____

By signing below we authorize the Caregivers at St. Theresa School *Lil' Stallions Daycare* to place my child in a sleep position other than on his/her back when he/she is sleeping as certified by the above physician. The alternate position or place of sleep must be specified as well as length of time instructions should be followed.

Details _____

ALL CUSTODIAL PARENTS MUST SIGN.

Mother's Name: _____

Mother's Signature: _____ Date: _____

Father's Name: _____

Father's Signature: _____ Date: _____



**St. Theresa School Lil Stallions Day Care
Infant Breast Milk Bottle
Parent Release and Indemnity Agreement
2021-2022**

We/I understand that the standard practice at St. Theresa School *Lil' Stallions* Daycare is to dispose of the contents remaining in a bottle after one hour as recommended by the American Public Health Association and the American Academy of Pediatrics. We/I would like St. Theresa School *Lil' Stallions* Daycare to make an exception to that practice and place the unused contents of any breast milk bottle throughout the day back in the refrigerator after one hour to be returned home at the end of each day.

We/I the undersigned, being all of the custodial parent(s) of _____, a minor, do hereby release and agree to hold harmless, and to indemnify St. Theresa School *Lil' Stallions* Daycare and all their employees, from any and all actions or claims, on account of personal injuries to said minor resulting from this decision.

**Each parent with custodial rights is required to sign below
for the exception to be permitted.**

Parent (Print name) _____

Signature of Parent _____ Date _____

Parent (Print name) _____

Signature of Parent _____ Date _____