



Hypointe Childcare

Child Name: _____ DOB: _____ DOE: _____

Enrollment Application

CHILD INFORMATION						
Last Name:		First Name:		Middle Name:		Nickname:
Date of Birth:		Due Date (If Applicable):		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Age:
Street Address:						
City:		State:		Zip:		Phone:
Classroom: Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School Age <input type="checkbox"/>				School Attending (School Age Only):		
School Address:				School Transportation: Elementary School <input type="checkbox"/> Parent <input type="checkbox"/> Other <input type="checkbox"/> _____		
Enrollment Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Drop-in Schedule
Hours of Attendance						
PARENT/GUARDIAN INFORMATION						
My child lives with: Parent/Guardian 1 <input type="checkbox"/> Parent/Guardian 2 <input type="checkbox"/> Both <input type="checkbox"/>						
Parent/Guardian 1 Name:			Relationship to Child:			
Address:						
Home Phone:		Cell Phone:		Email:		
Employer's Name:			Employers Address:			
Work Phone:			Work Email:			
Parent/Guardian 2 Name:			Relationship to Child:			
Address:						
Home Phone:		Cell Phone:		Email:		
Employer's Name:			Employers Address:			
Work Phone:			Work Email:			



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EMERGENCY CONTACT AND RELEASE PERSON-OTHER THAN PARENT/GUARDIAN			
Please provide the names and contact information of at least two persons authorized to pick up your child from Hypointe Childcare. Your child will only be released to adults you designate as authorized. All unfamiliar adults will be required to show a photo identification when picking up your child. Prior notification is requested when someone other than the primary or secondary parent/guardian will be picking up your child on a given day.			
Emergency Contact/Authorized Pick Up #1:		Relationship to Child:	
Home Phone:	Cell Phone:	Work Phone:	
Home Address:		Email:	
Emergency Contact/Authorized Pick Up #2:		Relationship to Child:	
Home Phone:	Cell Phone:	Work Phone:	
Home Address:		Email:	
Emergency Contact/Authorized Pick Up #3:		Relationship to Child:	
Home Phone:	Cell Phone:	Work Phone:	
Home Address:		Email:	
EMERGENCY CONTACT INFORMATION FOR CHILD			
Hospital to be used for Emergencies:			
Physician's Name:		Physician's Address:	
City:	State:	Zip:	Phone:
Child's Medical Insurance Company:		Contract #:	
If Unavailable, another Licensed Physician is authorized to treat my Child: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Dentist Name:		Dentist Address:	
City:	State:	Zip:	Phone:
Child's Medical Insurance Company:		Contract #:	
If Unavailable, another Licensed Dentist is authorized to treat my Child: Yes <input type="checkbox"/> No <input type="checkbox"/>			



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EMERGENCY PROCEDURES AUTHORIZATION

Consent to Emergency First Aid & Transportation: I hereby give permission that my child may be given emergency treatment, including all lifesaving procedures by a staff member at Hypointe Childcare. I also give permission for my child to be transported by ambulance or car to an emergency center for treatment, if necessary. I agree to be responsible for all costs involved in emergency medical treatment, including emergency transportation. I understand that Hypointe Childcare or its employees are not liable for any illness, sickness or injury of myself or my child(ren) while on their premises or approved field trip site.

Primary Parent/Guardian Signature: _____ Date: _____

Consent to Medical Care and Treatment: If I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I agree to be responsible for all costs involved in medical care and treatment.

Primary Parent/Guardian Signature: _____ Date: _____

MEDICAL INFORMATION

Allergies

- 1. Does your child have food or environmental allergies? If yes, fill out the Allergy Action Plan. Yes No
- 2. Does your child have asthma? If yes, fill out the Asthma Action Plan. Yes No
- 3. Does your child have special food accommodations as determined by a physician or religious preferences? Yes No
If yes, fill out the Special Food Needs Form.

PERMISSION FOR OVER THE COUNTER PRODUCTS

I hereby give Hypointe Childcare permission to administer the following products according to the manufactures' instructions or as specified in writing by my Child's Physician. All products must be in original containers and have not elapsed the expiration date. All products must be provided by the parent/guardian.

Children 6 months through 12 years

- 1. Sunscreen (lotion only) Yes No
- 2. Insect repellent Yes No

Children 6 weeks through toilet Training

- 4. Baby Wipes Yes No
- 5. Baby Lotion Yes No
- 6. Diaper Ointment Yes No
- 7. Other: _____ Yes No

MEDICAL POLICIES

- 1. Prior to enrollment, you must provide Hypointe Childcare with updated medical and immunization information for your child. This information must be updated each time your child changes age groups. Children may not attend without up to date medical and immunization records.
- 2. If there are any changes to your child's health (illness, allergies, special needs), you are required to update Hypointe Childcare promptly, along with any required documentation.
- 3. If your child becomes ill while at the center, you must pick up your child within one hour of receiving notification by staff.
- 4. Your child may not attend the program if he or she:
 - Has an axillary temperature of 100 or higher; child must stay home until he or she is fever-free for 24 hours without the aid of fever reducing medication
 - Has vomited; child must stay home for 24 hours after they have thrown up last.
 - Has contagious pink eye or drainage from the eye



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- Has any rash that may be disease-related or unknown cause; physician’s note should be given stating it is not contagious for the child to return to the program
- Has had two or more loose stools in a day
- Has a bacterial infection and has not completed 24 hours of antibiotics.
- Has unexplained lethargy
- Has lice, ringworm, or scabies that is untreated and contagious to others
- Is experiencing significant respiratory distress
- Is not able to participate in regular child care program activities with regular comfort
- Requires more care than the program staff can provide without compromising the health and safety of other children

AUTHORIZATIONS

1. I authorize Hypointe Childcare to transport my child to and from field trips and educational outings. I understand that for each field trip, Hypointe Childcare will require a field trip authorization form to be signed in advance of the scheduled activity.
2. I authorize Hypointe Childcare to take my child on walking field trips within the local area.
3. I authorize Hypointe Childcare to photograph and videotape my child during program activities and field trips. Those pictures may be displayed in the classrooms, on Hypointe Childcare website or social media sites, for promotional materials. Your child’s name or personal information will never be released.
4. I understand that Hypointe Childcare Health Consultant has access to my child’s file during monthly center visits.

Primary Parent/Guardian Signature: _____ Date: _____

FINANCIAL ARRANGEMENTS

TUITION POLICIES

Tuition is due by noon on Tuesday for the current week. When the due date falls on a holiday or school closing, tuition payment will be due the first business day preceding the due date. Please ensure funds are available to avoid late fees. A late fee of \$10 per day will be assessed to all accounts that are not current by the first business day following the due date. If the account is not made current within 1 week of the due date, the child’s enrollment will be terminated and Hypointe Childcare will pursue collection remedies for any and all unpaid tuition, associated costs, disbursements, and attorney fees.

Hypointe Childcare will not issue a refund on tuition if your child is absent.
The payment fee shall be \$ _____ per day/week based on your child’s schedule. Activity Fee for 24 months and older of \$ _____/Month
Deposit received: Yes No Amount _____ Check # _____ Staff Initials _____

Holidays and school closings: Hypointe Childcare’s program does not allow for a child's replacement through short-term enrollment, parent's financial obligation remains fixed during your child’s enrollment at Hypointe Childcare. We consider school closing when setting our tuition rates. There are no discounts given for school or weather closings, holidays, illnesses, or any other absences.

Summer break: Hypointe Childcare is a year-round program. However, families who will take summers off should notify the administration at the time of enrollment to be eligible for a summer tuition break. Families taking off the summer who would like their child to attend specific summer camps are welcome to do so.

Payment Method: Hypointe Childcare accepts automatic withdrawal payments which are set up through our bank, cash or check. Receipts available upon request. Please note that Hypointe Childcare tuition policies and rates are subject to change without notice.

Changes to Enrollment: 2 weeks’ advance notice is required for all schedule changes and/or termination from the



Child Name: _____ DOB: _____ DOE: _____

program, and must be submitted in writing. Tuition obligations remain fixed until the fulfillment of the notice period. All schedule changes are subject to review by the management team and are not guaranteed.

FEES AND CHARGES

Registration Fee: Hypointe Childcare has a one-time non-refundable registration fee of \$65 per child or \$100 per family.

Deposit: Before your child is admitted into Hypointe Childcare, or to hold a future spot, a deposit must be paid. This fee is equal to one week of child care. This fee will be credited to your first week's tuition. The deposit will not be returned if the two-week written notice is not given or if your child never attended Hypointe Childcare.

Late Pick - Up Fee: Late fees apply to all children remaining after 6pm and to sick children remaining, 1 hour after parents have been called. The Late Fee is a charge of \$15.00 per child for the first 15 minutes and \$1 per minute thereafter, unless it is prearranged. When prearranged the fee will be \$5.00 for the first 15 minutes and a \$1 per minute thereafter. This fee covers Hypointe Childcare's costs for providing care after 6pm or the additional staff needed when a sick child is isolated from the group.

Late Payment Fee: For each day tuition is late, your child's account will be charged \$10, unless prior arrangements have been made with the director.

TERMINATION

This contract may be terminated by either parent/guardian or Hypointe Childcare by giving AT LEAST a two-week written notice in advance to the ending date. Payment by parent/guardian is due for the notice period, whether the child is brought to Hypointe Childcare for care. The provider may terminate the contract without giving any notice if the parent/guardian has an outstanding balance with Hypointe Childcare.

SIGNATURES

We, _____, have received and agree to follow all of the policies listed in the Hypointe Childcare Parent Handbook.

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

We, _____, have read and agree to all of Hypointe Childcare policies. Hypointe Childcare may amend the policies by giving parents/guardian a copy of the new or changed policy at least four weeks before they go into effect. This is a legal and binding contract.

Parent/Guardian 1: _____ Date: _____

Parent/Guardian 2: _____ Date: _____

Director/Management: _____ Date: _____



Child's Name: _____ DOB: _____ DOE: _____

HEALTH AND DEVELOPMENTAL HISTORY

CHILD'S INFORMATION			
Height:	Weight:	Hair Color:	Eye Color:
HEALTH HISTORY			
<p>1. Does your child seem healthy most of the time? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.</p> <p>2. Is your child taking any medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what and why?</p> <p>3. In the past year, has your child had any ear infections? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you concerned about your child's hearing? Yes <input type="checkbox"/> No <input type="checkbox"/> Has your child had problems with his/her eyes or vision? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Does your child have any special needs that teachers should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list type, when, and how treated:</p> <p>5. Does your child have, or ever had, other illnesses or diseases we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list type, when and how treated:</p> <p>6. Has your child ever been hospitalized? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:</p> <p>7. Has your child had any serious accidents or poisoning? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:</p>			
GENERAL INFORMATION			
<p>1. Has your child had any previous child care experience? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list previous location of care</p> <p>2. How do you comfort your child, with a special blanket, pacifier, rocking or etc.?</p> <p>3. Does your child have any fears, such as animals, loud noises, etc? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:</p>			

Child's Name: _____ DOB: _____ DOE: _____

4. How much screen time (television, tablets, video games, computer) does your child have each day?

5. Please circle the behaviors you find most applicable for your child

Cheerful Shy Outging Quiet Leader Independent
Physical Calm Observant Sensitive Active

6. Of the behaviors circled above, list any comments you have on your child's behavior.

7. Which of your child's behaviors do you consider the most challenging to manage?

8. Is there any specific reservations or concerns about leaving your child in a school setting? Yes No
If yes, describe:

9. Is there any other information regarding your child you think would be beneficial for the teachers to know, assisting in providing quality, loving, and individual care?

DAILY ROUTINES- INFANTS ONLY

1. Is your baby: breastfeeding bottle feeding

2. Does your baby cry when going to sleep? Yes No

3. How do you lay your baby down to sleep?

4. Does your baby use a pacifier? Yes No

5. Does your baby have any special feeding requirements? Yes No
If yes, describe:

Child's Name: _____ DOB: _____ DOE: _____

6. What is your baby's current eating schedule? List what and time.

	Formula/ Breast Milk/ Milk	Solids
Breakfast		
Lunch		
Snack		

*Hypointe Childcare will provide baby food, iron fortified rice and oatmeal cereal up to 12 months of age. If you prefer a different brand than we provide, you will be responsible to supply the items.

DAILY ROUTINES INFANT, TODDLER, PRESCHOOL

1. How does your child communicate their needs?
2. How frequently does your child snack?
3. Are there foods that your child refuses to eat? Yes No
If yes, describe:
4. Describe your child's eating habits.
5. Do you have an unique way to help your child go to sleep? Yes No
If yes, describe:
6. What is your child's current sleeping patterns?

	Start Time	End Time
Night Time		
Morning Nap		
Afternoon Nap		

TOILETING

1. How frequently does your child have a bowel movement?
2. Is your child toilet trained? Yes No
3. Does your child get frequent diaper rash? Yes No



Child's Name: _____ DOB: _____ DOE: _____

If yes, how do you treat it?

4. What word does your child use for urination? _____ Bowel Movement _____

*Diapers, wipes, and ointments must be supplied from home.