

Hypointe Childcare Enrollment Application

Child Name: _____

Date of Birth: _____

Enrollment Date: _____

Child Information:

Last Name:	First Name:	Middle Name:	Nickname:			
Date of Birth:	Due Date (If Applicable):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:			
Street Address:						
City:	State:	Zip:	Phone:			
Classroom: <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool						
Enrollment Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Drop-in Schedule
Hours of Attendance						

Parent / Guardian Information:

My child lives with: ☐ Parent / Guardian 1 ☐ Parent / Guardian 2 ☐ Both

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:	

Emergency Contact And Release Person Other Than Parent/Guardian:

Please provide the names and contact information of at least two people authorized to pick up your child from Hypointe Childcare other than parents/guardians. 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



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requested when someone other than the primary or secondary parent/guardian is picking up your child on a given day. Authorized pick up person must be local.

Emergency Contact / Authorized Pick Up #1:

Name:		Relationship to Child:	
Home Phone:	Cell Phone:	Work Phone:	
Home Address:		Email:	

Emergency Contact / Authorized Pick Up #2:

Name:		Relationship to Child:	
Home Phone:	Cell Phone:	Work Phone:	
Home Address:		Email:	

Emergency Contact / Authorized Pick Up #3:

Name:		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 #:	
Dentist Name:		Dentist Address:	
City:	State:	Zip:	Phone:
Child's Dental Insurance Company:		Contract #:	

If Unavailable, another Licensed Dentist is authorized to treat my Child:

☐ Yes ☐ No



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Emergency Procedure 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 wellbeing of my dependent. I agree to be responsible for all costs involved in medical care and treatment.

Primary Parent/Guardian Signature: _____ Date: _____

Emergency Procedure Authorization

Allergies:

1. Does your child have food or environmental allergies? If yes, fill out an Allergy Action Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your child have asthma? (If yes, fill out the Asthma Action Plan Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your child have special food accommodations as determined by a physician or religious preferences? (If yes, fill out the Special Food Needs Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 except sunscreen, which is provided by Hypointe Childcare. Parents may choose to bring their own brand of sunscreen.

Children 6 months through 12 years

1. Sunscreen (lotion only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Insect repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No

Children 6 weeks through 12 years

4. Baby Wipes	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Baby Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Diaper Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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

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; your child must stay home for 24 hours after they have thrown up last.
- Has contagious pink eye or drainage from the eye
- 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's Health Consultant has access to my child's file during monthly center visits

Primary Parent/Guardian Signature: _____ Date: _____



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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 week based on your child's schedule.

Deposit received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Check #:	Staff Initials:
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Holidays and school closings: Hypointe Childcare's program does not allow for a child's replacement through short-term enrollment, parents' financial obligation remains fixed during your child's enrollment at Hypointe Childcare. We consider school closings when setting our tuition rates. There are no discounts given for school closings, holidays, sicknesses, 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, credit card payments, 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 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 \$75 per child or \$150 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 last week's tuition when you decide to depart from Hypointe Childcare. The deposit will not be returned if a 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 \$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.

Holding Fee & Deposit: Hypointe Childcare requires a two-week deposit if you wish for us to hold your spot. One week of the deposit will be credited towards your tuition on the 2nd week upon your return. We reserve the right to refuse to hold a spot.

Termination

This contract may be terminated by either parent/guardian or Hypointe Childcare by giving at least a two-week written



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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 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

We, _____, have read and agree to all of Hypointe Childcare policies. Hypointe Childcare may amend the policies by giving parents/guardians 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 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Director / Management: _____ Date: _____

Child Name: _____

Date of Birth: _____

Enrollment Date: _____

Health and Development History

Child's Information:

Height:	Weight:	Hair Color:	Eye Color:
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1. Does your child seem healthy most of the time? ☐ Yes ☐ No

If not, please explain.

2. Is your child taking any medications? ☐ Yes ☐ No

If yes, what and why?

3. In the past year, has your child had any ear infections? ☐ Yes ☐ No

Are you concerned about your child's hearing? ☐ Yes ☐ No

Has your child had problems with his/her eyes or vision? ☐ Yes ☐ No

4. Does your child have any special needs that teachers should be aware of? ☐ Yes ☐ No

If yes, list type, when, and how treated:

5. Does your child have, or ever had, other illnesses or diseases we should be aware of? ☐ Yes ☐ No

If yes, list type, when and how treated:

6. Has your child ever been hospitalized? ☐ Yes ☐ No

If yes, describe:

7. Has your child had any serious accidents or poisoning? ☐ Yes ☐ No

If yes, describe:

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General Information

Family Information Background and Preferences:

1. What is important for your family and child during their time at Hypointe?

2. What activities do you engage in as a family together? How do you enjoy your time on the weekends? What does your typical daily family routine look like?
i.e. Wake up, activity levels, bedtime routines, meal times etc.

3. Are there additional languages (other than English) spoken at home? If so, what and how is it integrated?

4. How would your family prefer to effectively communicate with our school and classroom teachers?
i.e. text, email, our app etc. Please explain.

Child Name: _____

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5. Is your baby: ☐ breastfeeding ☐ bottle feeding
6. Does your baby cry when going to sleep? ☐ Yes ☐ No
7. How do you lay your baby down to sleep?
8. Does your baby use a pacifier? ☐ Yes ☐ No
9. Does your baby have any special feeding requirements? ☐ Yes ☐ No
If yes, describe:
10. 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 or 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.

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 a unique way to help your child go to sleep? ☐ Yes ☐ No
If yes, describe:

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6. What are 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
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.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Staff Initial: _____