



APPLICATION AND ENROLLMENT AGREEMENT

3800 SULLIVANT AVE
COLUMBUS, OHIO 43228

Thank you for choosing the Young Scholars Enrichment Center. We are thrilled to welcome you and excited to have this opportunity to provide your child with exceptional education and care. This agreement is reviewed yearly and is subject to change.

4 Digit door code for access in the building: _____

Date of Registration: _____

CHILD AND FAMILY INFORMATION

Name of Child (Last, First, Middle Initial):

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Home Address:

Home Email Address: _____ Home Phone: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed

Primary Residence: Mother Father Both Guardian _____

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Driver's License Number/State: _____ Home Email Address: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Driver's License Number/State: _____ Home Email Address: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

AUTHORIZED EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. The persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov. Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Name #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Gov. Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state childcare licensing regulations. To ensure the safety of our center's staff and children, please do not share your secured access with anyone else.

ABOUT YOUR CHILD

You know your child better than anyone else in the world. You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

Adults:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

2. Are there any recent traumatic situations that your child has been exposed to such as, death in the family, divorce, new siblings, etc.?

3.. Does your child have any medical or physical needs? Explain:

4. Does your child have any allergies? Explain:

Parent/Guardian signature: _____

Print name: _____

Date: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician? Yes ____ No ____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____. I (we), _____ authorize, for emergency purposes only, a center-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Ohio.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster:

Allergies to drugs, foods or other:

Please list any special medications or pertinent information:

I (we) also authorize the center to evacuate in case of emergency. I understand that the evacuation site is posted in the center and listed in the Parent Handbook.

Parent/Guardian signature: _____

Print name: _____ Date: _____

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____

Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **TUITION and MODIFICATIONS CONDITIONS:** \$_____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice, as conditions require.

I have enrolled my child in the following program: _____

_____ **PAYMENT OF TUITION:** I understand that tuition is payable on the 1st and 15th of each month.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a Late Payment Fee of \$25 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The center cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** Young Scholars Enrichment Center is open from 6:30 am to 6:00 pm, Monday through Friday all year, except for holidays and in-service days. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a Late Fee of \$25 from 6:01 to 6:15 pm and a \$1 per minute, per child thereafter.

_____ **RETURNED CHECKS:** I understand that a \$40 Processing Fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by money order.

SECTION 2: DAILY PROCEDURE

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the center's attendance procedure. If I neglect to do so, I may be charged \$5.00 per missed sign-in or sign-out after two warnings have been given. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the center to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a communicable disease, I agree to notify the center and I understand that my child will be re-admitted according to the Parent Handbook.

_____ **MEDIA RELEASE:** I hereby grant Young Scholars Enrichment Center absolute right and permission to photograph/ film aforementioned child and use said photograph/photographic likeness, and/or reproduction thereof for purposes including, but not limited to YSEC advertisements, illustrations, literature, brochures, website, and other business purposes.

_____ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the center or staff.

_____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the Ohio Department of Jobs and Family Services and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the center, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the center.

_____ **AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS:** The center may plan carefully arranged, supervised special trips for the children away from the center that do not require bus transportation. These include children taking walks or buggy rides, weather permitting. Using sidewalks, walking paths, or grassy areas will determine the safest routes. The children will be accompanied and supervised by YSEC employees at all times. Children will not be exposed to water that is more than 2 feet deep, and if they approach water, then an alternate route will be taken. I give the center the permission to take my child on these field trips.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from **SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS** in the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be

required to complete an entirely new Enrollment Agreement at the current rate and pay a new non-refundable Enrollment Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Enrollment, Activity or otherwise) are non-refundable.

_____ **HOLIDAYS:** I understand that the center is closed on the following holidays: New Year's Eve early dismissal (We will be closed at 4:00 pm), New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve Day, Christmas Day, December 26th, as well as President's Day and one day in August – to be announced for in-service training. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. I agree that I will not receive a refund, credit or any other allowance for holidays.

_____ **ABSENCES/VACATIONS:** I agree to inform the center by 9:00 am if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or a major building issue may disrupt service from time to time. I understand that all closings will be posted on, HIMAMA, during inclement weather/natural disasters. I agree that in the event that the center is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state childcare regulations, the Parent Handbook, and all other company policies, which may be modified at any time. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ **PARENT HANDBOOK:** I have received a copy of the Parent Handbook. I have read and understand its contents and policies. I agree to and abide by all that is within the handbook.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person, except in cases of policy change or rate change, to which both the Administrator and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided there under, is available from the Director.

Director Signature:

Parent/Guardian Signature:

Parent/Guardian Name:

Parent/Guardian Name:

Date: _____

Date: _____

Center management has reviewed these policies with me. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook. This Enrollment Agreement may not be inclusive and is subject to changes in whole or in part by YSEC at any time.

This institution is an equal opportunity provider.