

WEC Enrollment Form & Contract (2019-2020)

Child's Name _____ Date of Birth: _____

Enrollment:

(please circle days)

FULL TIME

PART TIME

Monday

Tuesday

Wednesday

Thursday

Friday

AIDC Employee

(circle one)

Community Member

WEC Teacher

Parent/Guardian Name: _____

Home Address: _____

Home Email: _____

Home Phone: _____ Cell Phone: _____

Work: _____

Work Phone: _____

Work Address: _____

Work Email: _____

Parent/Guardian Name: _____

Home Address: _____

Home Email: _____

Home Phone: _____ Cell Phone: _____

Work: _____

Work Phone: _____

Work Address: _____

Work Email: _____

Please indicate the best way to get in touch with you in an emergency (*for example, text parent A's cell phone, or email parent B at work*): _____

Please complete the following section for the parent with parent-child contact **if** parents are divorced, separated, or other situation applies.

Primary Parent's Name: _____

May the non-custodial parent pick up the child any time without prior notification by the custodial parent? Elaborate, if necessary.

Are there anticipated pick-up times by the non-primary parent?

Emergency Contacts/Approved for Pick-up

If neither parent/guardian can be reached in the case of an emergency, please contact the person(s) listed below. These emergency contacts are authorized to pick up your child in the case of emergency as well as on regular basis without written permission. The State of Vermont requires at least two contact names with complete phone numbers. Two of the names listed must be able to pick up your child within an hour in the event of an emergency.

Contact Name: _____
Relationship to child: _____
Home Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Contact Name: _____
Relationship to child: _____
Home Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Contact Name: _____
Relationship to child: _____
Home Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Names of person(s) who may **NOT** pick up your child:

Name of Physician: _____ Phone: _____
Name of Dentist: _____ Phone: _____
Hospital Preference: _____

Does your child have any special medical, developmental, emotional, or educational needs, including allergies, existing illnesses or injuries, previous serious illnesses or injuries and/or any prescribed medication? If so, please describe and provide documentation. *Please note that if your child has medically documented allergies, your child's name and allergies will be posted in each classroom in a public space.*

In the event that my child becomes ill or injured, I authorize emergency medical care and transportation and give my permission to staff to contact the physician, named above, on my behalf.

Parent/ Guardian's Signature: _____ Date: _____
Director's Signature: _____ Date: _____

Your child's Immunization Record and Health History must accompany the enrollment packet.

- Check here to authorize WEC to use the Vermont Immunization Registry to gather your child's immunization records and obtain current copies throughout your child's time at WEC. If this box is checked, you will NOT need to provide copies of immunization records UNLESS your child is NOT in the Vermont Immunization Registry.

Contract

I agree that my child will use the center on the days and times listed below. Tuition rates are based on the length of your contract time, even if you should use less time on certain days. The times listed are the earliest drop off and latest pick up times that you may use without incurring fees.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off Time:	_____	_____	_____	_____	_____
Pick-up Time:	_____	_____	_____	_____	_____

Actual Starting Date: _____

Weekly Fee: _____

(see following page for details)

Agreement:

- Payment is due whether or not your child attends our center (such as illness, holidays, days off, vacations, snow days, in-service, and conferences).
- Payment is due weekly on the Friday prior to the week care is to occur.
- There will be a daily fee of \$5.00 if payment is not received by 10 am on Monday. The late fee will be charged until tuition is brought current (incl. the day of payment). If tuition is not current by the following Tuesday, your child/children will not be allowed to attend the program.
- Daily attendance may not exceed your written contract times. (Exception: Once per month, with at least 48 hours' notice & prior approval, you may use up to one extra hour on a given day. You will need to notify administration and receive approval to utilize the extra time. This extra hour can be used at the start or end of the day.)
- Tuition is subject to change. Written notice will be given prior to any change. Annual changes will occur
- If you receive subsidy, you are responsible for the difference in payment from the State. You are responsible for keeping your subsidy application current. If a lapse does occur, you are responsible for full tuition payments until subsidy is brought current.
- Dropping off before your contract time or picking up after your contract time will result in late fees of \$5 for the first 10 minutes and \$1 per minute thereafter. Fees increase after repetition, doubling after repeated incidents. The contract times are adhered to strictly and to the minute. Fees will be assessed at least bi-weekly, and you will be responsible for bringing those fees current within one week.

