

# Enrollment Agreement



Welcome to Safe Harbor Before & After School Care, the program for your childcare needs during the school year. We truly understand the worry when seeking a before & after school program for your child to attend. We have a strong desire to provide all children with a safe, nurturing, fun, and welcoming environment. Our quality program filled with loving and honest caregivers will leave you knowing your child is in a great place before and after school too.

We are excited to have your child be a part of our program and cannot wait for them to enjoy their time with us!

Once enrolled in our program your space for your child is secure for the entire school year, unless otherwise determined by administration.

Once again, welcome and we look forward to having your family as part of our program.

Sincerely,  
Safe Harbor Administration

# Family Enrollment Details

## CHILD

Child's Name	<input type="text"/>	Preferred Name	<input type="text"/>	Child Lives With	<input type="text"/>	
Date of Birth	<input type="text"/>	<input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-binary <input type="checkbox"/>
Home Address	<input type="text"/>					
Birthplace	<input type="text"/>	Language(s) spoken at home:	<input type="text"/>			

## PROGRAM

Center Name	Address		Center Phone	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Program Name	Program Start Date	Age Group	Classroom	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Day	Start Time	End Time	
	Monday	<input type="text"/>	<input type="text"/>	
	Tuesday	<input type="text"/>	<input type="text"/>	
	Wednesday	<input type="text"/>	<input type="text"/>	
	Thursday	<input type="text"/>	<input type="text"/>	
	Friday	<input type="text"/>	<input type="text"/>	
Tuition Amount	Billing Frequency	Discount	Registration Fee	Security Deposit
<input type="text"/>	Weekly <input type="text"/>	<input type="text"/>	\$20.00 <input type="text"/>	<input type="text"/>

## PARENTS

### PARENT #1(Sponsor)

Name	Relationship	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cell Phone	Home Phone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Name	Work Phone	Occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### PARENT #2 (Co-Sponsor)

Name	Relationship	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cell Phone	Home Phone	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Name	Work Phone	Occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Employer Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## AUTHORIZED PICKUP

### PERSON #1

Name	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PERSON #2

Name	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

## EMERGENCY CONTACT

### PERSON #1

Name	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PERSON #2

Name	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### PERSON #3

Name	Relationship	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

## MEDICAL CONTACTS

Parents grant permission to contact the following medical personnel to obtain emergency medical care if warranted.

### DOCTOR

Name	Address
<input type="text"/>	<input type="text"/>
Phone	Email
<input type="text"/>	<input type="text"/>

### DENTIST

Name	Address
<input type="text"/>	<input type="text"/>
Phone	Email
<input type="text"/>	<input type="text"/>

### HOSPITAL

Name	Address
<input type="text"/>	<input type="text"/>
Phone	Email
<input type="text"/>	<input type="text"/>

## MEDICAL & HEALTH HISTORY

Insurance Provider  Insurance Policy #

Last Physical Health Exam Date

Medication Name  Expiration

Medication Name  Expiration

Allergy? Yes  No

Special Diet? Yes  No

Known or medically diagnosed health issues? Yes  No

Special requirement/equipment/fears or other information? Yes  No

## CONSENT FOR MUTUAL EXCHANGE OF INFORMATION

For the purpose of providing the best possible care for your child, I give permission for a mutual exchange of information between Safe Harbor Before & After School Care programs, the school administration, and teachers at the school in which your child is enrolled.

### Mutual Exchange of Information

Medical History  
School Health and Immunization Records  
Behavioral Observations  
I.E.P  
School Achievement Records  
Other

Child's Name:  School Name:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

School My Child is Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Teachers Name: \_\_\_\_\_

Bus Driver Name: \_\_\_\_\_

**Terms and Conditions:**

***Please note that your enrollment into the program does require payment each week. You will be charged a set weekly rate for care. Safe Harbor Before & After School Care does not offer daily rates to the program. Completing the enrollment forms, you agree to the fees set for your child to attend the program. If you have questions regarding your set weekly rate, please reach out to our administration team.***

Families enrolling with Safe Harbor Before & After School Care understand and agree to the following information below:

\_\_\_\_\_ Parents agree to notify Safe Harbor Administration and the team of all absences. Such communication will need to be done through the app for staff and email for administration. Prolonged absences will need a return date. *Any unplanned days of attendance that are not marked on your child's enrollment forms must be given permission by administration.*

\_\_\_\_\_ Parents agree to follow Safe Harbors policy of their child only utilizing the session that they have enrolled their child into. Added sessions/days must be requested 48 hours prior to the date care is needed. Administration will follow up with an approval or denial of the requested time.

\_\_\_\_\_ I am aware that all drop-in sessions may not be available to me.

\_\_\_\_\_ I will follow Safe Harbors policy of properly signing my child in and out of the program through the iPad with the QR code reader, or my personal pin code. I understand that my pin code may not be shared with any other persons on my pickup list. I will ensure my child is properly signed in and out for an accurate timecard of attendance.

\_\_\_\_\_ I understand that if my family requires a separate/split ledger due to a divorce, or court order of parent payments that I am responsible to contact administration on specific payments and fees per parent.

\_\_\_\_\_ My child has my permission to participate in any activities at the program utilizing any part of the school grounds.

\_\_\_\_\_ I agree to allow Safe Harbor personnel to take pictures of my child for program purposes only including craft projects and class photos. *Your child's picture will not be published without the attached consent form.*

\_\_\_\_\_ I agree to provide documentation to Safe Harbor Pertaining to my child such as, an IEP, 504 Plan, and /or medical information if applicable. I understand that my child may not begin until all documents have been submitted to Safe Harbor Administration.

\_\_\_\_\_ I acknowledge and accept full financial responsibility for all services rendered. I will be billed weekly the set rate my child is enrolled in for services, and payment is expected by the end of each week (Friday). Failure to pay my balance within 30 days of the billing date may result in suspension of services until the balance is paid. *Balances that exceed \$400.00, care will be suspended until my balance is paid in full.*

\_\_\_\_\_ I acknowledge that I can sign up for TAP (Tuition Auto Pay) paying with ACH or Credit Card. I understand that if my payment is declined, I will be charged a \$25.00 return fee and be required to pay with cash or money order. I also understand I will no longer be eligible to enroll in TAP moving forward.

\_\_\_\_\_ I agree to pick up my child by 6 PM. I will pick up quickly in the event of a weather-related forced closing. I will be charged a late fee of \$5 per minute for the first 5 minutes, and \$10.00 per minute thereafter for any pickup after 6PM. (at the discretion of the director for emergencies). Communication should be through the app, email, or phone on any late pick up.

\_\_\_\_\_ I agree to pay any service charge or interest (1.5%/mo. 18%/yr.) that may be assessed to any balance over 30 days past service due date. In the event of default, I understand the balance due may be placed with a collection agency and I agree to pay collection fees. In the event of legal action, I agree to pay reasonable attorney fees and court costs.

\_\_\_\_\_ I understand if I need to withdraw my child from Safe Harbor Before & After School Care, I agree to give Safe Harbor Administration a 2-week notice. If a 2-weeks' notice is not given, I understand that I will still be responsible to pay the 2 weeks of fees.

\_\_\_\_\_ In the event of an emergency, I hereby grant permission for the director or supervising staff to take whatever steps may be necessary to obtain emergency medical care if warranted.

These steps may include the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact a parent or guardian through any of the persons listed on the emergency information list completed for us.
3. If we cannot contact you or your child's emergency contacts, we will do any or all the following:  
(a) call the paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member or paramedic.
4. Any expenses under #3, above, will be borne by the child's family.

**Safe Harbor Parent Manuals will be emailed to each parent enrolled in the program 4-6 weeks before school starts in the fall, and for new enrollees, after enrollment paperwork is submitted.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child and Family History**

What is the primary language spoken in your home? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**(If your child has an EPI pen, please contact Safe Harbor Administration for further instructions.)**

Does your child have a learning disability, developmental delay, or IEP? \_\_\_\_\_

**If yes, a copy of your child's IEP or 504 plan must be submitted no later than 2 weeks prior to your child's start date.**

Does your child have any medical information that we need to know about? (Hearing loss, vision impairment, speech problems or more) Please explain if yes. \_\_\_\_\_

\_\_\_\_\_

Is your child on any medication we need to be aware of? \_\_\_\_\_

**(Medication cannot be administered in Safe Harbor)**

Does your child have any special fears? \_\_\_\_\_

Do you want your child to spend time doing homework/studying or does your child get to decide for himself/herself? Please be specific. \_\_\_\_\_

\_\_\_\_\_

Please give us any other information to help us get to know your child better: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Discipline/Guidance Policy**

**Provider Name: Safe Harbor Before & After School Care 951 Sagamore Parkway West; West Lafayette IN, 47906**

It is especially important a child's development is nurtured through caring, patience and understanding. However, while caring for your child/children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will NOT use:

- Threats or bribes
- Physical Punishment eve if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- **Redirect your child to a new activity**
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary.

If your child's behavior is very disruptive or harmful to him/herself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other childcare arrangements. As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

**Child's Names:**

**Child's Date of Birth:**

\_\_\_\_\_

\_\_\_\_\_

**Additional Techniques to be used with my child:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## Permission to Photograph

Before & After School Care

I, \_\_\_\_\_, give permission for *Safe Harbor Before & After School Care*  
 (Parent or Guardian Name) (Child Care Provider)

to photograph my child, \_\_\_\_\_ for the following purposes:  
 (Child's Name)

<b>Still photographs of your child:</b>	(Please Select One)	
	Grant Permission	Decline Permission
Can be displayed on Safe Harbor's bulletin board or wall.	<input type="checkbox"/>	<input type="checkbox"/>
Can be displayed on Safe Harbor's website	<input type="checkbox"/>	<input type="checkbox"/>
Can be posted on the Safe Harbor's direct Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Can be displayed on Safe Harbor Instagram page	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos: these will only be for program use</b>	<input type="checkbox"/>	<input type="checkbox"/>
Can be displayed on Safe Harbor's Website, Instagram, or direct Facebook page.	<input type="checkbox"/>	<input type="checkbox"/>

Children's names will not be displayed on the website or Facebook page.

I understand that it is my responsibility to update this form with any changes that I authorize to the above uses. I agree that this form will remain in effect during my child's enrollment with Safe Harbor Before & After School Care.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Safe Harbor Suspension & Expulsion Policy Guidance

The educational philosophy at Safe Harbor Schools is to provide a caring and safe environment where children can participate in planned experiences while developing socially, emotionally, and intellectually. We expect children to respect people, their peers, the property of the school and our program as well. A school age environment encourages competence and initiative by setting clear, age- appropriate expectations for behavior and by letting children know what is expected of them. We believe that children in our care are paramount to our work, have rights, learn through play and experimentation, are individually unique, are entitled to be secure and safe, achieve maximum learning potential in an environment which encourages self-discipline, independence, self-esteem, curiosity, and responsibility.

The environment our program provided for our children, is a safe, stimulating environment, accepting of each child's individual needs and backgrounds, values, safety, and health of all people, encourages parent contribution, is visually pleasing, supports inclusion of an access for children with additional needs, values individual expertise of and contribution by staff.

Safe Harbor Before & After School Care responds to the individual interests and needs of children. They reflect staff knowledge of child development, are accessible to parents, demonstrate respect for child diversity and inclusion of all children. Staff offer a large variety of interesting and challenging experiences for children to choose from. Encourage promotion of self-esteem, which includes supporting people to facilitate participation of children with additional needs.

Safe Harbor Before & After School Care will access the childcare resource and referral for the school age inclusion specialist. This will be readily available to all families that need a reference for their child's concerns such far as the following: social/emotional, behavioral, or the child's developmental needs. The staff at Safe Harbor Before & After School Care will always accept help from the families to meet the needs of their child. Staff will properly address the potential need of challenging behaviors, childhood consultants, interventionist, and special education interventionist with families as they feel may be necessary.

The staff at Safe Harbor Before & After School Care will be supported by administration with any behavior concerns within the program. Administration will guide all staff through any disciplinary actions within the program that may be needed. Parents and staff will *try* to collaborate a plan of action before a child is suspended from the program. If a plan of action cannot be followed the child will need to seek other care options. Suspension and/or expulsion of a child will occur when a serious safety concern cannot not be resolved, and the use of negative behavior is within the program. Suspension and/or withdrawal of care can be enforced at any time. Safe Harbor Administration has the right to terminate care if they feel the need.

Safe Harbor Before & After School Care staff will always maintain the program, for the safety and well-being of all children within the program.

***Questions regarding this policy can be referred to our administration office.***

Child's Name: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_