



# OLYMPIC VIEW FRIENDS

## CHURCH · CHILD CARE & LEARNING CENTER

OLYMPIC VIEW CHRISTIAN DAYCARE  
ENROLLMENT AGREEMENT: Sep. 2021-Aug 2022

DATE OF  
ENROLLMENT

DATE OF  
WITHDRAWAL

### TELL US ABOUT YOUR CHILD

First Name	Middle	Last	Nickname
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Language(s) other than English spoken at home	
Child's home address			Home phone
Please list family members your child lives with, including names & ages of siblings			

### TELL US ABOUT YOURSELF

Parent/Guardian	Relationship to Child	Cell phone
Home address	Email address	Home phone
	Facebook Alias	
Employer/address		Work phone
Parent/Guardian	Relationship to Child	Cell phone
Home address	Email address	Home phone
	Facebook Alias	
Employer/address		Work phone

### EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD

	Authorized Emergency Contact 1	Authorized Emergency Contact 2	Authorized Emergency Contact 3
Name			
Relationship			
Phone			
Alternate Phone			

### CARE INFORMATION

Height	Weight	Hair color	Eye color

CHILD'S HEALTH HISTORY					
Medical Care Provider name			Dentist name		
Provider address			Dentist address		
Provider phone number	Date of last physical examination		Dentist phone number	Date of last dental examination	
Allergies or other medical conditions present?	If yes, complete Individualized Health Plan form	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please list current medications	
Does your child have any additional health or medical concerns?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list	

MEDICAL ACKNOWLEDGMENTS			INITIAL
<p><b>Medication:</b> I understand that the health department requires that all over the counter medications require a written request from the child's physician. Prescription medications require original container/label. Diaper ointments and sunblock require written permission from the parent and require original container/label.</p>			
<p><b>Immunizations:</b> I will provide the center with updated immunization information AND promptly notify them when additional immunizations are administered.</p>			
<p><b>Nurse/Health Consultant:</b> I agree my child's health information may be reviewed by the center's nurse/health consultant</p>			
<p><b>Illness:</b> I understand that if center staff notifies me that my child is ill, I will pick him/her up within one (1) hour. I agree that my child will return to Olympic View ONLY after he/she is no longer contagious and meets requirements outlined in our policies (fever, symptom free for 24 hours).</p>			
<p><b>Emergencies:</b> In case of an emergency, I understand that center staff will attempt to contact me immediately. I also authorize center staff to:</p>	Consult the physician or dentist named above	<input type="checkbox"/>	
	Administer first-aid and/or C.P.R.	<input type="checkbox"/>	
	Transport my child via ambulance or other emergency medical service to local hospital or urgent care facility	<input type="checkbox"/>	
	Obtain any emergency medical, surgical, or dental treatment deemed necessary by medical authorities	<input type="checkbox"/>	
	Transport my child to a local emergency shelter in the event of an emergency evacuation of Olympic View	<input type="checkbox"/>	
<p><b>Parent or Guardian Provided Food:</b></p>	For special occasions and/or events, I give permission for my child to have snacks prepared, cooked, or baked at home by parents or guardians of a child in care. I understand that these foods will follow the center's allergen policy. Prior notice will be given by my child's teacher via the classroom Facebook page or written notice.		

PHOTOGRAPHY/VIDEO ACKNOWLEDGEMENTS		INITIAL
I give permission for my child to be photographed and videoed in the center and during program functions to be used for my child's class Facebook page with highest privacy settings.		
I authorize Olympic View to use photographs and videos of my child for the following:	Center events	<input type="checkbox"/>
	Social media (highest possible privacy settings used)	<input type="checkbox"/>
	Coaching Companion (Early Achievers)	<input type="checkbox"/>

SCHEDULE/TUITION AGREEMENT	INITIAL
I understand that Olympic View shall be closed on the following holidays:  <b><i>New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Juneteenth, 4<sup>th</sup> of July, Labor Day, Veteran's Day, Thanksgiving Day, and the day after, and Christmas Day.</i></b> <b><i>Holiday hours Christmas eve, New Year's Eve, &amp; the 5<sup>th</sup> of July: LATE START 7:30am-3:30pm</i></b>	
I understand that Olympic View's hours of operation are 6:00am-6:00pm and agree to pick my child up before the center closes and/or within 10 hours of drop off. If my child is picked up after 6:00pm, a fee of \$10 will be assessed, plus \$1.00/minute after 6:10pm.	
I agree that I shall not receive a refund, credit, or any other allowance for holidays. If a holiday falls on a weekend, it shall be observed on either the preceding Friday or the following Monday.	
I understand that it is the Olympic View's intention to be open, but that inclement weather, natural or national disaster may disrupt. In the event that Olympic View is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.	
I understand that I am reserving my child's position for the days/times below, and any changes made in the future shall require <b>2 weeks' notice</b> and shall be subject to availability and approval.	
I understand that a fee of \$10 in addition to regular charges will be charged for any changes to my child(ren's) schedule without adequate notice. No credit for missed days shall be granted without 2-week prior notification/approval. Changes are subject to availability and approval. In the event that I am unable to provide Olympic View with a regular schedule, I shall be charged <b>10% higher tuition fee</b> than is typical for my child(ren's) room rate to offset scheduling disparities.	
I agree that my family will pay a re-enrollment/registration fee each <b>September 1</b> , of \$75/child, or \$125/family. This fee, along with renewed registration forms, shall reserve my child(ren's) positions. <i>The proceeds of this fee will be used for re-stocking classrooms each school year.</i>	
I understand that tuition for my child(ren)'s care shall be <b>paid in advance</b> and is due <b>by Monday at 6:00 am of the upcoming week.</b>	
I understand that all payments other than paying with a check, auto-pay with banking account, or money order will accrue a 2.16% processing fee.	

I understand that subsidized care requiring a co-pay is due in full, as mandated by the state, by the 5 <sup>th</sup> of each month.	
I understand that my child may not miss more than 5 scheduled days/month if I receive state subsidy assistance. If more than 5 days are missed, I may lose subsidized care benefits. If subsidy care is terminated, I am responsible for the full tuition amount.	
I understand that it will be required to have a credit/debit card or bank account on file as a means of backup payment. Failure to provide a backup account will result in termination of care.	
I understand that if payment is not made by Monday at 6:00 a.m. of the upcoming week, then my account will be charged by using the back-up method. If the provided back-up method gets declined, there will be a charge of \$35 for the initial failure to pay and an additional \$10 for each day that the account goes unpaid. Care for the child(ren) will be suspended until the amount is paid in full.	
I understand that if my account becomes delinquent more than one month, it shall be referred to a collection agency. I will be responsible for all account balances, plus reasonable collection and attorney fees associated with the collection of the account.	
Although payments may be split between parents or supported by a subsidy, each parent is still responsible for timely payment of the <b>full</b> tuition. I agree that it is not Olympic View's position to mediate between parents in order to receive payment and shall not ask them to do so.	
I understand that <b>tuition is due regardless</b> of my child(ren)'s absence from the program for any reason and is required to hold his/her space. I agree to <b>notify Olympic View before 9:30am</b> if my child will be absent for any reason. If my child is not dropped off by 10:30AM, Olympic View will assume he/she is not attending and adjust staffing accordingly.	
I understand that my family will be allotted <b>three weeks' vacation (15 days for full time 4-5 days a week care, 9 days for a 3-day a week schedule, or 6 days for a 2-day a week schedule)</b> time for each calendar year, during which we will not be charged tuition, maintaining that vacation notification shall be made <b>two weeks</b> in advance of requested time away.	
I agree to provide Olympic View two weeks' written notice prior to my child's last day of attendance shall I decide to discontinue care. If I do not give two weeks' written notice of withdrawal, I agree to pay full tuition and fees for final two weeks, regardless of my child's attendance.	
I understand that tuition will increase annually by a minimum of 3%. This increase will occur each September, along with annual re-registration fee of \$75/child or \$125/family.	
I have received and read the DOH Childcare Guidelines and understand the importance of following them.	

I understand that the following methods of payment are accepted. It is understood that every method (other than Check/Money Order and Auto-Pay through my bank account) I choose to use to pay my balance will accrue a 2.16% processing fee except for Check/Cash/Money Order:  <i>Enrollment is required to utilize Auto Electric Funds transfer or online payment options.</i>		Auto Electric Funds Transfer via bank account (no fee) or credit card (2.16% fee) <input type="checkbox"/>	
		P.O.S. payment at check-in/out kiosk (2.16% fee) <input type="checkbox"/>	
		Online payment with Debit/Credit card (2.16% Fee) <input type="checkbox"/>	
		Check, Cash, or Money Order (Exempt from 2.16% Processing Fee) <input type="checkbox"/>	
Days my child shall attend:	MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/>		
Times my child shall attend: <i>May not exceed 10 hrs/day</i>	Arrival time: <i>Please drop off by 10:30AM to ensure we are efficiently staffed</i>	Departure time: <i>If picked up after 6:30PM, \$10 fee will be assessed + \$1/minute after 6:40PM</i>	
<i>Families with two children will receive 10% off the lower tuition amount. Available to full time enrollees only. No 3<sup>rd</sup> child discount is offered.</i>			
I agree to pay the following rate for my child:		weekly <input type="checkbox"/>	daily <input type="checkbox"/>

**I have read, understand, and accept ALL the terms in this agreement. I will promptly update any information if changes occur as needed. The terms of this agreement, including tuition and fees, are subject to change with at least 30 days' notice.**

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 Parent/Guardian Signature & Date

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 Director of Administration Signature & Date