



# Summer 2021 Enrollment and Authorization Packet

As required by state and federal civil rights laws and the Americans with Disabilities Act (ADA), the center shall not discriminate against any child on the basis of race, religion, color, national origin, gender, marital status of parent, or because of a need for special care.

<b>Child's Last Name</b>		<b>Date Entered Care</b>	
<b>Child's First Name</b>		<b>Gender</b>	
<b>Child's Nickname</b>		<b>Date of Birth</b>	
<b>School Child Attends &amp; Grade</b>		<b>Any Chronic Health Problems?</b>	
<b>ALLERGY ALERT:</b> Does the child have allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all allergies:			
<b>Parent/Guardian Contact Information:</b>			
<b>Name (First, Last)</b>		Relationship	
Home Address		City	Zip
Home Phone		Cell Phone	
Employer and work hours		Work Phone	
Work address		City	Zip
<b>Name (First, Last)</b>		Relationship	
Home Address		City	Zip
Home Phone		Cell Phone	
Employer and work hours		Work Phone	
Work address		City	Zip
* <b>Do you have a court ordered custody agreement or restraining order in place?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see page 6			
<b>Required Emergency Contacts</b> (person other than parent/Guardian authorized to pick up child)			
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
<b>Non- Emergency Contacts</b> (person other than parent/Guardian authorized to pick up child)			
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
Name (First, Last)		Phone	Relationship
*Anyone picking up a child must have identification and may be asked to show this identification.			
<b>Medical/Dental Contact Information</b>			
Insurance Provider		Name of Policyholder	
Group#		Employer	
Primary Physician Name			Phone
Dental Provider			Phone
<b>Child Medical Information</b>			
List any health conditions, including instructions for providing care for stated conditions:			
Do any of the medical conditions restrict the child's activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Explain			
<input type="checkbox"/> I have provided the IEC with my child's immunization record <ul style="list-style-type: none"> <li>• Prior to initial attendance evidence of immunization, a medical or nonmedical exemption, or immunity documentation for each child as a condition of attendance in any school or facility, and which require exclusion from school or facility attendance until such requirements are met.</li> <li>• A child currently attending not be allowed to continue in attendance without complete or up-to-date evidence of immunization, immunity documentation, or an exemption.</li> </ul>			
* <b>Does your child need medication administered while he is in our care?</b>			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, fill out a separate Authorization for Medication Administration form			

Other Children in Home			
Name (First, Last)	Nickname	Age	Gender
Name (First, Last)	Nickname	Age	Gender
Name (First, Last)	Nickname	Age	Gender
Name (First, Last)	Nickname	Age	Gender

Child Care Information
Has your child previously been in childcare? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type of care and for how long?
Reason you are choosing this care
General Child Information
Likes and Dislikes
Eating Habits and Schedule
Play
Fears
Special Words and their Meanings or anything else we should know about your child

IEC Policy Handbook
<input type="checkbox"/> I received the IEC Policy Handbook

Parent/Guardian Authorization
<input type="checkbox"/> My child may go on neighborhood walking excursions under required supervision <input type="checkbox"/> My child may be photographed (name will be kept confidential) for publicity/news purposes (on-site/off-site)

Medical Emergency Authorization
<p>In the event of illness or accident that requires immediate medical attention and/or treatment, every effort will be made to contact Parents/Guardians as soon as possible. In the case of such emergency, I hereby authorize and give consent to Immanuel Enrichment Center to call an ambulance or provide and/or arrange necessary related emergency transportation to the nearest medical facility for immediate care at Parent/Guardian expense. I consent to any routine medical tests, exams, x-rays, surgical diagnosis, anesthesiologist, dental, and hospital care under the general care/advise of the on-call Physician(s) and/or surgeon licensed under the Medical/Dental Practice Act.</p> <p>I will hold harmless Immanuel Enrichment Center, Immanuel Lutheran Church, the Immanuel Enrichment Center Director and staff, the Immanuel Enrichment Board and any other individuals or agencies associated with this program, for any accident or injury that may occur to my child while attending or being transported to Immanuel Enrichment Center.</p> <p>Child's current weight _____ Current height _____</p> <p>Parent/Guardian Signature _____ Date _____</p>

**Transportation Summer 2021**

This portion of this packet is written acknowledgment between parents and The Immanuel Enrichment Center that we do not currently use any sort of motor vehicle transportation to transport children. When we have outings in town we will be walking as a group.

\*My child will not arrive at the IEC without being accompanied by an adult to be signed in. My child cannot leave the IEC and be signed out without an approved parent/Guardian.

**I acknowledge this transportation information provided**

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

**Payment Agreement**

Immanuel Enrichment Center, hereafter referred to as "IEC", agrees to enroll your child for the upcoming 2021 summer June 21, 2021 – Sept 3, 2021 or the remainder of the summer if your child enrolls after June 21, 2021. In consideration of the acceptance of the Enrollment and this agreement by IEC, the undersigned agrees to pay the required

**Tuition and Fees**

I agree to pay the program fees charged by IEC in accordance with the payment schedule set forth by IEC as described:

**Tuition Fees are as follows**

**\$35/day:** No matter how many hours your child is present between 7am-5pm daily, you will be charged \$35/day.

Will your child be attending Monday-Friday each week or only certain days?

\_\_\_\_\_

**Non-refundable Registration fee**

\$50.00 Summer Registration fee (non-refundable), \$25.00 for each additional child in the same family (fees are submitted with enrollment packet and reserve your child's spot in our program).

- Your child will not be considered enrolled until registration fee is paid and registration packet has been received by the office.
- First month tuition for each student is due by June 5<sup>th</sup>, 2021. First month tuition for each student to be paid in full before child can participate in the program.
- Families with multiple children enrolled will receive a 10% discount for each additional child's tuition.
- Monthly program fees are payable by cash, check, or money order. Payments may be made online at [www.immanuelsandy.com](http://www.immanuelsandy.com) by credit card or debit card. Please put cash or checks in payment box in the IEC hallway.

Monthly tuition payments are due on the 5<sup>th</sup> of each month. Please make checks payable to **Immanuel Enrichment Center**. Payments not received by the 15<sup>th</sup> of each month will incur a \$15.00 late fee. If payment becomes thirty days delinquent, your child will be dismissed from IEC until all past due tuition is paid in full or other payment arrangements are agreed upon to become current. Additionally, if at the end of the school year tuition is not current, I understand that I will not be permitted to enroll my child for the next school year until all previously past due balances are paid in full.

After two consecutive late payments or a consistent pattern of late payments, without prior reasonable notification, your late fee may be increased to \$25.00.

**Returned Check Fee**

There is a \$25.00 charge for returned checks. A return check **will not** be re-deposited. After two returned checks, we will accept only cash or money order for the remainder of payments.

**Late Pickup Information**

- I understand that my child is to be picked up NO Later than 5:00pm
- I understand that I will be charged a late fee if picking up my child after 5:00pm and that these late fees will be added to my next payment.
- I understand the late pickup fees are as follows: \$5.00 for the first 10 minutes and \$1.00 for each additional minute late.

Note: No deductions in tuition or fees shall be made for holidays, inclement weather, or in the event of illness. You must notify the director and/or office prior to each month, the days you plan to have your children in our care including time away for vacations.

**Withdrawal Policy**

A minimum of 15 calendar days advance written notice is required before withdrawing your child from IEC. If I withdraw my child after he/she begins attending IEC during the summer, I agree that tuition will be due and owing for up to 15 days from the date that I submitted a written notice (tuition cannot be prorated/refunded after withdrawal occurs within the month).

If you have any questions regarding your account, please contact the Administrative Assistant, Dawn Fanshier, at 503-668-6232 Monday thru Thursday from 9:00am to 12:00pm, or by email at [office@immanuelsandy.com](mailto:office@immanuelsandy.com)

**I hereby certify that I have read, understand, and agree to the terms and conditions of the Immanuel Enrichment Center Payment Agreement. I agree to pay the tuition and fees and other fees as outlined in the agreement and the Immanuel Enrichment Center Policy Handbook.**

Child Enrolled \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guradian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The section is to be used when there is a court ordered custody agreement or restraining order in place.**

**Goals for your Children**

We intend to ensure the children’s optimal development by providing continuity, stability and predictability for the children, while ensuring frequent and continued contact with each parent. Because a written plan cannot address every possible situation that might occur, the parents and Immanuel Enrichment Center will implement this plan in a spirit of good faith and mutual cooperation.

\*\* Immanuel Enrichment Center will ask for copies of the court ordered custody agreement or restraining order.

**Who your children are**

Write down the full legal name (do not use nickname), date of birth, age, and gender of each child of this relationship attending Immanuel Enrichment Center.

Full Name	Date of Birth	Current age	Gender (circle one)
			M / F
			M / F
			M / F
			M / F

**What the weekly schedule will be**

Parent A is (name)\_\_\_\_\_ Parent B is (name)\_\_\_\_\_

We will follow the schedule set forth below:

<b><i>Mondays</i></b>	<b><i>Tuesdays</i></b>	<b><i>Wednesdays</i></b>	<b><i>Thursdays</i></b>	<b><i>Fridays</i></b>
Parent _____	Parent _____	Parent _____	Parent _____	Parent _____

**PERMANENT CHANGES TO THE SCHEDULE**

Permanent changes to this form can be made with both parents approval and may need to be accompanied by a court ordered modification. One parent cannot change this schedule on their own without the other parents’ approval and signature.

**SIGNATURES** My signature below indicates that I have read and agree with what has been decided and written in this form.

**Parent A Signature**

**Parent B Signature**

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Director or IEC Board Member Signature**

\_\_\_\_\_ Date \_\_\_\_\_