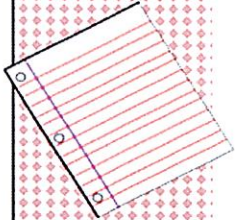




Welcome



SPECTRUM STATION

Early Learning & Child Care Centers



Welcome to Spectrum Station Early Learning Centers. You'll find all of the paper work needed for your child's enrollment. Please complete all of the attached paperwork prior to your child's first day with us. The only exception is the "Medical Examination" form. The Missouri Department of Child Care Licensing requires an up-to-date shot record for your child on their first day. The examination report must be signed by your child's doctor within 30 days of enrollment. If your child has allergies, asthma, or "special needs", please have your child's physician complete an "Individual Care Plan" which will be provided upon request.



Here's what you'll need for your child's first day:

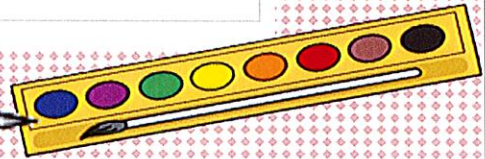
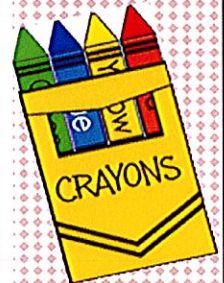
INFANTS/TODDLERS

- Diaper and diaper wipes
- Diaper rash ointment or similar product (if needed)
- 2-3 changes of clothing
- Pacifiers
- (Infants only) Formula plus 2 complete bottles OR Breast milk plus 2 complete bottles (frozen milk be may stocked)
- Spectrum Station will provide all AAP required bedding

TWOS AND OLDER

- (For twos) Diapers, pull-ups, and wipes as needed
- At least 1-2 changes of clothing
- A sleep buddy may be brought if needed. Sleep buddies should not be excessively large or musical
- Spectrum Station will provide bedding for cots and prohibits pillows which can not be sanitized.

All items brought from home must be labeled with your child's name/initials including infant products. This should include any clothing brought from home, as well.





Family Name: _____ Start Date: _____

Door Code: _____

ENROLLMENT CONTRACT

Financial Terms and Conditions

Location (check one): ___Northland ___Platte City
 ___ Downtown ___Blue Springs ___Barry Road

*Please initial each section of the enrollment contract. Your signature below acknowledges receipt and understanding of the enrollment contract and financial terms and conditions.

- REGISTRATION** is \$100.00 per family and is due on the on the first of attendance.
 If a spot is reserved in advance, the registration fee is required and is not refundable. We allow a 2 week grace period surrounding your enrollment date. We are unable to guarantee a spot indefinitely once a starting date has been established.
 In order to extend your spot past your grace period, a reservation fee will be due weekly until the child starts. (Reservation fee is one-half of regular tuition)
- WEEKLY TUITION** is always paid in advance of service and is due on **MONDAY** or the first day of attendance . Full tuition is due if a child attends any part of their scheduled week.
- LATE PAYMENT FEE**-Tuition is due no later than the close of business on **TUESDAY**. A late payment fee of \$25.00 will be charged. Service will be suspended for non payment of tuition.
- VACATION POLICY**-When a child is absent for the full week, **one-half of the regular tuition rate** will be due. The "half-tuition" policy may be used as many times as needed.
- LATE PICK-UP FEE**-A late pick-up fee of \$1.00 per minute will be charged for children picked up after our closing time. Late pick up due to weather or traffic will not be charged.
- RETURNED CHECK FEE** of \$25.00 plus bank charges will be assessed for checks returned. Clients Any client a returned checks returned will be required to use alternate payment methods.
- TERMINATION OF SERVICE** If for any reason a family wishes to discontinue services with Spectrum Station, a two week written notification is required.
- TUITION INCREASES** will occur once per year at the start of the center school year, usually at the end of August. Two week notification is made prior to an increase.
- The terms of this agreement are subject to change in part or in whole by Spectrum Station with a **two week** written notification. This agreement may be terminated by Spectrum Station at any time without prior notification if, in the sole opinion of Spectrum Station, it is in the best interest of the child and the center.
- HOLIDAY CLOSINGS**-Spectrum Station is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. If a holiday falls over the weekend, the center will be closed on the closest weekday. Operating hours may be reduced on Christmas Eve.
- CENTER HANDBOOK**-I have received a copy of the Parent Handbook and agree to the policies and procedures contained in the handbook

Fee Schedule

Tuition (_____)	
Tuition (_____)	
Tuition (_____)	
Discount(_____)	
Total Weekly:	

Registration Fees: _____
 Summer Activity Fee: _____

Scheduled Attendance:

Full time	Part time	Flex	PS only	(CIRCLE)
M	T	W	TH	F

PARENT/GUARDIAN SIGNATURE: _____

SPECTRUM STATION

Early Learning & Child Care Center

Door Code:

Admission Date:

Discharge Date:

Child's Name:

Gender:

Birthdate:

Complete Address:

IDENTIFYING INFORMATION

Mother's or Guardian Name:

Home phone:

Address(Street, City, State, Zip) Check if same as above

Cell Phone:

Employer (School attended)

Work Phone:

Employer Address:

Work Hours-From: To:

E-mail Address:

Father's or Guardian Name:

Home phone:

Address(Street, City, State, Zip) Check if same as above

Cell Phone:

Employer (School attended)

Work Phone:

Employer Address:

Work Hours-From: To:

E-mail Address:

EMERGENCY CONTACT and PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (Other than Parent)

AT LEAST ONE EMERGENCY CONTACT IS REQUIRED (Written confirmation for alternate pick up is required)

(1)Name:

Home phone:

Address:

Cell Phone:

Relationship:

Addl Info:

Work Phone:

(2)Name:

Home phone:

Address:

Cell Phone:

Relationship:

Addl Info:

Work Phone:

COMMENTS ON CHILD'S DEVELOPMENT: Note allergies, habits, special needs, etc.

CACFP REQUIREMENT

Related Child

YES

NO

How is this child related to the child care provider?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

Check here what days the child will attend. The child will attend: ___ FULL TIME ___ PART TIME	What time does your child usually ARRIVE each day? Circle AM or PM	What time does your child usually LEAVE each day? Circle AM or PM	Write any comments, changes, or variations in this section including shift changes
MONDAY <input type="checkbox"/>	AM PM	AM PM	
TUESDAY <input type="checkbox"/>	AM PM	AM PM	
WEDNESDAY <input type="checkbox"/>	AM PM	AM PM	
THURSDAY <input type="checkbox"/>	AM PM	AM PM	
FRIDAY <input type="checkbox"/>	AM PM	AM PM	
SATURDAY <i>Closed</i>	AM PM	AM PM	
SUNDAY <i>Closed</i>	AM PM	AM PM	

CIRCLE THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

Breakfast Morning Snack Lunch Afternoon Snack None

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE FOR MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. IF I CANNOT BE REACHED TO MAKE THE NECESSARY ARRANGEMENT, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I HEREBY AUTHORIZE **SPECTRUM STATION** TO CONTACT THE FOLLOWING:

Please list name and phone number of doctor and hospital:

Doctor's Name: _____ Phone: _____

Hospital Preference: _____ Phone: _____

ACKNOWLEDGEMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	Parent/Guardian Initials
B	I have been informed that a copy of the licensing rules for child care centers is available at the facility for review.	Parent/Guardian Initials
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.	Parent/Guardian Initials
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	Parent/Guardian Initials
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemptions from immunizations.	Parent/Guardian Initials
F	I have been notified that I may request notice at initial enrollment or anytime thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	Parent/Guardian Initials
G	I do <input type="checkbox"/> I do not <input type="checkbox"/> give permission for field trips/excursions. I understand notification will be given in advance of excursions.	Parent/Guardian Initials
H	I do <input type="checkbox"/> I do not <input type="checkbox"/> give permission for facility to transport my child	Parent/Guardian Initials
I	I have been informed and have received a copy of the facility's <i>Safe Sleep Policy</i> when enrolling a child less than one (1) year of age.	Parent/Guardian Initials
J	Our center uses a video surveillance system in the facility. Classrooms are routinely viewed and/or materials archived for clarification and/or training. Archived tapes are not available for parental viewing.	Parent/Guardian Initials
K	I give Spectrum Station permission to use my child's photograph/video in Spectrum Station advertising, media presentations, press releases, brochures, and in the facility. Spectrum Station will not release any video or photographs to any outside organization without parental approval.	Parent/Guardian Initials

CACFP REQUIREMENT	Parent/Guardian Signature: _____	Date: _____
	First Annual Update Parent/Guardian Signature: _____	Date: _____
	Second Annual Update Parent/Guardian Signature: _____	Date: _____



CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRESCHOOL/PREK)

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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Based on my assessment of this child's medical history, current state of health, and my physical examination of the child on ____/____/____, this child can participate in a child care program. This child has no special care needs unless specified below.
(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if the child requires special care at the child care facility, e.g. special diets, allergies, convulsions, ongoing medications, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF PHYSICIAN	DATE
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PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT)	TELEPHONE
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NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP)

Spectrum Station Early Learning and Childcare Centers
Emergency Contact Child Release Authorization

		Door Code:
Child's Name:	Date of Birth:	
Address:		
City, State, Zip		

Parent/Guardian:	Cell #:	Work #:
Employer:	Home #:	
Email Address:		

Parent/Guardian:	Cell #:	Work #:
Employer:	Home #:	
Email Address:		

Custodial paperwork on file (Y) (N)

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM CENTER (OTHER THAN PARENT)

THIS CENTER REQUIRES PARENT NOTIFICATION IN ORDER TO RELEASE A CHILD TO ANYONE OTHER THAN A PARENT OR GUARDIAN.

1)	Contact #	Contact #
Address:		Relationship:
2)	Contact #	Contact #
Address:		Relationship:

EMERGENCY TREATMENT AUTHORIZATION

I give SPECTRUM STATION permission to make whatever emergency measures (i.e.: first aid; disaster evacuation; emergency services) are judged necessary for the care and protection of my child while under the supervision of SPECTRUM STATION.

In cases of medical emergency, I understand that my child will be transported to the nearest hospital by the local emergency unit for treatment, if the local emergency resource deems it necessary.

It should be understood that in some medical situations, the staff will need to contact the local emergency resource before contacting the parent, guardian, and/or child's physician.

EMERGENCY MEDICAL INFORMATION:	Doctor:	Phone:
ALLERGIES/SPECIAL MEDICAL NEEDS:		

PARENT/GUARDIAN SIGNATURE:	DATE:
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Weekly Email News & Text Alert

In a continuing effort to ensure communication with our families, Spectrum Station provides to forms of news. Each Friday, we send out weekly emails which contain the upcoming menu, events information and classroom news. In addition, we use a system called "Parent Alert" which allows Spectrum Station to text information quickly to parents in the case of an emergency.

Child's Name: _____

Contact #1

Parent/Guardian name: _____

Email Address: _____

Cell Phone#: _____

Cell Phone Provider: _____

Contact #2

Parent/Guardian name: _____

Email Address: _____

Cell Phone#: _____

Cell Phone Provider _____

Credit Card Authorization Form

Family Name: _____

Child's Name: _____

Name (as it appears on the card): _____

Type of credit card (Please circle):

VISA

MASTERCARD

DISCOVER

CARD NUMBER:

--	--	--	--

EXPIRATION DATE:

--

SECURITY CODE (on back of card):

--

Weekly tuition to be deducted:

--

Additional deduction instructions (i.e. Hooked on Phonics costs; field trip costs): _____

I authorize **SPECTRUM STATION EARLY LEARNING CENTERS** to automatically charge the above credit/debit card my weekly tuition/fee amounts as indicated. I understand that if the above card is declined, I will be responsible for the full tuition amount and any late fees incurred for past due payments. Any changes or additions to charges placed on this card must be submitted to SSEL.

Cardholder Signature: _____

Date: _____