



FOR EARLY CHILDHOOD EDUCATION

ENROLLMENT AGREEMENT

NAME OF CHILD			DATE OF ENROLLMENT
MONTHLY TUITION	CHILD'S SCHEDULE M T W T H F	FULL TIME PART TIME	ARRIVAL TIME: DEPARTURE TIME:
IN ADDITION TO THE PARENT/GUARDIAN, PLEASE NAME THREE (3) INDIVIDUALS TO WHOM THE CHILD CAN BE RELEASED: NAME: _____ NAME: _____ NAME: _____			
SERVICES TO BE PROVIDED AS PART OF TUITION (CHECK ALL THAT APPLY): ☐ Infant Child Care & Education ☐ Toddler Child Care & Education ☐ Preschool/Pre-K Child Care & Education ☐ School Age Child Care & Education ☐ Child Development Reports to Parent ☐ Organic Snacks			
SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (CHECK ALL THAT APPLY): ☐ Extra Days ☐ Transportation ☐ Summer Activity Fee ☐ Swim Fee ☐ Field Trip Fee			
PHOTO/VIDEO RELEASE - I grant permission to The Malvern School to use photographs and/or video of the above named child in publications, advertising, social media, online and in other communications related to school programming and special events. ☐ YES ☐ NO			
TADPOLES PHOTO RELEASE - I grant permission to The Malvern School to upload photographs and/or video of the above named child in the internal digital communications platform, Tadpoles. ☐ YES ☐ NO			

ENROLLMENT POLICIES

TUITION AND PAYMENT

1. There is a non-refundable \$100 registration fee due at the time of registration which is valid for one year from the registration date. In addition, there is an annual re-registration fee of \$100 which is billed each September.
2. Tuition is due on or before the 1st of each month. Payments received after the 5th are subject to a \$25 late fee. Additional weekly charges will incur until payment is received. There is a \$25 fee for any returned checks or declined credit cards or other electronic transactions.
3. Your tuition will change in the event of a schedule change. A two-week notice is required.
4. We require a valid credit card to be kept on file to be used in the event of non-payment.
5. There is a 2% convenience fee for any payment made via debit or credit card.

OPERATIONS

1. The Malvern School is open Monday through Friday. We are closed for holidays and in-service days as listed in the Parent Handbook.
2. There is no refund or a reduced tuition rate for holidays, illnesses, vacation, inclement weather days, natural disasters, acts of God, government or medically directed/ordered closure or quarantine, or other events outside the control of The Malvern School.
3. Switching days of attendance is not allowed. You may add days for an additional fee and with at least a 24-hour notice to the Director. Additional days are based on availability. See your Director for more details including tuition rates.
4. There will be a late fee charged for children not picked up by the school's identified closing time. The fee is \$20 for a 15-minute period. An additional \$5 per every 5 minutes will be charged thereafter. Please see the Parent Handbook for details.

INCLUSION, WITHDRAWAL AND DISMISSAL

1. Parents agree to the inclusion policy and the requirements outlined in the Parent Handbook.
2. A 30-day written notice to the Director is required to withdraw from the program. If a 30-day notice is not given, the parent will be charged for that time period.
3. The Malvern School reserves the right to deny, cancel, or suspend a child's enrollment if it is deemed in the best interest of the child or the school, or for non-payment.
4. In the event of a leave of absence is needed, there is a required deposit. See Director for details.
5. Children who become ill while at The Malvern School must be picked up immediately. By law, children who are ill are not able to attend the program. Please reference the health policies in the Parent Handbook. If your child is absent due to illness, please notify the school by 9am.

- ☐ I have read the above Enrollment Policies and agree to abide by its conditions. I have received the original of this document and a copy of The Malvern School Handbook, which includes the details of all policies put forth by The Malvern School.
- ☐ I have received and read the WatchMeGrow Acknowledgement and Consent Form at the time of enrollment.
- ☐ I received written program information at the time of enrollment.
- ☐ I agree to provide updated emergency contact information and update my child's profile sheet every six months or as changes occur.

Parent Signature and Date _____

Director Signature and Date _____

Six Month Review - Parent Signature and Date _____



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ENROLLMENT APPLICATION

NAME OF CHILD	DATE OF BIRTH	DATE OF ENROLLMENT
ADDRESS	BEST EMAIL FOR SCHOOL USE	
PARENT NAME/LEGAL GUARDIAN	HOME PHONE	
ADDRESS	CELL PHONE	
WORK/BUSINESS NAME AND ADDRESS	WORK PHONE	
PARENT NAME/LEGAL GUARDIAN	HOME PHONE	
ADDRESS	CELL PHONE	
WORK/BUSINESS NAME AND ADDRESS	WORK PHONE	

IN ADDITION TO PARENTS AND/OR LEGAL GUARDIANS, PLEASE NAME THREE EMERGENCY CONTACTS (REQUIRED TO PROVIDE THREE):

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

IN ADDITION TO PARENTS AND/OR LEGAL GUARDIANS, PLEASE NAME THREE INDIVIDUALS TO WHOM THE CHILD CAN BE RELEASED

NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER
NAME	ADDRESS	PHONE NUMBER

MEDICAL INFORMATION (Please mark N/A if it does not apply)

NAME OF MEDICAL CARE PROVIDER/PRIMARY CARE PHYSICIAN	ADDRESS	PHONE NUMBER
ALLERGIES (INCLUDING MEDICAL REACTIONS)		
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		
MEDICATION, SPECIAL CONDITIONS	SPECIAL DISABILITIES (IF ANY)	
ADDITIONAL INFORMATION REGARDING ANY SPECIAL NEEDS OF THE CHILD		
HEALTH INSURANCE POLICY/MEDICAL ASSISTANCE	POLICY NUMBER (REQUIRED)	

PARENTAL CONSENT (PLEASE SIGN EACH ITEM TO INDICATE PARENTAL CONSENT)

OBTAIN EMERGENCY MEDICAL CARE	ADMINISTER FIRST AID
WALKS AND FIELD TRIPS	TRANSPORTATION TO THE FACILITY
SWIMMING (IF APPLICABLE)	WADING (IF APPLICABLE)

PARENT SIGNATURE _____	DATE: _____
PARENT SIGNATURE (6-MONTH REVIEW) _____	DATE: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

Parents may write immunization dates; health professional should verify and complete all data.

DO NOT OMIT ANY INFORMATION This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.						
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): ☐ NONE						
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. ☐ NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): ☐ NONE						
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. ☐ NONE						
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? ☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) ☐ YES ☐ NO			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:



DIAPER OINTMENT AUTHORIZATION FORM

The following form must be filled out completely in order for The Malvern School to dispense diaper ointment to your child. Diaper ointment guidelines:

- Diaper ointment (prescription or non-prescription) may only be accepted in an original container.
- The label of a diaper ointment container shall identify the first and last name of the child for whom the ointment is intended. This should be a prescription label or written on the non-prescription container. Ointment shall be administered only to the child whose name appears on the container.
- Diaper ointment cannot be dispensed “as needed”. Specific times and dates must be listed.

.....
Child's Name _____

Parent Signature _____

Diaper Ointment Name _____

Dosage _____

Dates to be applied _____

Times to be given _____

Additional Comments:



WatchMeGrow™ ACKNOWLEDGMENT and CONSENT FORM

To promote the safety of children, parents, and employees, as well as the security of its facilities, The Malvern School may conduct audio and video surveillance of any portion of its premises at any time, except private areas such as bathrooms. Video cameras will be positioned in appropriate places within and around The Malvern School. Parents will not have access to the live audio or video feeds nor any recordings made thereof. Our system will strictly be used for internal monitoring and recording to enhance our current safety measures that we have in place.

This form is acknowledgment that you received the communication that is in our Parent Handbook outlining the WatchMeGrow camera system.

Furthermore, this form acknowledges that you understand and agree to The Malvern School's policies on monitoring and surveillance. You understand that you and your child(ren) may be audio recorded, videotaped and/or photographed while inside and/or surrounding the school building. You understand that there is no expectation of privacy in connection with the use of this equipment or with the transmission, receipt, or storage of information in this equipment.

I acknowledge and consent to The Malvern School's WatchMeGrow Acknowledgement and Consent Form as written above.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Director's Name: _____

Director's Signature: _____

Date: _____



KEY CODE ENTRY FORM

In order to provide a secure setting for the children and staff at The Malvern School, an access control system has been installed. This system uses a family specific codes that will release the lock on the door and allow entry into the foyer / reception area. You will not need your code to exit the front door protected by the access control system.

In the event that someone other than a parent / legal guardian needs to pick up your child, they will need to use the intercom located at the front door. An authorized Malvern School staff member will greet them and upon following the proper security features as outlined on the PASSWORD FORM, will allow them access into the building. **Under no circumstances should you give your code to an unauthorized user.** Please call the office to receive your key code.

I have reviewed the access control information and my signature signifies that I have reviewed it.

CHILD'S NAME: _____

PARENT SIGNATURE _____



PASSWORD FORM

Dear Parents,

It is the policy of The Malvern School that every child has a password on file as an added measure of security. In the event that your child is picked up by a family member or friend he/she will be required to give the Director or supervising teacher the password as well as show a picture form of identification. This person will also be responsible for signing your child out of the building.

In order for your child to be released to an authorized person the following conditions must be met:

1. The Director must be notified in writing that you are authorizing someone else to pick up your child. If you telephone the school to authorize a pick-up, be prepared to receive a confirming call from the school.
2. Inform the authorized individual that he/she will need to present a form of ID (preferably photo ID), and tell someone the password. This individual will also need to sign your child out of school.

Remember the password is an added measure of security for your family and will also be located with your child's emergency contact information.

CHILD'S NAME: _____

PASSWORD: _____

PARENT SIGNATURE _____