



*Embracing Equality and Diversity*

	Signature	Date
Parent updates		
Parent updates		
Parent updates		

Start Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

**Enrollment Registration Information**

Child's name \_\_\_\_\_

Age \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex    F    M    Nickname \_\_\_\_\_

**Primary Contact Legal Parent/Guardian**

Legal guardian's name \_\_\_\_\_

Cellphone # \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

**(Initial)** The Primary Contact legal guardian is the person who will be responsible for all financial payments/ fees, and keeping all legal forms required by the childcare administration current. The legal guardian will be the main contact in relation to this child.

**Parent/guardian # 1** \_\_\_\_\_ relationship to child \_\_\_\_\_

Home address: \_\_\_\_\_

Cell phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Work phone # \_\_\_\_\_

Place of work \_\_\_\_\_ ext \_\_\_\_\_

**Parent/guardian # 2** \_\_\_\_\_ relationship to child \_\_\_\_\_

Home address: \_\_\_\_\_

Cell phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Work phone # \_\_\_\_\_

Place of work \_\_\_\_\_ ext \_\_\_\_\_

Hope Grows at Lost Knife  
Location 1  
9845 Lost Knife Road  
Gaithersburg, MD 20886  
301-990-3170

Hope Grows at Century  
Location 2  
20111 Century BLVD- A.  
Germantown, MD 20874  
240-246-7835

Hope Grows at Fox Chapel  
Location 3  
19757 Frederick Road  
Germantown, MD 20876  
240-912-4294



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**Emergency contact and release persons**

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the appropriate “Emergency and Release” box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day. For these persons, check the “Release Only” box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.

**Mandatory: Name #1:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell phone \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact & release

- Release only

**Optional Person Name #2** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell phone \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact & release

- Release only

**Optional Person Name #3** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Cell phone \_\_\_\_\_

Address: \_\_\_\_\_

- Emergency contact & release
- Release only

If you want a person who is not identified above to pick up your child, you must notify the center staff in advance, **in writing**. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the center because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.



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### **Holidays and closings Policy:**

I understand that Hope Grows Child Care Center will be closed for Professional Days and Holidays during the Calendar Year. I will receive a copy of the Holiday and closings calendar at my enrollment time and annually, thereafter. I understand that Professional days, and Holidays, when the center is closed, are paid days for the teachers; parents are responsible for tuition payments for the full week.

### **Weather Policy**

- ✓ I understand that it is the Center's intention to be open and to provide childcare services every week of the year, excluding holidays or professional day for teachers. But that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I should call the center to ensure that it is open during inclement weather natural/national disaster or reference my Online App.
- ✓ If Federal government is closed; then our Center is closed. In the event of inclement weather, please call the center or refer to your online app for updates and delays.

### **Attendance policy**

Hope Grows Child Care Center follows the State and Licensing regulations to sign children in and out from the center daily. We have an online application which allows parents to sign their children in every day. Please ask the director or manager if you need more help using the application.

**(Initial)** I agree to sign my child in and out every day, using the Center's attendance procedure. I understand that I am required to enter the center to drop off and pick up my child/ren and I must escort my child to the assigned classroom. It is required by State licensing regulations that parents follow this procedure daily.

### **Sick children Policy:**

If your child is sick, please don't bring him/her to the center. We will call you when your child gets sick (vomiting, diarrhea, fever, etc.) and we expect that you pick your child as soon as possible. You may bring your child back to the center after a period of 24 hours and please bring a doctor's note with your child.

**(Initial)** I agree to inform the center if my child/ren will be absent on any day. I understand that no allowances, credits, refunds or make up days shall be made for occasional absences, due to sicknesses, vacation, doctors' appointments, etc. I understand that if my child will be absent for a whole week, I will be responsible for paying that week in advance to keep my child's spot in his/her classroom when he/she comes back from vacation.

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### **IEP's IFSP's Documentation**

- ✓ We understand that each child is unique and that each one has different needs. We would like to accommodate your child's needs, for that reason we request if your child has an IEP, or you have been provided an IFSP that you share it with us so that we can assist you and understand your child's needs better. Hope Grows Child Development Center will assist families whose children have been provided IEP and IFSP.

### **School Age Policy:**

- ✓ School age children who are enrolled in 5 day before and after care at Hope Grows Child Development Center, they will not incur additional tuition costs for early dismissal, delayed opening, scheduled or unscheduled days off from the public-school system. School agers enrolled in Before or After only will incur \$20 per day drop-in schedule for school closures or half day schedules.
- ✓ School aged children will be required to enroll in the Summer Program/Spring break Program offered by Hope Grows Child Development Center. Applicable fees will apply. A packet containing all information will be distributed in May for Summer Camp.

### **Financial Fee Acknowledgment:**

- ✓ I understand and agree that I am responsible for all Financial Payments, financial policies and fees that is outlined in the financial agreement, included but not solely limited to providing a written two weeks' notice and paying the last two weeks' tuition fees, upon disenrollment.
- ✓ I understand that the Financial Agreement will be attached and filed with my Enrollment Agreement while enrolled with Hope Grows Child Development Center and is an agreement between Hope Grows Child Development and the family of the enrolled child.
- ✓ I further understand that if I have Subsidy and I let my subsidy lapse for any reason, that I am responsible for my full weekly payment fees until the subsidy is corrected.

By signing below, I have read, initialed, signed and completed and received a copy of the Financial Agreement Terms.

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

Parent Guardian Signature: \_\_\_\_\_

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

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**Enrollment agreement Acknowledgement:**

- I have read this agreement and understand my responsibilities \_\_\_\_\_ Initial
- I have read and signed my Financial Agreement \_\_\_\_\_ Initial
- I have received a copy of Center Closure Calendar for the Year \_\_\_\_\_ Initial
- I have received a copy of the Price List \_\_\_\_\_ Initial
- I received a copy of the Family Handbook \_\_\_\_\_ Initial
- I am attaching the following forms that are required by the CCA \_\_\_\_\_ Initial
  - Signed, initialed and dated Enrollment Agreement
  - Signed, initialed, and dated Financial Agreement
  - Emergency Form
  - Health Inventory
  - Blood Lead Testing
  - Immunizations
  - Medication Authorization Form
  - Meal Benefit Application Form
  - Parent Policy Form
  - Getting to know my child Form
  - Any allergy, asthma, medical forms, if applicable
  - All Infant/ Toddler activity plan, crib, or infant formula forms, if applicable

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

Parent Guardian Signature: \_\_\_\_\_

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