



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: \_\_\_\_\_

**The Primary Contact legal guardian is the person who will be responsible of making payments, and keeping all legal forms required by the child care administration updated. The legal guardian will be the main contact in relation to this child.**

Initial \_\_\_\_\_

**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 \_\_\_\_\_

**Location: 1**  
 Hope Grows Child Development Center  
 9845 Lost Knife Road  
 Gaithersburg MD. 20886  
 301-990-3170

**Location: 2**  
 Hope Grows Child Development Center  
 20111 Century Blvd Suite-A  
 Germantown MD 20874  
 240-246-7835



## Embracing Equality and Diversity

**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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### Tuition and fees

- ✓ I understand that a registration fee of \$100.00 is paid only once, and shall be paid in advance to enroll my child and it is **nonrefundable**.
- ✓ I understand that my weekly fee is \$\_\_\_\_\_ and shall be paid one week in advance, it must be paid on the first day of attendance each week.
- ✓ I understand that I can pay my tuition by credit card, personal checks, money order or cash. If a check is bounced, I will pay a processing fee of \$35.00 for each returned check. If more than 2 checks are returned in a six-month period, I will be required to pay in a different method.
- ✓ If payment is not made on time when is due, I agree to pay a late fee of \$25.00 per week, per child. A written notice will be sent as a reminder.
- ✓ I understand that a late payment fee of \$2 per minute will be charged after the center's closing time
- ✓ I understand that a yearly activity fee of a \$100.00 per child is due each September 1<sup>st</sup>, this fee is to cover for the materials and supplies for the school year for your child. Fieldtrips are not included in the activity fee.
- ✓ I understand that a security deposit is not required, but I will be required to give a 1 month written notice to withdraw my child from the center.
- ✓ For families registering more than one child, a 10% discount will apply to the oldest child
- ✓ For school age children who are enrolled in 5 day before and after care at Hope Grows Child Care Center, they will not incur additional tuition costs for early dismissal, delayed opening, scheduled or unscheduled days off from the public-school system.
- ✓ 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.
- ✓ 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.

### 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 child care 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 is open during inclement weather natural/national disaster. If Federal government is closed; then our Center is closed. In the event of inclement weather, please call the center for updates and delays.

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**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 a computer system which allows parents to sign their children in an easy way every day. Please ask the director or manager if you need more help using the computer.

**Sick children:** 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.

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.

**IEP's IFSP's Documentation**

We understand that each child is unique and that each one has different needs. We would like to accommodate to 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.

- |   |       |         |
|---|-------|---------|
| I have read this agreement and understand my responsibilities   | _____ | 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 and dated enrollment agreement                         |       |         |
| ➤ Emergency Form Occ/1214                                       |       |         |
| ➤ Health Inventory Occ/1215                                     |       |         |
| ➤ Medication Authorization Form Occ/1216                        |       |         |
| ➤ Hygiene blood lead test DHMH/4620                             |       |         |
| ➤ Meal Benefit Application Form                                 |       |         |
| ➤ Getting to know my child form                                 |       |         |

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Getting to know my child

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Home address \_\_\_\_\_

Phone # \_\_\_\_\_ Assigned Classroom \_\_\_\_\_

My child does the following things well

- Walks
- Runs
- Feed him/herself
- Grab things with both hands
- Speak in sentences
- Tie his/her shoes
- Zips his/her clothes

This is what my child likes

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

This is what my child dislikes

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

My child needs help with

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**My child enjoys these physical activities:**

running       climbing       dancing       biking  
 walking       sliding       jumping       skipping  
Others \_\_\_\_\_

**My child may have difficulties doing this activity:**

\_\_\_\_\_  
\_\_\_\_\_

**My child will need the following: (equipment, routine,)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the primary language used at home? \_\_\_\_\_

Will your child need assistance in another language? \_\_\_\_\_

Can you tell us a little about your cultural background so that we may help your child by understanding his/her needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: All information contained herein is for confidential use only, these will be shared with classroom teachers only in order to understand your child's specific needs.**

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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