

Label Here
 Child's Name _____
 Program _____

ENROLLMENT AGREEMENT

Child Care

Beginning Date _____

Reach Dane Child Care is a partnership with parents/guardians. In order to have a successful experience, both parents/guardians and staff must work together. Staff must adhere to WI Licensing Standards and parents/guardians should be involved in their child's educational program. This is an agreement between you and Reach Dane Child Care. This information can be changed during the year by resubmitting this form.

YOUR CHILD'S PROGRAM, IS COMMITTED TO:

- ___ Work with you and your child on skills including: social/emotional development, self-help skills, health and nutrition development, and communication skills within a developmentally based educational setting.
- ___ Involve you in setting goals & discuss with you on a regular basis about your child's progress (minimally: 2 conferences/yr)
- ___ Welcome and encourage your attendance in the classroom and your ideas for your child's learning. (All parents/guardians are permitted to visit during center hours unless access is prohibited or restricted by a court order.)
- ___ Notify you of schedule changes. The centers will be closed on legal holidays and training days (see contract for details).
- ___ Give at least two weeks' notice of any changes in policy, fees, or schedules.

AS A CHILD CARE PARENT/GUARDIAN, I AM EXPECTED AND AGREE TO:

- ___ Review/abide by Reach Dane policies, requirements of Wisconsin Child Care Licensing.
- ___ Abide by terms of my childcare contract.
- ___ Maintain full time employment or school enrollment status, and childcare subsidy. Notify Reach Dane of my job/school/subsidy status changes; regain employment/educational/subsidy status in order to retain my child's eligibility for the full day childcare.
- ___ Pay in advance, on Mondays, my child's childcare fees, including co-pays; and to pay assessed late fees in accordance with handbook.
- ___ Daily transport my child to and from the center at my contracted time and notify the staff if my child is ill.
- ___ Keep my child home if he/she is too sick to fully participate in the program, including going outside. Promptly pick up my child if he/she becomes sick at the center.
- ___ Return the completed medical forms within thirty (30) days of my child's enrollment in the center.
- ___ Observe/volunteer in the classroom, field trips, special events and work at home with my child as my schedule allows.
- ___ Give the program at least 2 weeks' notice of withdrawal, either temporary or permanent. If my child is withdrawn without this notice, I will be liable for the assessed fees of the 2-week notification period.

PARENT/GUARDIAN PERMISSION

YES NO

Initial here **OPT OUT** of text messages _____. Standard message and data rates may apply.

I give Reach Dane authorization to transport my child to and from field trips and other program activities, and home on an emergency basis.

Photos or video of my child and I may be used within Reach Dane/Reach Green programs.

Photos or video of my child and I may be used on the Reach Dane/Reach Green website, in media, and in community outreach.

I have received a Parent Handbook for this center and a summary of the WI Rules for Child Care Licensing.

I agree to pick up my child at his/her scheduled time. I UNDERSTAND that if I, or my emergency contact person, does not come for the child before the time the center closes, Human Services-Child Protective Services will be called to make emergency care arrangements for my child.

I UNDERSTAND Co-payment/fees are due Monday for that week of care: failure to maintain a subsidy/pay my copay may result in my child being dropped from the program. I understand late fees are my responsibility -subsidy (if eligible) will not cover these.

I UNDERSTAND these permissions will be in place throughout my child's participation in Head Start unless I revoke one or all in writing.

 Parent's/Guardian's Signature

 Date

 Staff