



978 East Draper Parkway

Draper, UT 84020

(801) 816-9800

Find us on the web at: mypreciouspeople.com

REGISTRATION PACKET CHECK LIST

Items due upon registration:

1. Registration packet completely filled out.
2. A copy of your child's current immunization records.
3. A registration fee of \$50.00.
4. First week's payment upon starting.





For your child's first day, we ask that you bring the following items to help make their day run a little smoother:

Infants

- A favorite blanket for nap time
- A change of clothes for accidents
- Diapers and wipes
- Bottle and formula
- Pacifier

1 to 3 years

- A change of clothes for accidents, including underwear
- Diapers and wipes
- A sippy cup (1 year olds only)

Please bring these items with your child to the Center each day or feel free to leave them in your child's cubby.

If you have any questions prior to your child's first day, please call the Center. We can address any questions or concerns you may have.

Our Center phone number is 801-789-7800.

Thank you and Welcome to Precious People Day Care!



Tuition Agreement

Child's Name

Today's Date

Person responsible for tuition payment:

Last name

First

Middle

SS#

Relationship

Parent: Please read carefully and clarify any questions you have with staff. Acknowledge your understanding and compliance by signing below.

1. It is understood and agreed that I may choose to pay my tuition by any one of the following schedules:
 - Weekly - tuition is due each Monday in advance of the week that services are rendered.
 - Bi-Weekly - tuition is due every other week in advance of the week that services are rendered.
 - Monthly – tuition is due by the 1st of each month in advance of the month that services are rendered.

Weekly and Bi-weekly accounts not paid by Tuesday at noon of the week tuition is due will be assessed a \$30.00 late fee. If the balance is still outstanding by Wednesday of the same week, day care services may be terminated by Precious People Day Care (PPDC) for non-payment of services.

For parents paying on a Monthly schedule, tuition will be considered late by noon on the 3rd of the month and assessed a \$30.00 late fee at this time. Suspension of enrollment shall begin on the 5th of the month that tuition is late. To re-enroll after suspension, enrollment will be based on availability in the classroom. The balance must be paid in full and a \$50.00 re-enrollment fee must be paid.

For parents on State Assistance, tuition shall be paid on the Monthly schedule. All fees and conditions listed above shall also apply.

2. I have chosen a schedule of attendance offered by PPDC that best suits my child's needs. I understand that PPDC must arrange for staff to meet that schedule even when my child is absent. For families that have attended PPDC for at least one year, five unpaid days of vacation will be granted as credit with at least a one week advance notice. These credits are only
3. available to full-time enrollments. Part-time students receive no tuition credits. There is also no credit given for the nine holidays observed throughout the year by PPDC.



Tuition Agreement (cont.)

- 4. Full-day enrollments are limited to 10 hours per day. Part-time enrollments are limited to the same set of days each week. I understand and agree to pay a late fee of \$1.00 per minute, per child, if I exceed 10 hours per day.
- 5. PPDC closes at 7:00 p.m. Late fees will accrue after 7:00 p.m. If the closing staff is required to stay after-hours due to #3 above, a late fee of \$1.00 per minute, per child will be charged. A release form for acknowledgement of tardiness will be required to be signed by the responsible party and late fees will be accessed to your account.
- 6. PPDC does not accept 'post date' checks/payment. It is understood and agreed that any form of payment declined by the financial institution, for any reason, will be assessed a \$25.00 charge. An alternate form of payment must be submitted within 24 hours to avoid suspension of services.
- 7. It is understood and agreed that in the event my account should be sent to collections by PPDC, I will be assess fees of 1 ½% (18% annually) on any balance over 60 days. I will also be assessed 33 1/3% of the outstanding balance. I also agree to pay all court costs as deemed by the courts.
- 8. This contract may be terminated by the parent/guardian or provider by giving a two-week written notice. Payment is due for the notice period whether or not the child is brought to the Center for day care services. The provider may terminate the contract without giving any notice if the parent/guardian does not make payments when due. Failure by the provider to enforce one or more terms of this contract does not waive the right of the provider to enforce any other terms of the contract.
- 9. If your child demonstrates inappropriate behaviors we can terminate day care services.
- 10. My contract fees are as follows: \$_____ per month, per week, bi-weekly, per day.

Signature of parent/guardian Date Signature of PPDC representative Date



Parental Agreement

Compliance with Policies and Procedures

By signing below I acknowledge having read and received a copy of the Parent Handbook. I understand and agree to comply with the policies and procedures outline in the Parent Handbook.

Signature parent/guardian

Complete and Accurate Information/Drop off and pick up:

I fully completed all necessary enrollment forms. To safeguard my child, I will promptly inform PPDC of changes in address, phone number, employment, emergency information or any pertinent family situations. I understand that upon pick up of my child, the parent/guardian must inform the teacher that my child is leaving.

Signature parent/guardian

Use of photographs:

I give permission for my child to be photographed within the Center and on Center activities. These photographs may be used in the media, advertising, or within the Center.

Signature parent/guardian

Transportation:

I give permission for my child to be transported daily to and from the elementary schools which are serviced by PPDC or in the case of an emergency. I understand that:

1. PPDC is not liable for the actions of my child once he/she has been dropped off for school or while waiting after school for the arrival of the van/bus.
2. I must notify PPDC if my child will NOT need to be picked up after school. I agree to pay a \$10.00 fee for failure to notify.
3. PPDC has the right to suspend transportation privileges immediately should my child put the safety of other children or the driver in danger.

Signature parent/guardian

Right to Refuse Service:

PPDC reserves the right to refuse child care services when care for a child in the Center fundamentally alters the nature of the services we provide. We recognize the uniqueness of each child, however, we cannot meet the needs of providing one-on-one care on a continual basis. The respect and protection of children, parents, staff and property is expected. If your child demonstrates inappropriate behaviors, PPDC has the right to refuse any further day care services.

Signature parent/guardian



Enrollment Application

A \$50.00 non-refundable registration fee must accompany this registration form. This fee is per family.

Child's last name First Middle Sex DOB

Parent Information:

 Mother's/Guardian Name Father's/Guardian Name

 Home Address City State Zip Home Address City State Zip

 Home Phone Cell Phone Home Phone Cell Phone

 E-mail address E-mail address

 Employer Name Phone Employer Name Phone

Child resides with: _____ Child's nickname: _____

Person/s authorized to pick up child: _____

Please note: Mother and father are assumed to be authorized to pick up unless there is a current court order on file at the Center.

Person's Name/Relationship to Child	Address	Telephone #

Person to be called in case of emergency: Must list three (3), one of which must be an out-of-state contact, if possible.

Person's Name/Relationship to Child	Address	Telephone #

Out-of-state emergency contact:

Person's Name/Relationship to Child	Address	Telephone #



By signing below, I grant permission for the Director or staff to take the necessary steps to obtain medical care including transportation, if warranted. I also agree that:

- Any expenses incurred to obtain medical care by PPDC will be the responsibility of the child's family or their primary health insurance.
- PPDC will not be held responsible for false or incomplete information given at the time of enrollment, throughout the year, or at the annual update.
- PPDC will not be held responsible for my child if I have not clocked him/her in upon arrival to the Center.
- In an emergency, PPDC may transport my child to a relocation site in the event the emergency warrants evacuation of the building.

Signature of parent/guardian

Date



Precious People Day Care Health Assessment

Child's Name _____ DOB _____ Start date _____

Child's Health History Assessment

Please list any health information PPDC will need in order to provide care for your child.

Does your child have any known allergies or sensitivities to:

	No	Yes	If yes, list details
Medications			
Food			
Other			

Does your child have any of the following?

	No	Yes	Details		No	Yes	Details
Asthma				Visual Impairment			
Diabetes				Developmental Delays			
Seizures				Physical Impairment			
Heart Problems				Behavioral/ Emotional Concerns			
Hearing Impairment				Other			

Please list any additional health information or special instruction that we need to be aware of: _____

Please list regular medication your child takes: _____

Medical provider: _____ Telephone number: _____

Emergency hospital preference: _____

Schedule: This information is used by the USDA food program that PPDC participates in. Please indicate below when your child will be attending PPDC.

	No	Yes	What hours will your child be attending each day?	<u>School age care</u>
Monday				School Name: _____ Kindergarten: A.M. _____ P.M. _____
Tuesday				
Wednesday				
Thursday				
Friday				

By signing below, I attest the above information is correct.

Signature of parent/guardian _____ Date _____

How did you hear about us? Word of mouth _____ Drive by _____ Mailed ad. _____ Internet _____
 Referred by a customer _____ Referred by an employee _____ Other (specify) _____