Enrollment Form

Edgewater	Lakewood	Wheat Ridge
5207 W. 26 Avenue Edgewater, CO 80214 P: (303) 237-6356	12755 W. Cedar Drive Lakewood, CO 80228 P: (303) 980-8422	3790 Chase Street Wheat Ridge, CO 80212 P: (303) 422-2050

tiny hearts academy

Child's Information | Name: _____ Sex: _____

Address: _____ City/State: _____

Zip Code: _____ DOB: _____ Enrollment / Start date: _____

Parent's Information | Name: _____ Hrs of work: _____

Employer: _____ Business Address: _____

City/State_____ Zip Code: _____ E-mail: _____

Work Phone: _____ Cell: _____ Circle Contact Preference: Work / Cell

Parent's Information | Name: _____ Hrs of work: _____

Employer: _____ Business Address: _____

City/State_____ Zip Code: _____ E-mail: _____

Work Phone: _____ Cell: _____ Circle Contact Preference: Work / Cell

Other authorized persons to pick up:

Name: _____

Phone: _____ Relationship: _____

Address: _____

City/State: _____ Zip Code: _____

Name: _____

Phone: _____ Relationship: _____

Address: _____

City/State _____ Zip Code: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This agreement entered into as of _____ is between Tiny Hearts Academy (hereinafter referred to as "THA", operating in the State of Colorado) and _____.

I, _____ do hereby authorize THA to act as agents for the undersigned: to consent to any medical or surgical diagnosis or treatment or hospital care deemed advisable by or administered by a licensed physician, in the event such help of an emergency medical nature becomes necessary.

Physician's Name: _____ Address: _____

Phone: _____ Remarks (Allergies): _____

Dentist's Name: _____ Address: _____

Phone: _____ Remarks (Allergies): _____

Screenings | Place / Date - Hearing: _____ Vision: _____ Dental: _____

Hospital: Please select one or provide us with your hospital choice

____ Lutheran Medical Center
8300 W 38th Avenue
Wheat Ridge, CO 80033
(303) 425-4500

____ St. Anthony's Hospital
11600 W 2nd Place
Lakewood, CO 80228
(720) 321-0000

____ Children's Hospital
13123 East 16th Avenue
Aurora, CO 80045
(720) 777-1234

Other: _____ Address: _____

City/State_____ Zip Code: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Statement of Authorization

Please initial after each statement and sign at the bottom.

1. I hereby grant permission for my child to be included in developmental evaluations and observations by any licensed therapists deemed necessary upon prior consultation with THA. _____

2. I hereby grant permission for photos to be taken of my child in association with THA's programs and published on Facebook, literature, or THA's website. (www.tinyheartsacademy.com) _____

3. I hereby grant permission for my child to be given prescription medication with a doctor's authorization note and "Parent Permission Form" in its original container without liability to administering staff. _____

4. I hereby grant permission for THA to obtain any emergency medical care that may be necessary. _____ These steps may include, but are not limited to the following:
   - Attempt to contact a parent, guardian, or other emergency contacts.
   - Attempt to contact the child's physician.

5. If we cannot contact you or the child's physician, then we will do any of the following:
   - Call another physician or paramedics.
   - Have child taken to an emergency/ hospital in the company of a staff member.

6. Any expenses incurred in #5 above will be the ultimate responsibility of child's family. _____

7. I hereby acknowledge that I have received and read the THA Parent Handbook of Policies and Procedures. _____

8. I hereby acknowledge that THA will not be responsible for anything that may occur as a result of false information given at time of enrollment or thereafter. _____

9. I hereby acknowledge that THA will not be responsible for any child who has not been signed in upon arrival for the day. _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Loss or Damage of Children's Articles

We are not responsible for any loss or damage to children's articles. Children learn through play and many times this means getting dirty. For your protection, please label all of your child's articles.

I have read and agree to the terms listed above:

Child's Name: _____

Parent Name: _____ (Please Print)

Parent Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Sunscreen Permission

At THA we spend a lot of time outdoors. With young skin being sensitive to the sunlight, we recommend that you provide a bottle of sunscreen with your child's name for their teacher. By signing below, you authorize THA staff members to administer sunscreen without your signed permission.

I give permission for THA staff to administer sunscreen onto my child.

Print Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

Diaper Cream/Ointment

(infants and toddlers only)

I give permission for THA staff members to apply diaper cream/ointment (that I supply) onto my child.

Print Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

Field Trip Information

I give permission for my child to participate in fieldtrips or excursions, whether walking or riding. I understand that prior notification will be give before the trip and additional permission forms may need to be signed.

Child's Name: _____

Print Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child during fieldtrips.

Child's Name: _____

M.D. or Clinic Name: _____

Doctor's Name: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____

Doctor's Phone: _____ Office Hours: _____

Print Parent/ Guardian Name: _____

Signature: _____ Date: _____

2020 / 2021 Tuition Rates
Hours of Operation:
Monday – Friday
6:30 am - 6:00 pm

Waitlist + Registration Fee

- Initial enrollment at THA is contingent upon space availability and receipt of completed Waitlist and Enrollment Application, $125 non-refundable Waitlist Fee, and monthly tuition deposit.
- After first year, non-refundable annual registration fee is $125. _____**(Initial)**

Tuition

- All tuition payments are due **prior** to care given and must be paid weekly, bi-weekly, or every four (4) weeks by: Cash, Check / Money Order, or Credit Card. _____**(Initial)**
- Parents must provide a two-week notice to Management for tuition rate changes upon child entering new Program, i.e. 19 months and 37 months. _____**(Initial)**
- Late fee of $25 is added each week the payment is late.
- 5% discount applied for the oldest child of the family.
- Payment not received within 10 working days of the due date will result in the voiding of the contract and a loss in my child's spot at Tiny Hearts Academy. _____**(Initial)**
- There is a $45 charge for returned checks. The amount of the return check and service fee must be paid by Cash, Credit Card, or Money Order only.
- All tuition rates are subject to change. _____**(Initial)**

Pick Up + Drop Off

- Children picked up after 6:00 pm will be charged $1 per minute. Late pickup fee must be paid at the time of pickup in cash to the teacher who volunteered to stay with child. _____**(Initial)**
- **NO** drop-off after 9:30 am without prior approval. _____**(Initial)**

LAKEWOOD

Weekly Tuition Payment

Age Group	5 days	3 days (M/W/F)	2 days (T/Th)	Part Time Extra Day
Infants (3 - 18 months)	$400	$300	$240	$120
Toddlers (19 mo - 36 mo)	$335	$260	$200	$100
Preschool (37 mo – 5 years)	$300	$225	$160	$80

EDGEWATER + WHEAT RIDGE

Weekly Tuition Payment

Age Group	5 days
Infants (3 - 18 months)	$485
Toddlers (19 mo - 36 mo)	$425
Preschool (37 mo – 5 years)	$335

Absence & Illness

This Policy applies to illness only. Sick children will be sent home, this includes but is not limited to: temperature of 100.4 degrees or more, vomiting, diarrhea, discharge from eyes and/or ears or unknown rashes. Any child with a fever must be fever-free without medication for 24 hours before returning to THA. If the illness persists more than two days a note from physician is required before child can return.

- There is no credit for absent days.
- Vacation credit: One-week vacation (5 consecutive days) will be granted to each child who has been enrolled for at least one year. All tuition payments must be current in order to receive credit. _____ (**Initial**)
- Sick children will be sent home per the Sick Policy.
- All children must have a signed physician's record on file.
- Parents are required to provide current address and phones number(s) at all times.

Holidays and School Closures

- THA will close on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, and Winter Break (dates will be emailed to families annually).
- Regular tuition payment is due for holidays and school closures (see Parent Handbook 5.7). _____ (**Initial**)
- There are no make-up days.

Withdrawal

- A 4-week notice of intention to withdrawal from THA must be provided in writing. _____ (**Initial**)
- Tiny Hearts Academy reserves the right, at its sole discretion, to dismiss any customer/ child whose activities are deemed detrimental to other children, staff or THA.

Abuse Reporting / Anti-Discrimination

- The Director or any other staff member shall report to Social Services as required by the law to report any neglect; suspicion of child abuse, sexual or otherwise; or endangerment for which they become aware.
- THA does not discriminate on the basis of race, color, gender, disability, cultural heritage, political beliefs, marital status, national origin, sexual orientation, or religion.

I have read, understand, and agree to abide by the Policies and Procedures above.

Name of Child: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Surveillance Camera Release

I, _____, have read and understand that Tiny Hearts Academy utilizes 16 surveillance cameras covering each classroom, entrance and playground to provide the upmost safety and security for the children.

Viewing

Viewing of surveillance camera footage (either live video feed or recordings) will be conducted by authorized personnel only. All designated individuals viewing live feed and/or reviewing recorded video footage will be required to sign a confidentiality agreement to prevent unauthorized disclosure. Footage is monitored onsite as well as recorded on a secure DVR.

Access and Release

The Owners and Director will have access to all real-time and recorded images resulting from video surveillance employment. Only these authorized employees of Tiny Hearts Academy may review surveillance camera recorded data. Other individuals who may have a legitimate need to view recorded video data may be permitted to do so, but only with the prior approval of the Owner of Tiny Hearts Academy. Circumstances that may warrant a review should be limited to instances where an incident has been reported/observed or for investigation of a potential crime. A request to review recorded footage must be submitted in writing, utilizing the Tiny Hearts Academy Surveillance Footage Request Form. All viewing will be recorded on a log, identifying the need to review the recording, the individuals present, and the date. The log will be maintained for a period of 12 months and is located within the office of Tiny Hearts Academy.

Due to HIPPA privacy laws, requests to view footage may be denied. If so, an authorized employee will review the incident and provide a report to the requester.

Storage and Retention

Recorded surveillance camera data will be retained for a minimum of 30 days (could be longer as DVR storage capacity increases) unless required for a continuing investigation of an incident, after which the recorded data will be erased and destroyed. All recorded data will be stored on assigned secure network video recorders with secured access. Recorded data retained for investigation purposes will be strictly managed with limited access.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Parent Handbook of Policies and Procedures

Available for review online at www.TinyHeartsAcademy.com

I, _____, have read, understand, and agree to abide by the Parent Handbook of Policies and Procedures.

_____ _____

Parent/Guardian Signature Date

_____ _____

Director/ Staff Signature Date

New Child Information Form

Child's Name: _____ Date of Birth: _____ Sex:_____

Nickname(s) child responds to: _____

1. Reason for choosing childcare for your child:

_____

2. Family relationships: Who are the primary care givers of the child?

_____

Brothers and Sisters:

Name and Age Living with the child?

_____

_____

Others living in the home: Relationship to child?

_____

Communication:

What is the main language spoken at home? _____

How does your child communicate his or her needs? _____

Diapering and Toileting:

What is your child's diapering or toileting routine?

_____

If your child is using the toilet, please describe how you know when s/he needs to use it, and what assistance you usually provide:

_____

_____

Eating:

Does your child have any dietary restrictions or food allergies?

_____

What are your child's favorite foods?

_____

Does s/he have any strong food dislikes?

_____

Sleeping:

How does your child nap at home?

_____

How does your child show that s/he is tired?

_____

Does your child have a special routine before going to sleep?

_____

Does your child have a special object that s/he sleeps with or uses for comfort?

_____

Developmental:

How does your child like to be comforted?

_____

How does your child usually react to being separated from the people who will be dropping him/her off? _____

Are there things that your child is afraid of (i.e. dogs, loud noises)?

_____

How does s/he express anger or react to frustration?

_____

What do you do when your child does something you think is wrong or bad for your child, or when your child doesn't listen to you?

_____

_____

Do any of your child's behaviors cause you concern?

_____

What are your child's interests? What do they enjoy doing?

_____

In a few sentences how would you describe your child?

_____

_____

Are there any holidays or special occasions that you like to celebrate with your child? Are there any holidays you do not want your child to celebrate?

_____

Is there any other information that we should know to better serve you or your child?

_____

_____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____