

# NORTH HILLS CHILD CARE CENTER ENROLLMENT AGREEMENT

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

AUTHORIZATION FOR TRANSPORTATION: I give consent TO North Hills for my child to be transported and supervised by North Hills Child Care Staff on field trips to and from the center. YES \_\_\_\_\_ NO \_\_\_\_\_

AUTHORIZATION FOR TOPICAL OVER THE COUNTER PRODUCTS: I give consent for North Hills to apply topical products that I supply for my child. YES \_\_\_\_\_ NO \_\_\_\_\_

AUTHORIZATION FOR OFF SITE WALKS: I give consent to North Hills to allow my child to go on walks off site from the center. Teachers will always have a phone with them. YES \_\_\_\_\_ NO \_\_\_\_\_

## AUTHORIZATION FOR PHOTO USAGE:

I agree to allow my child's picture to be used within the center. Initials \_\_\_\_\_

I agree to allow my child's picture to be used in print, video and digital media. These images will not have my child's name used. Initials \_\_\_\_\_

I do NOT want my child's pictures used for any purpose. Initials \_\_\_\_\_

I have received a copy of the Parent Handbook and was offered the ability to ask questions for clarification. I agree to abide by the policies in the handbook.

I have read and understand the Behavior Management plan. Initials \_\_\_\_\_

I have read and will abide by the Illness Policy. Initials \_\_\_\_\_

North Hills maintains a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook includes all reports issued and CAP's developed on and after May 27, 2010 until the license is closed. This notebook is available for review at any time.

Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Invoices are sent via email around the 15<sup>th</sup> of the month. Tuition is due in full by the 1<sup>st</sup> of the month. I understand that a \$20 late fee will be assessed of any unpaid balance after the 1<sup>st</sup> of the month. I understand that \$30 will be charged for any returned check.

\_\_\_\_\_ I would like to receive invoices via email with the ability to pay online from my checking account.

Email: \_\_\_\_\_

\_\_\_\_\_ I would like to receive a paper invoice in my child's mailbox.

General communications will be via email.

Email \_\_\_\_\_

Email \_\_\_\_\_