

ENROLLMENT AGREEMENT

ENROLLMENT INFORMATION

Please complete this Enrollment Agreement accurately and completely, as this information is necessary for New Horizon Academy to comply with state child care licensing regulations, as well as to understand your child and meet his or her individual needs. Completion of the Enrollment Agreement is required for enrollment at New Horizon Academy.

CHILD INFORMATION					
Last Name		First Name		Middle Name	Nickname
Birth Date	Sex <input type="radio"/> Male <input type="radio"/> Female	Language Spoken At Home			
Home Address			City	State	Zip
Home Phone					
List family members your child lives with – include names/ages of siblings					
Program <input type="radio"/> Infant <input type="radio"/> Toddler <input type="radio"/> Preschool <input type="radio"/> Kindergarten <input type="radio"/> School-Age					

PARENT/GUARDIAN INFORMATION					
Is either parent/guardian a New Horizon Academy or Kinderberry Hill employee? <input type="radio"/> Yes <input type="radio"/> No If yes, location:					
PRIMARY PARENT/GUARDIAN				DOB	Relationship to Child
Social Security #	Driver's License #	State	Maiden Name (if applicable)	NOTE: Personal information is used for verification of identification purposes.	
Home Address			City	State	Zip
Home Phone	Cell Phone	Work Phone	E-Mail Address		
Employer and Address				Work Phone	
SECONDARY PARENT/GUARDIAN				DOB	Relationship to Child
Social Security #	Driver's License #	State	Maiden Name (if applicable)	NOTE: Personal information is used for verification of identification purposes.	
Home Address			City	State	Zip
Home Phone	Cell Phone	Work Phone	E-Mail Address		
Employer and Address				Work Phone	

EMERGENCY CONTACT AND RELEASE PERSONS – OTHER THAN PARENTS/GUARDIANS			
Please list below the names and contact information of those persons other than yourself you hereby authorize to pick up your child from the school. Emergency contacts must not include people residing in your household, but friends or other family members who do not live with you and are familiar with your child. New Horizon Academy will only release your child to adults you designate as authorized. It is our policy to ask all unfamiliar adults for photo identification. If possible, please notify the school if someone other than the primary or secondary parent/guardian will be picking up your child on a given day. A minimum of two emergency contacts are required.			
Emergency Contact/Authorized Person #1	Relationship to Child	Home Phone	Cell Phone
Home Address	City	State	Zip
E-Mail Address		Work Phone	
Emergency Contact/Authorized Person #2	Relationship to Child	Home Phone	Cell Phone
Home Address		E-Mail Address	
Work Phone			
Emergency Contact/Authorized Person #3	Relationship to Child	Home Phone	Cell Phone
Home Address	City	State	Zip
E-Mail Address		Work Phone	

In order to release your child to individuals not listed on this form, New Horizon Academy requires a confidential pass code that will be stored in a secure location and only available to selected personnel. In the event you or one of the authorized persons is unable to pick up your child, do you want New Horizon Academy to accept a telephone authorization using your confidential pass code? Yes No Pass Code: _____

THIS AREA FOR OFFICE USE ONLY			
School Location:		Enrollment Date:	
Child Care Assistance	<input type="radio"/> Yes <input type="radio"/> No	Sibling Discount	<input type="radio"/> Yes <input type="radio"/> No
Corporate Discount	<input type="radio"/> Yes <input type="radio"/> No	Parent Referral	<input type="radio"/> Yes <input type="radio"/> No
Promotional Discount: _____ <input type="radio"/> Yes <input type="radio"/> No			

ENROLLMENT AGREEMENT HEALTH AND DEVELOPMENTAL HISTORY

Child's Name: _____

DOB: _____

GENERAL HISTORY

- Has your child had previous child care experience? If yes, please list location(s) of previous child care experience: _____ Yes No
- What is your child's favorite activity/toy? _____
- How do you comfort your child? (i.e., use of pacifier, blanket, stuffed animal, physical touches such as hugs, etc.) _____
- Does your child have any special needs that the staff should be aware of? Please attach a copy of your child's IEP, if applicable. Yes No
If yes, please explain: _____

DAILY ROUTINES – INFANTS

- Does your baby cry when going to sleep? Yes No
- Does your baby need a pacifier? Yes No
- Is your baby: breast fed bottle fed What type of bottle? _____ What type of nipple? _____
- Does your baby have any special feeding requirements? If yes, please indicate: _____ Yes No
- What is your child's present eating schedule? List type and amount of food:

	Solid Foods	Juices	Formula/Breast Milk/Milk
Breakfast	_____	_____	_____
Lunch	_____	_____	_____
Snack	_____	_____	_____

DAILY ROUTINES – TODDLERS/PRESCHOOLERS

- What is your child's present sleeping schedule? Night time _____ to _____ AM Nap _____ to _____ PM Nap _____ to _____
- Does your child need a blanket or toy for sleeping? Yes No

TOILETING

- How frequently does your child have a bowel movement? _____
- Is your child toilet trained? Yes No
- What word does your child use for urination? _____ Bowel movement? _____
- Does your child use a potty chair? Yes No
- Does your child frequently have a diaper rash? If yes, how is it treated? _____ Yes No

Please attach additional pages to list any additional comments you may have relating to any aspects of your child's health or developmental history.

MEDICAL INFORMATION

ALLERGIES

- My child does have food or environmental allergies, asthma, or special food accommodations as determined by a physician or religious preferences. Yes No
If yes, please continue on to question 2. If no, please go on to the next section.
- My child has allergies (please check all that apply). If checked, please fill out Individual Allergy Action Plan, along with appropriate prescription and non-prescription medication release forms (Long-Term Prescription Medication Release and Authorization for Over-the-Counter Allergy Medication). Food Allergies Environmental Allergies
- My child has asthma. If yes, please fill out Individual Asthma Action Plan, along with appropriate prescription and non-prescription medication release forms (Long-Term Medication Release, etc.). Yes No
- My child has special diet accommodations (including allergies, food intolerance, and/or cultural/religious preferences). If yes, please complete Special Foods Needs and/or Special Diet Statement. Yes No

AUTHORIZATION AND STANDING ORDER FOR NON-PRESCRIPTION, OVER-THE-COUNTER PRODUCTS

Please indicate your authorization for New Horizon Academy to administer and/or apply the non-prescription, over-the-counter products indicated below. Please note that parents are to provide any of the following non-prescription medications, or other items listed below. New Horizon Academy does not provide these products, except where indicated; parent permission is required for all products New Horizon Academy provides and may administer to your child. In some instances, a doctor's authorization may be needed.

- Acetaminophen or Ibuprofen (weight appropriate dosage) for an axillary temperature over 100°F and/or for any physical discomfort. New Horizon Academy will refer to the recommended dosage noted on the medication's packaging; a written authorization from a physician must be obtained for all children under the age of two stating the recommended dosage for the child (Form NH-200). Yes No
- Antihistamine (Benadryl®) for allergic reactions. New Horizon Academy will refer to the recommended dosage noted on the medication's packaging; for all children under two years of age, a written authorization from a physician must be obtained stating the recommended dosage for the child (Form NH-201). Yes No
- Pre-Moistened Wipes (provided by New Horizon Academy). Parents may provide their own pre-moistened wipes if your child has sensitive skin, or is allergic to the product we use. Yes No
- A&D Ointment®, Desitin®, Balmex®, or _____ for _____. (Must be a store-bought brand in original container. No homemade versions.) Yes No
- Sunscreen (provided by New Horizon Academy). New Horizon's sunscreen has an SPF of 30 and is PABA-free. New Horizon Academy charges an annual minimal fee to each family in the spring for sunscreen. Please speak to your director if your child has sensitive skin or is allergic to the product we use. Yes No
- Insect repellent. (Only repellents containing DEET are allowed to be used and will be applied once per day to children two months or older.) Yes No
- Non-alcohol based hand sanitizer (provided by New Horizon Academy). New Horizon encourages children to wash their hands with soap and water. Yes No
- Others (lotion, lip balm, toothpaste): _____ Yes No

ENROLLMENT AGREEMENT

Child's Name:

DOB:

MEDICAL PROVIDERS AND HEALTH INSURANCE INFORMATION

Primary Care Physician (PCP) Name

Practice/Clinic Name

PCP Address

City

State

Zip

PCP Phone

Preferred hospital/clinic for acute care and emergency care

Dentist Name

Practice/Clinic Name

Address

City

State

Zip

Phone

Health Insurance Provider and Policy Number

Secondary Health Insurance Provider and Policy Number

Parents are notified immediately if an illness or injury requires immediate medical attention. In an emergency situation, we contact 911 first and then contact the family. We only use the insurance information provided in the case of an emergency.

MEDICAL POLICIES

1. Prior to enrollment, you must provide the school with updated medical and immunization information for your child (Form NH-102). This information must be updated each time your child enters a new program (i.e., transitions to the next age group). Children without appropriate and current medical records may not attend the school. All children are required to be immunized prior to enrollment.
2. You must promptly provide the school with any information regarding conditions, illnesses, allergies, or other special needs that may require specific care or attention, and agree to provide additional documentation as needed.
3. In the event your child becomes ill at the school, you must pick up your child within one (1) hour of us notifying you.
4. If your child contracts a reportable contagious disease, your child may only return to the school once they are no longer contagious. A physician's note may be required.
5. Your child will be excluded from the school if he or she:
 - has an oral temperature of 101° F or higher or an axillary (armpit) temperature of 100° F or higher; your child should stay home until he or she is fever-free for 24 hours without the aid of fever-reducing medicine
 - has vomited two or more times since admission that day
 - has contagious pink eye (conjunctivitis) or drainage from the eye
 - has any rash that may be disease-related or the cause is unknown; please check with your family physician before sending your child to the center
 - has had three or more loose stools since admission that day
 - has a bacterial infection such as streptococcal or impetigo and has not completed 24 hours of antimicrobial therapy
 - has unexplained lethargy
 - has lice, ringworm, or scabies that is untreated and contagious to others
 - is experiencing significant respiratory distress
 - is not able to participate in the child care program activities with regular comfort
 - requires more care than the program staff can provide without compromising the health and safety of other children

ENROLLMENT AGREEMENT FINANCIAL POLICIES

Child's Name:

DOB:

TUITION POLICIES

New Horizon Academy's policy is to charge tuition in advance of the week services are provided. Tuition payments for each and every child enrolled with New Horizon Academy are due and payable on Thursday for the upcoming week. A late fee will be assessed to all accounts that are not current on Friday at noon. If New Horizon Academy fails to receive your tuition payment for two consecutive weeks, your child's enrollment will be immediately terminated and New Horizon Academy will pursue collection remedies for any and all unpaid tuition and associated costs, disbursements, and attorneys' fees. In order to provide the best child development at New Horizon Academy, we must budget for everyday costs associated with our staff, food, and supplies. If your child is enrolled on a full-time schedule, New Horizon Academy requires full tuition during a holiday week. If your child is enrolled on a part-time schedule, and his/her normal day of attendance should fall on a legal holiday, regular payment is still expected. If your child is enrolled on a flexible schedule, payment is required for all holidays. New Horizon Academy budgets on scheduled enrollment, and therefore will not issue a refund on tuition if your child is absent. For your convenience, we gladly accept various forms of payment. We encourage families to utilize our online payment system for their convenience. Receipt for payment is available upon request. ***New Horizon Academy's financial policies and rates are subject to change without notice.***

ENROLLMENT SCHEDULES

All enrolled children must have a schedule. All enrolled children must check in and out on the computer every day.

Full-time: Full-time enrollment reserves your child's space during any or all of our scheduled hours of operation.

Part-time: Part-time enrollment allows your child to attend full days, but fewer than five days a week. If your family chooses the part-time enrollment option, we require that you commit to a weekly schedule so that we may arrange for appropriate staffing and supplies. If your child is enrolled part-time, and his/her scheduled day falls on a holiday or he/she is ill, tuition is not discounted for that week. Your child may attend an alternate day only if an additional day of care has been charged to your tuition account.

Half-days: New Horizon Academy may offer half-day enrollment options when classroom occupancy allows. Our half-day program entitles your child up to five consecutive hours of scheduled care each day. If your family needs more than five child care hours on a particular day, you will be charged on an hourly basis for additional care. We require that your family submit a schedule in writing to the school director on Tuesday of the prior week so that we may staff accordingly. School-age children must commit to a program.

Flexible Schedule: New Horizon Academy will make every effort to accommodate families with work schedules that vary from week to week. We require that your family submit a schedule in writing to the school director on Tuesday of the prior week so that we may staff accordingly. Your weekly tuition will be billed according to the schedule you submit each Tuesday. If we do not receive a schedule for the upcoming week, your account will be charged based on your previous week's schedule. All families utilizing a flexible schedule will be charged tuition for the six legal holidays plus one additional day for professional development. Flexible schedules will only be available when classroom occupancy allows. Once a classroom can no longer accommodate a flexible schedule, you will be given the option of a part-time or full-time schedule. As well, if you continue to use the same days each week, the school director will automatically convert your family to the appropriate enrollment schedule.

Hourly Care: Hourly care may be available when space allows. You will need to verify availability each time you need care. Space cannot be guaranteed. Times are rounded to the next 15-minute interval for calculation of hourly charges. Prepayment for the estimated tuition charge is expected at the time your child is dropped off. Kindergarten and school-age children must commit to a program and may not use hourly care during the school year. Discounts and coupons are not available for hourly care.

RESERVATION FEE

New Horizon Academy expects full tuition when your child is absent. If your child will be absent for the entire week, you may choose to pay a reservation fee equal to 50% of your regular weekly tuition. You are required to provide a two (2) week written notice of any intended absence and your intention to use your reservation fee which will secure your child's continued enrollment with New Horizon Academy. The reservation fee only applies when your child will be absent for an entire week. It does not apply to single days or partial weeks.

Flexible Schedule: Flex families are not eligible for the reservation fee.

COLLECTION POLICY

At the sole discretion and option of New Horizon Academy, any account balance that is past due may be pursued for payment and collection. In conjunction with New Horizon Academy's collection policies, you will be responsible for reimbursing New Horizon Academy for all costs associated with the collection process including, but not limited to, all of its administration costs, which currently range between \$150-\$300 depending upon the outstanding account balance, reasonable costs of collection, court costs, filing fees, attorneys' fees, and all costs and disbursements incurred incident thereto. The cost of collection may also include a collection agency contingent fee of 25-33 percent of the amount of the outstanding balance being pursued together with attorneys' fees that will be charged out on an hourly rate. Additionally, in the event New Horizon Academy should be required to initiate collection efforts, all previously incorporated sibling or corporate discounts shall be null and void and of no effect, thereby enabling New Horizon Academy to also collect the previously negotiated discount for the period of time for which your account is in default and/or is being pursued for collection purposes.

RECRUITMENT OF NEW HORIZON ACADEMY STAFF

At New Horizon Academy, we invest a considerable amount of time and resources toward the recruitment, training, and development of our teaching staff. The relationships our teachers develop with you and your child(ren) are the cornerstone of our success. We take great pride in our staff's performance and commitment to early childhood education. From time to time, families have solicited some of our staff to provide child care services which conflict with their ability to continue to work for New Horizon at levels commensurate with their prior work history. ***For these reasons, any family who recruits one of our staff to provide child care-related services will be assessed a \$3,000.00 placement fee.*** We appreciate your understanding and cooperation with us on this issue.

I certify that I have read, understand, and accept all of the terms and conditions described in these financial policies. This agreement is effective the date signed below.

Primary Parent/Guardian Signature:	Date:	Secondary Parent/Guardian Signature:	Date:
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I certify that I have reviewed the financial policies with the primary and/or secondary parent/guardian.

Director Signature:	Date:
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ENROLLMENT AGREEMENT SCHEDULE/TRANSPORTATION

Child's Name:	DOB:
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TUITION

TUITION	DISCOUNT TYPE	DISCOUNT	NET TUITION	COMMENTS
\$		\$	\$	

SCHEDULED ATTENDANCE AND MEALS

DAY	HOURS OF ATTENDANCE (E.G. 8AM-5PM OR 6:30-8:30 AM AND 3:15-4:45pm)	MEALS (PLEASE CIRCLE)
MONDAY		B L S
TUESDAY		B L S
WEDNESDAY		B L S
THURSDAY		B L S
FRIDAY		B L S

Meal Definition: B=Breakfast L=Lunch S=Snack

TRANSPORTATION

Does your child attend school? <input type="radio"/> Yes <input type="radio"/> No	Elementary School Attends	Grade in School	School Phone
School Address	Drop-off time at school	Pick-up time at school	
School transportation provided by: <input type="radio"/> Elementary School <input type="radio"/> Parent/Guardian <input type="radio"/> New Horizon Academy <input type="radio"/> Other (specify):			

FEES AND CHARGES

1. **Registration Fee:** New Horizon Academy requires a registration fee of \$ _____ at the time of enrollment. This fee may be prepaid to reserve a spot for your child up to three months in advance of your child's first day (six months for an infant). This fee is applied to processing costs and is non-refundable.
2. **School Release Days:** If your school-age child attends New Horizon Academy for the full day on school release days (days when there is no elementary school), your account will be charged an additional fee. Our school-age and kindergarten rates are calculated assuming your child is attending local school programs for a portion of the day.
3. **Reservation Fee:** New Horizon Academy expects full tuition when your child is absent. If your child will be absent for the entire week, you may choose to pay a reservation fee equal to 50% of your regular weekly tuition. You are required to provide a two (2) week written notice of any intended absence and your intention to use your reservation fee which will secure your child's continued enrollment with New Horizon Academy. The reservation fee only applies when your child will be absent for an entire week. It does not apply to single days or partial weeks. Flex families are not eligible for the reservation fee.
4. **Transportation:** New Horizon Academy provides transportation to local elementary schools. If your family requires transportation, you are charged a fixed fee of \$ _____ per child each week, regardless of the number of trips utilized.
5. **Field Trip:** New Horizon Academy offers field trips throughout the course of the year to supplement our preschool and school-age curriculum. All New Horizon Academy field trips are optional. A separate fee will be charged for each child to participate.
6. **Summer Registration Fee:** Every summer New Horizon Academy offers a program called Camp Discovery. This summer program is specifically designed for preschool and school-age children. The summer registration fee is a mandatory per child fee. This fee is not subject to discounts and is non-refundable. If you prefer to exclude your child from a field trip, you are responsible for alternative care arrangements outside of the school.
7. **Late Payment Fee:** Tuition is due on Thursday for the upcoming week. Any accounts that are not current on Friday at noon will result in a late fee of \$ _____ assessed to your account.
8. **Late Pick-Up Fee:** A late pick-up fee of \$ _____ per every 15 minutes, per child, will be assessed to your account in the event your child has not been picked up before closing time. This fee covers New Horizon Academy's costs of providing child care professionals beyond our usual hours of operation. The charge will be assessed for each child remaining after closing, in increments of 15 minutes.
9. **Returned Checks:** A service charge of \$ _____ will be assessed on all returned checks. If a second check is returned, your account will be on a credit card or cash only basis.
10. **Child Records:** Records will not be released without written permission from you. New Horizon Academy charges an administrative fee of \$ _____ for time spent retrieving and copying records and for postage.
11. **Sunscreen Fee:** I agree to have the sunscreen fee charged to me with my tuition on an annual basis. The sunscreen fee of \$ _____ will be charged to my account in _____ (month) annually.

DISCOUNTS

1. **Sibling Discount:** At New Horizon Academy, families with more than one child receive a discount on tuition for the second and any subsequent children. A 10 percent sibling discount is given on the least expensive programs. The sibling discount cannot be combined with any other discount or offer.
2. **Corporate Discount:** New Horizon Academy offers a corporate discount program that provides discounted tuition rates to employees of participating companies. It is the responsibility of the participating company to notify its employees about the program. Discounts are not retroactive. To receive the corporate discount, the enrolled parent must show proof of employment at a participating company. The corporate discount cannot be combined with any other discount or offer.
3. **Discounts are not given on registration fees, field trip fees, transportation fees, or late fees.**

I understand that my rate may change. As my child transitions to a new classroom, if my child's schedule changes and results in a different fee schedule, or if rates change, my rate will be adjusted accordingly. I hereby agree to and accept the fee schedule as outlined above.

Primary Parent/Guardian Signature:	Date:	Secondary Parent/Guardian Signature:	Date:
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REVISION TO FEE SCHEDULE

Date Revision Effective (page 5 only) _____	Primary Parent/Guardian Signature _____
Secondary Parent/Guardian Signature _____	School Director Signature _____

**ENROLLMENT AGREEMENT
OTHER TERMS AND AUTHORIZATIONS**

Child's Name:	DOB:
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OTHER TERMS – By signing below, I agree to the following terms.

1. New Horizon Academy's policies and programs are subject to change.
2. I understand and agree that I must notify the school by 9:00 a.m. when my child is absent.
3. I understand and agree that I must notify school staff if my school-age child does not need to be transported to or from school on a specific day.
4. I understand and agree to promptly update the enrollment agreement if there is a change in any information provided in the agreement.
5. I agree to give New Horizon Academy permission to communicate with me by telephone, e-mail, or other means. When necessary, written communication may be sent home with emergency contact and release persons.
6. New Horizon Academy may disenroll a child without prior notice if, in the sole opinion of New Horizon Academy, it is in the best interest of the child or New Horizon Academy.
7. State licensing regulations are on file at the school and are available upon request.
8. If I fail to pick up my child and/or contact the school, and I or another authorized person cannot be reached within 30 minutes after closing time, school staff may release my child to the custody of child protective services or other local authorities.
9. The late pick up fee is not an agreement to provide after-hours care.
10. I give permission for my child to participate in early learning assessments and screenings administered by New Horizon Academy. The results of these assessments will be used by New Horizon Academy to measure my child's progress and may be used to evaluate, market and update New Horizon Academy programs. I will have access to all results of these assessments.
11. We do not expect any disagreements. However, we agree that, in the unlikely event we have one we can't resolve, any dispute or claim will be submitted to nonbinding mediation before beginning arbitration, litigation, or any other proceeding. We agree to act in good faith to participate in mediation and to identify a mutually acceptable mediator. All parties to the mediation will share equally in its costs.
12. To release, to the fullest extent by law, New Horizon Academy and its owners, officers or employers, from liability for injury, loss or damage, except for gross negligence or intentional misconduct.

AUTHORIZATIONS

Transportation

I authorize New Horizon Academy to transport my child to and from school, field trips, educational outings, and other school-sponsored events. I understand that my child will be under appropriate supervision at all times during transportation. Off-site field trips and all transportation of children will meet state child care licensing regulations and school policies, including minimum age requirements. I will authorize specific off-site field trips by signing the Field Trip Authorization Form (NH-408) for each field trip my child participates in.

Parent/Guardian Signature: _____ Date: _____

Walking Field Trips

I authorize New Horizon Academy to take my child on walking field trips within the local area for educational outings and other school-sponsored events. I understand that my child will be under appropriate supervision at all times. I will authorize specific walking field trips by signing the Field Trip Authorization Form (NH-408) for each walking field trip my child participates in.

Parent/Guardian Signature: _____ Date: _____

Photographs/Videotape/Shutterfly

I authorize New Horizon Academy to photograph and videotape my child during program functions and field trips. I will be notified if any photographs/videos taken by school staff are used for public relations purposes and understand that I have the right to refuse permission for such use.

Parent/Guardian Signature: _____ Date: _____

Professional Portrait Authorization

I authorize a professional portrait company to take individual and class portraits of my child. The photos will be available for purchase – not for publicity, marketing, advertising, etc. by New Horizon Academy. For tracking purposes, my child's name and class will be given to the photographer. A New Horizon Academy staff member will always be present during photograph sessions.

Parent/Guardian Signature: _____ Date: _____

Nurse/Health Consultant

Child care centers in some states are required to engage the services of a Nurse/Health Consultant to review health policies and procedures and children's records. I agree my child's records may be reviewed by the Nurse/Health Consultant.

Parent/Guardian Signature: _____ Date: _____

FAMILY HANDBOOK

I have been given a copy of the New Horizon Academy Family Handbook and I have read the booklet and all policies and procedures. I am aware of the terms and conditions of enrollment, which together with this Enrollment Agreement shall constitute a binding agreement between New Horizon Academy and the undersigned. I understand it is my responsibility to ensure that my child care fees are paid in full and in a timely manner.

Parent/Guardian Signature: _____ Date: _____

I certify that I have read, understand, and accept all of the terms and conditions described in this Agreement. This agreement is effective the date signed below.

<i>Primary Parent/Guardian Signature:</i>	<i>Date:</i>	<i>Secondary Parent/Guardian Signature:</i>	<i>Date:</i>
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EMERGENCY CARD



CHILD'S NAME	BIRTH DATE		
ADDRESS	CITY	STATE	ZIP

PARENT/GUARDIAN		PHONE NUMBERS	
1	Work:	Cell:	Home:
2	Work:	Cell:	Home:

THE FOLLOWING INFORMATION IS REQUIRED BY THE DEPARTMENT OF HUMAN SERVICES

**EMERGENCY CONTACT/AUTHORIZED PICK UP
*(MUST BE DIFFERENT FROM PARENT/GUARDIAN)**

1	NAME			
	RELATIONSHIP		PHONE NO.	
	ADDRESS	CITY	STATE	ZIP
2.	NAME			
	RELATIONSHIP		PHONE NO.	
	ADDRESS	CITY	STATE	ZIP
PHYSICIAN			PHONE NO.	
ADDRESS	CITY	STATE	ZIP	
PREFERRED HOSPITAL				
ALLERGIES				
DENTIST			PHONE NO.	
ADDRESS	CITY	STATE	ZIP	
MEDICATIONS				
OTHER SIGNIFICANT MEDICAL INFORMATION				

I give permission to New Horizon to make whatever emergency (e.g., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.

In case of a medical/dental emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

By signing this form, I authorize New Horizon to release any information pertaining to my child to persons listed as an emergency contact or authorized pick up.

SIGNATURE _____ DATE _____
PARENT OR GUARDIAN

For your convenience, please fax to: _____

**NEW HORIZON ACADEMY
HEALTH CARE SUMMARY**

****TO BE COMPLETED BY HEALTH CARE SOURCE****

<i>Name of Child</i>	<i>Date of Birth</i>
<i>Name of Parent/Guardian</i>	
<i>Address</i>	<i>Phone</i>

Is a modified diet necessary? Yes No

Is any condition present that may result in an emergency? Yes No

If yes, please indicate: _____

What is the status of the child's:
Vision _____
Hearing _____
Speech _____

Does the child have any health problems? Yes No

If yes, please describe the health problems: _____

If yes, is the health problem treated by you? Yes No

Is the health problem treated by another source? Yes No

If yes, please list name: _____

Is the child currently taking any medications? Yes No

If yes, what medications: _____

If yes, why is the child taking medications: _____

Is your child up-to-date on their immunizations? Yes No*

Does the child require special attention at the center? Yes No

If yes, please explain: _____

Please list any additional information that may be helpful to the child care center: _____

<i>Name of Clinic</i>	<i>Phone</i>
<i>Address</i>	
<i>Physician's Signature</i>	<i>Date</i>

***Your child must be up-to-date with immunizations in order to enroll.** Unlike the Department of Health, New Horizon Academy requires all children to be immunized due to the fact that infants are at greater risk for measles as they don't receive their first dose of that vaccine until the age of 12 months.

IDAHO CHILDCARE HEALTH FOLDER

State law requires that children meet immunization requirements to attend licensed daycare facilities (IDAPA 16.02.11). No child shall attend a licensed daycare facility without proof of immunization status. Please visit the Idaho Immunization Program's website at www.immunizeidaho.com to view the childcare immunization requirements.

CHILD INFORMATION

Child Name: _____ **Date of Birth:** _____ **Gender:** Male Female
Last First Middle Month/Day/Year

Parent/Guardian: _____ **Home Phone:** _____ **Cell Phone:** _____
Last First

IMMUNIZATION INFORMATION

VACCINE TYPE	Record the month/day/year each vaccine was given				
	1 st Dose Date	2 nd Dose Date	3 rd Dose Date	4 th Dose Date	5 th Dose Date
DTaP, DTP, or DT (Diphtheria, Tetanus, Pertussis)	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	
MMR (Measles, Mumps, Rubella)	/ /	/ /			
Hepatitis B	/ /	/ /	/ /	/ /	
Haemophilus influenzae type b (Hib)	/ /	/ /	/ /	/ /	
Varicella (Chickenpox)	/ /	/ /			
Hepatitis A	/ /	/ /			
Pneumococcal	/ /	/ /	/ /	/ /	
Rotavirus	/ /	/ /	/ /		

* Number of doses of Hib and Rotavirus required depends on vaccine brand type.

STATUS OF REQUIREMENTS
<p>1. ALL REQUIREMENTS MET: (Include copy of immunization record or completed exemption form in health folder.) Date: / /</p> <p><input type="checkbox"/> Adequately Immunized</p> <p>OR Exemption claimed for:</p> <p><input type="checkbox"/> Medical <input type="checkbox"/> Religious <input type="checkbox"/> Philosophical/Personal</p>
<p>2. CONDITIONAL ATTENDANCE: (Include Conditional Attendance form in health folder.) Date: / /</p>
<p>3. NOT-IN-COMPLIANCE: Date: / /</p>

NEW HORIZON ACADEMY DOES NOT ENROLL CHILDREN WHO ARE NOT VACCINATED BECAUSE OF CONSCIENTIOUS OBJECTION.

I certify that I reviewed a valid record of this child's immunizations and transcribed it accurately:

Authorized Signature _____ **Title** _____ **Date** _____

INSTRUCTIONS FOR CHILDCARE STAFF

Child and Immunization Information: Fill in the child's name, date of birth, gender, and the name and phone number of the parent/guardian. Transcribe the month, day, and year of each immunization received by the child into the appropriate box (*this form is not to be sent home or given to parents to complete*). Retain a copy of the child's immunization record in the health folder.

Immunization Requirements: Visit www.immunizeidaho.com to view Idaho childcare immunization requirements. To ensure compliance with childcare immunization requirements, confirm that minimum ages and minimum intervals between vaccinations were met. Vaccine doses given at less than the minimum age or interval do not adequately protect children from disease and must be repeated to be valid.

Status of Requirements:

1. **ALL REQUIREMENTS MET:** Requirements are met by either up-to-date immunizations **OR** by obtaining a medical, religious or philosophical/personal exemption. If all required immunizations have been received, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." Retain a copy of the immunization record in the health folder. If the child has an exemption, enter the date for ALL REQUIREMENTS MET and check box for the type of exemption. Retain the completed exemption form in the health folder.
2. **CONDITIONAL ATTENDANCE:** If all requirements have not been met, but the child has received at least one dose of each required vaccine, enter "Conditional Attendance" date and explain the process of completing the required immunizations to the parent/guardian. Retain a copy of the completed Conditional Attendance form in the health folder and follow-up with the parent/guardian until all requirements have been met. If immunizations are not received according to the deadline(s) set in the Conditional Attendance form, the child is then Not-in-Compliance and must be excluded from childcare.
3. **NOT-IN-COMPLIANCE:** If all requirements have not been met, the child is Not-in-Compliance and must be excluded from the childcare facility. Enter the "Not-in-Compliance" date. If the child subsequently completes all requirements, cross through the "Not-in-Compliance" date and refer to the process for ALL REQUIREMENTS MET or CONDITIONAL ATTENDANCE.

ABBREVIATED CATCH-UP IMMUNIZATION SCHEDULE (for full version, visit www.immunizeidaho.com)

Vaccine (Minimum Age for Dose 1)	Minimum Interval Between Doses			
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
DTaP (6 wks)	4 weeks	4 weeks	6 months	6 months ¹
Polio (6 wks)	4 weeks	4 weeks	6 months ²	
MMR (12 mo)	4 weeks			
Hepatitis B (birth)	4 weeks	8 weeks ³		
Rotavirus (6 wks)	4 weeks	4 weeks ⁴		
Varicella (12 mo)	3 months: if person is younger than age 13 years 4 weeks: if person is age 13 years or older			
Hepatitis A (12 mo)	6 months			
Hib (6 wks)	4 weeks: if 1st dose given at younger than age 12 months 8 weeks (as final dose): if 1st dose given at age 12-14 months No further doses needed: if 1st dose given at age 15 months or older	4 weeks: if current age is younger than 12 months 8 weeks (as final dose): if current age is 12 months or older and 1st dose given at younger than age 12 months and 2nd dose given at younger than 15 months No further doses needed: if previous dose given at age 15 months or older	8 weeks (as final dose): this dose is only necessary for children aged 12 - 59 months who received 3 doses before age 12 months	
Pneumococcal (6 wks)	4 weeks: if 1st dose given at younger than age 12 months 8 weeks (as final dose for healthy children): if 1st dose given at age 12 months or older or current age 24 - 59 months No further doses needed (for healthy children): if 1st dose given at age 24 months or older	4 weeks: if current age is younger than 12 months 8 weeks (as final dose for healthy children): if current age is 12 months or older No further doses needed (for healthy children): if 1st dose given at age 24 months or older	8 weeks (as final dose): this dose is only necessary for children aged 12 - 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age	

1. DTaP: The 5th dose is not necessary if the 4th dose was given at age 4 years or older.
 2. Polio: The 4th dose is not necessary if the 3rd dose was given at age 4 years or older **and** at least 6 months following previous dose.
 3. Hep B: Minimum age for the 3rd dose is 24 weeks **and** at least 16 weeks after first dose.
 4. Rotavirus: The maximum age for the first dose is 14 weeks 6 days. Vaccination should not be initiated for infants aged 15 weeks 0 days or older. The maximum age for the final dose in the in the series is 8 months 0 days.

For your convenience, please fax to: _____

New Horizon Academy Location: _____

NEW HORIZON ACADEMY AUTHORIZATION FOR OVER-THE-COUNTER FEVER-REDUCING MEDICATIONS

Child's Information

Parent or Guardian Must Complete; Please Print.

Child's Name:			
Center Attending:			Date of Birth:
Parent/Guardian Name:		Home Phone Number	Work Phone Number:
Parent/Guardian Address:		City:	State: Zip Code:

Dear Physician:

According to licensing requirements, non-prescriptive medicines must be administered according to the manufacturer's instructions. In the case of most common non-prescriptive medicines, the manufacturer's instructions indicate that a physician must advise dosages for children under the age of two.

To meet the State's requirement, and to make it convenient for parents, New Horizon Academy is requiring parents to have their physician sign a letter outlining recommended dosages for Children's Tylenol (acetaminophen) and Children's Motrin (ibuprofen). New Horizon Academy will keep this letter in the child's file and refer to it as needed. New Horizon Academy also keeps a record of the dosage and the time medication is administered for each child as required by the State. New Horizon Academy will refer to the recommended dosage noted on the medication packaging; for all children under two years of age, a written authorization from a physician must be obtained stating the recommended dosage for the child.

If there are any questions regarding this request, please contact New Horizon Academy at 763-557-1111. Please feel free to approve the following dosage charts or supply your own.

Manufacturer's Dosage Chart

MEDICATION			INFANT DROPS	INFANT ORAL SUSPENSION	CHILDREN'S LIQUID
Acetaminophen *Dose may be given every 4 hours. Do not use more than 5 times in 24 hours.	Weight	Age	80 mg/0.8 ml 1 dropper = 0.8 ml	160 mg/5 ml 1 dropper = 5 ml	160 mg/5 ml (1 tsp)
	6-11 lbs.	0-3 mo.	0.4ml	1.25 ml	¼ tsp (1.25 ml)
	12-17 lbs.	4-11 mo.	0.8 ml	2.5 ml	½ tsp (2.5 ml)
	18-23 lbs.	12-23 mo.	1.2 ml (0.8+0.4)	3.75 ml	¾ tsp (3.75 ml)
	24-35 lbs.	2-3 yrs.	1.6 ml (0.8+0.8)	5 ml	1 tsp (5 ml)
	36-47 lbs.	4-5 yrs.	-	-	1 ½ tsp (7.5 ml)
	48-59 lbs.	6-8 yrs.	-	-	2 tsp
MEDICATION			INFANT DROPS		CHILDREN'S LIQUID
Ibuprofen *Dose may be given every 6 to 8 hours. Do not use more than 4 times in 24 hours. *Ask your healthcare provider before giving ibuprofen to a child less than 6 months old.	Weight	Age	50 mg/1.25 ml 1 dropper = 1.25 ml	-	100 mg/ 5 ml (1 tsp)
	12-17 lbs.	6-11 mo.	1.25 ml	-	½ tsp (2.5 ml)
	18-23 lbs.	12-23 mo.	1.875 ml (1.25+0.025)	-	¾ tsp (3.75 ml)
	24-35 lbs.	2-3 yrs.	2.5 ml (1.25+1.25)	-	1 tsp (5 ml)
	36-47 lbs.	4-5 yrs.	3.75 ml (1.25+1.25+1.25)	-	1 ½ tsp (7.5 ml)
	48-59 lbs.	6-8 yrs.	5 ml (1.25+1.25+1.25+1.25)	-	2 tsp (10 ml)

By signing this, you agree with our chart above.

Physician's Signature:	Date:
Parent's Signature:	Date: