

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. **If yes, please continue on to question 2.** If no, please go on to the next section. Yes No
- 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
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****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.



Iowa Department of Public Health Certificate of Immunization

Name Last: _____ First: _____ Middle: _____ Date of Birth: _____

Parent/Guardian: _____ Address: _____ Phone: _____

I certify that the above named applicant has a record of age-appropriate immunizations that meet the requirement for licensed child care or school enrollment.

Signature: _____ Date: _____

Physician, Physician Assistant, Nurse, or Certified Medical Assistant

A representative of the local Board of Health or Iowa Department of Public Health may review this certificate for survey purposes.

Diphtheria, Tetanus, Pertussis DTaP/DTP/DT/Td/Tdap	Vaccine	Date Given	Doctor / Clinic / Source

Polio IPV/OPV	Vaccine	Date Given	Doctor / Clinic / Source

Measles, Mumps, Rubella MMR	Vaccine	Date Given	Doctor / Clinic / Source

Haemophilus influenzae type b Hib	Vaccine	Date Given	Doctor / Clinic / Source

Hepatitis B	Vaccine	Date Given	Doctor / Clinic / Source

Varicella Chicken Pox	Vaccine	Date Given	Doctor / Clinic / Source

If applicant has a history of natural disease write "Immune to Varicella"

Pneumococcal PCV/PPSV	Vaccine	Date Given	Doctor / Clinic / Source

Meningococcal MCV/MPSV/ Mening B	Vaccine	Date Given	Doctor / Clinic / Source

Hepatitis A	Vaccine	Date Given	Doctor / Clinic / Source

Rotavirus	Vaccine	Date Given	Doctor / Clinic / Source

Human Papilloma Virus HPV	Vaccine	Date Given	Doctor / Clinic / Source

Other	Vaccine	Date Given	Doctor / Clinic / Source

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

IMMUNIZATION REQUIREMENTS

Applicants enrolled or attempting to enroll shall have received the following vaccines in accordance with the doses and age requirements listed below. If, at any time, the age of the child is between the listed ages, the child must have received the number of doses in the "Total Doses Required" column.

Institution	Age	Vaccine	Total Doses Required
Licensed Child Care Center	Less than 4 months of age	This is not a recommended administration schedule, but contains the minimum requirements for participation in licensed child care. Routine vaccination begins at 2 months of age.	
	4 months through 5 months of age	Diphtheria/Tetanus/Pertussis	1 dose
		Polio	1 dose
		<i>haemophilus influenzae</i> type B	1 dose
		Pneumococcal	1 dose
	6 months through 11 months of age	Diphtheria/Tetanus/Pertussis	2 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses
		Pneumococcal	2 doses
	12 months through 18 months of age	Diphtheria/Tetanus/Pertussis	3 doses
		Polio	2 doses
		<i>haemophilus influenzae</i> type B	2 doses if the applicant received 1 dose before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.
		Pneumococcal	3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
	19 months through 23 months of age	Diphtheria/Tetanus/Pertussis	4 doses
		Polio	3 doses
		<i>haemophilus influenzae</i> type B	3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older.
		Pneumococcal	4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 1 or 2 doses before 12 months of age; or 2 doses if the applicant has not received any previous doses or has received 1 dose on or after 12 months of age.
		Measles/Rubella ¹	1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Varicella	1 dose received on or after 12 months of age, unless the applicant has a reliable history of natural disease.
	24 months of age and older	Diphtheria/Tetanus/Pertussis	4 doses
Polio		3 doses	
<i>haemophilus influenzae</i> type B		3 doses, with the final dose in the series received on or after 12 months of age; or 2 doses if only 1 dose received before 15 months of age; or 1 dose if received when the applicant is 15 months of age or older. Hib vaccine is not required for persons 60 months of age or older.	
Pneumococcal		4 doses if the applicant received 3 doses before 12 months of age; or 3 doses if the applicant received 2 doses before 24 months of age; or 2 doses if the applicant received 1 dose before 24 months of age; or 1 dose if the applicant did not receive any doses before 24 months of age. Pneumococcal vaccine is not required for persons 60 months of age or older.	
Measles/Rubella ¹		1 dose of measles/rubella-containing vaccine received on or after 12 months of age; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.	
Varicella		1 dose received on or after 12 months of age, unless the applicant has had a reliable history of natural disease.	
Elementary or Secondary School (K-12)	4 years of age and older	Diphtheria/Tetanus/ Pertussis ^{4, 5}	3 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born on or before September 15, 2000 ² ; or 4 doses, with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2000, but on or before September 15, 2003 ² ; or 5 doses with at least 1 dose of diphtheria/tetanus/pertussis-containing vaccine received on or after 4 years of age if the applicant was born after September 15, 2003 ^{2, 3} ; and 1 time dose of tetanus/diphtheria/acellular pertussis-containing vaccine (Tdap) for the applicant in grades 7 and above, if born after September 15, 2000; regardless of the interval since the last tetanus/diphtheria-containing vaccine.
		Polio	3 doses, with at least 1 dose received on or after 4 years of age if the applicant was born on or before September 15, 2003 ⁷ ; or 4 doses, with at least 1 dose received on or after 4 years of age if the applicant was born after September 15, 2003 ⁶ Polio vaccine is not required for persons 18 years of age or older.
		Measles/Rubella ¹	2 doses of measles/rubella-containing vaccine; the first dose shall have been received on or after 12 months of age; the second dose shall have been received no less than 28 days after the first dose; or the applicant demonstrates a positive antibody test for measles and rubella from a U.S. laboratory.
		Hepatitis B	3 doses
		Varicella	1 dose received on or after 12 months of age if the applicant was born on or after September 15, 1997, but born on or before September 15, 2003, unless the applicant has had a reliable history of natural disease; or 2 doses received on or after 12 months of age if the applicant was born after September 15, 2003, unless the applicant has a reliable history of natural disease ⁸ .
		Meningococcal (A, C, W, Y)	1 dose of meningococcal vaccine received on or after 10 years of age for the applicant in grades 7 and above, if born after September 15, 2004; and 2 doses of meningococcal vaccines for the applicant in grade 12, if born after September 15, 1999; or 1 dose if received when the applicant is 16 years of age or older.

1 Mumps vaccine may be included in measles/rubella-containing vaccine.

2 DTaP is not indicated for persons 7 years of age or older, therefore, a tetanus and diphtheria-containing vaccine should be used.

3 The 5th dose of DTaP is not necessary if the 4th dose was administered on or after 4 years of age.

4 Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine before 12 months of age should receive a total of 4 doses, with one of those doses administered on or after 4 years of age.

5 Applicants 7 through 18 years of age who received their 1st dose of diphtheria/tetanus/pertussis-containing vaccine at 12 months of age or older should receive a total of 3 doses, with one of those doses administered on or after 4 years of age.

6 If an applicant received an all-inactivated poliovirus (IPV) or all-oral poliovirus (OPV) series, a 4th dose is not necessary if the 3rd dose was administered on or after 4 years of age.

7 If both OPV and IPV were administered as part of the series, a total of 4 doses are required.

8 Administer 2 doses of varicella vaccine, at least 3 months apart, to applicants less than 13 years of age. Do not repeat the 2nd dose if administered 28 days or greater from the 1st dose. Administer 2 doses of varicella vaccine to applicants 13 years of age or older at least 4 weeks apart. The minimum interval between the 1st and 2nd dose of varicella for an applicant 13 years of age or older is 28 days.

NEW HORIZON ACADEMY

SCHOOL-AGE ASSESSMENT & HEALTH FORM

I. **HEALTH STATEMENT** - To be completed by parent.

Child's Full Name _____

Birth Date _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. **PHYSICAL ASSESSMENT** - To be completed by parent.

1. Does this child have any vision, hearing, or speech impairment?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Other information you would like to share:

Parent/Guardian's Signature: _____

Date: _____

**NEW HORIZON ACADEMY - IOWA
PARENTAL AUTHORIZATION FOR DISPLAYED PERSONAL
INFORMATION**

At times, New Horizon Academy will post select personal information about the children in the classroom. Examples of this may include any allergy information, medication information, and date of birth. Please sign and check the boxes below indicating your authorization for this information to be posted for your child.

- Allergy Information
- Medication Information
- Date of Birth

Child's Name (First, Middle, and Last)

<i>Signature of Parent/Guardian</i>	<i>Date</i>
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NEW HORIZON ACADEMY-IOWA SCHOOLS

MANDATED REPORTING POLICIES FOR PARENTS

Who Should Report Child Abuse and Neglect

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years, you must immediately (within 24 hours) make a report to an outside agency.

Where to Report

- If you know or suspect that a child is in immediate danger, call 911.
- All reports concerning suspected abuse or neglect of children occurring in a licensed facility should be made to the Department of Human Services at 1-800-362-2178.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency or local law enforcement.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Iowa Statutes or Rules that govern the facility, you should call the Iowa Child Care Complaint Hotline at 844-786-1296.

What to Report

- Definitions of maltreatment are contained in the Iowa Code section 232.68 and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Failure to Report

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Iowa Department of Public Health, and unlicensed Personal Care Provider Organizations.

Retaliation Prohibited

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

Confidentiality

New Horizon Academy considers confidentiality regarding families and center activities a mandatory function of our profession. Employees are instructed to treat all such information as confidential and agree not to divulge this confidential information to unauthorized individuals. Discussion of confidential information regarding suspected abuse or neglect involving families or personnel with unauthorized individuals will be subject to disciplinary action.

In the case that you suspect a co-worker of in-center abuse, then you must call the in-center maltreatment phone number which is posted by each phone. It is strongly suggested that you inform the director and/or district manager of the center immediately.

Internal Review

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;
- (iii) there is a need for additional staff training;
- (iv) the reported event is similar to past events with the children or the services involved;
and
- (v) there is a need for corrective action by the license holder to protect the health and safety of children in care.

Primary and Secondary Person or Position to Ensure Internal Reviews Are Completed

The internal review will be completed by the director. If this individual is involved in the alleged or suspected maltreatment, the Area Director will be responsible for completing the internal review.

Documentation of the Internal Review

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

Corrective Action Plan

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

Staff Training

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act. The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff.

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child care program and must be made available upon request.