

**Chapel Hill Day Care Center**  
**Re-enrollment Instructions**  
**Deadline is March 31, 2017**

*To reserve a space for your child for the school year beginning Wednesday August 9, 2017 a re-enrollment packet must be completed and turned in to the office by March 31<sup>st</sup>. Please read, initial beside each item, and sign the re-enrollment form. Complete the other forms that are included and return all to the office in the envelope provided along with your re-enrollment fee. Families who qualify for scholarship through DSS, CCSA, or Early Head Start are not required to pay the fee; however, all re-enrollment forms must still be turned in to reserve a space for your child for the school year starting 8/9/2017. **The annual re-enrollment fee is \$200, or you can pay by March 10<sup>th</sup> at a discounted fee of \$175.***

**Re-enrollment is complete when both completed paperwork and fee have been submitted to the office.**

**If you are interested in your child moving from part-time care to full-time care, please e-mail me at [pam@chapelhilldaycarecenter.com](mailto:pam@chapelhilldaycarecenter.com) Requests for schedule changes can only be made if the center has the requested space available. Requests for part-time care can only be honored if there is a family with a complimentary schedule request that will result in a fully enrolled space.**

**The following forms must be completed for each child and turned in to the office:**

- Re-enrollment agreement
- New child application (revised form required by licensing)
- CACFP Participant Enrollment Form
- Family questionnaire

**If any of the following forms apply to your family or child, you will also need to complete the appropriate form to be turned in with re-enrollment.**

- CACFP Eligibility Form (for those families whose household income fall within the free or reduced range)
- New allergy form signed by a physician for those children with allergies.
- Medication plan for those children who require medication on site at all times.
- Food restriction form for any child with a special dietary need that is not a documented allergy.

*This year parents also have the option of signing up for direct debit tuition payment. You complete the authorization form and we will debit your tuition automatically on the 1<sup>st</sup>, 5<sup>th</sup>, or 10<sup>th</sup> of each month beginning in June.  
You choose the date that works for you!*

**Chapel Hill Day Care Center  
Annual Re-enrollment Agreement  
2017-2018**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/guardian names \_\_\_\_\_

*I give permission for my child to participate in developmentally appropriate supervised activities outside of the fenced playground. I further give permission for my child to participate in walking/stroller rides and in the neighborhood.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I give permission for my preschool child to be transported in a city bus for a field trip. There will be no field trip requiring transportation for children under three years of age. (Parents will be notified in advance of each field trip with the details of the trip and field trip ratios will be maintained.)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you would allow us to use photos or videos of your child for marketing purposes, please sign and date*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency treatment and transportation:**

*I hereby give permission to Chapel Hill Day Care Center, licensed by the Division of Child Development and Early Education to secure emergency medical, dental and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I understand and agree to abide by the following CHDCC policies. (Please initial each statement)**

\_\_\_\_\_ My child will transported to and from CHDCC in a car seat approved for his/her weight.

\_\_\_\_\_ I will sign my child in upon arrival and out upon pick-up in my child's classroom.

\_\_\_\_\_ I will help my child wash his/her hands daily upon arrival.

\_\_\_\_\_ My child will not be dropped off in the classroom with food. I will make sure my child has eaten or discarded any breakfast/snacks before entering the classroom.

\_\_\_\_\_ I will make contact with the CHDCC employee responsible for my child upon drop off and pick up, making sure that the staff member is aware of my child's arrival and departure.

\_\_\_\_\_ My child must be supervised by an adult at all times while on Center property. No infant or child may be left in a room or hallway without an adult present.

\_\_\_\_\_ I acknowledge that tuition is due in full on the first of each month, but may be paid without penalty until the 10<sup>th</sup> of each month. A late fee of \$50 will be added to any tuition payment after the 10<sup>th</sup> of the month. (If the 10<sup>th</sup> falls on a weekend or holiday, my tuition is due on the last day the center is open before the 10<sup>th</sup>)

\_\_\_\_\_ I will complete a medication form for any medicine to be administered to my child, including sunscreen and diaper cream. Over-the-counter and prescription medication are to be placed in a locked box in the resource room. I understand that medications are generally administered at lunchtime.

\_\_\_\_\_ I will store diaper ointment, sunscreen, and petroleum products in the classroom at least 5 feet above the floor. I will apply sunscreen in the morning and acknowledge that CHDCC will only apply sunscreen in the afternoons.

\_\_\_\_\_ The Center's hours of operation are 7:30am until 5:45pm. I will not enter the building before 7:30am and will be respectful of staff by allowing them to close down each classroom by 6:00pm, when the building is usually locked for the evening.

\_\_\_\_\_ If I arrive after 5:45, I will pay late fees directly to the teacher who stayed late with my child (see parent handbook for details).

\_\_\_\_\_ I will seek information in the event of inclement weather. A decision will be made by 6:30am and announcements will be posted on the Center's website ([www.chapelhilldaycarecenter.com](http://www.chapelhilldaycarecenter.com)), voicemail (919-929-3585), and through REACH Alert. It will be announced on some TV stations.

\_\_\_\_\_ The Center is not licensed to care for mildly ill children (fever, vomiting, etc.) so my child must feel well enough to fully participate in the daily activities, including going outside. The Center may request a note from a physician or health care professional if clarification is needed.

\_\_\_\_\_ My child's Teacher must be able to reach me in the event of an emergency. If I am not going to be available, I will let my child's Teacher know whom to contact.

\_\_\_\_\_ If someone other than parents will be picking up my child, that person will be on my emergency pick-up list or a signed note will be given to my child's Teacher. I will ask the person to be prepared to show current picture identification.

\_\_\_\_\_ I will take my child's nap blanket and sheet home weekly to be washed. Because the center does not have laundry facilities, I understand that other laundry for each classroom is taken home by a family on Friday afternoon and returned on Monday morning.

\_\_\_\_\_ I will send my child to the Center in play clothes and expect them to get dirty. (At CHDCC we believe in allowing children to fully enjoy their short time as a young child, which means we do not hinder them from getting messy.)

\_\_\_\_\_ If we leave the center I will give the required thirty-day written notice of withdrawal.

\_\_\_\_\_ I agree to donate a minimum of 3 hours of my time this school year on scheduled parent workdays or on other center projects. I understand that only hours documented can be counted. I further understand that a \$50 fee will be assessed should I choose not to participate.

**I understand and agree to follow the above policies:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*If you have not completed and turned in documentation for your 3 hours of volunteer work, please check with your child's teacher or with Pam or Kate for options. If you have volunteered, but not documented it, please do so by May 10<sup>th</sup> by putting a note in the mailbox above the water fountain in the lobby area. If you are choosing to pay the \$50 instead of completing the volunteer time, please make payment with your May tuition.*

## **Volunteer Opportunities**

**Parent Name** \_\_\_\_\_ **e-mail** \_\_\_\_\_

**Best contact number** \_\_\_\_\_

**The Center is due for re-accreditation through the National Association for the Education of Young Children. We are currently in the self-study phase when we look at all aspects of our program which require input from all stakeholders. Please let us know how you are willing participate. Some possibilities include:**

- \_\_\_\_\_ Participate in a new parent group being formed by one of our current parents
- \_\_\_\_\_ Help with keeping our website up-to-date and functioning properly.
- \_\_\_\_\_ Help with the NAEYC parent survey
- \_\_\_\_\_ Participate in a center and grounds walk-through to determine areas that require attention and problem-solve ways to address.
- \_\_\_\_\_ Cover a classroom (your child's or another group) at naptime so teachers can work on NAEYC classroom portfolios or other NAEYC related activities.
- \_\_\_\_\_ Help with obtaining needed materials from thrift stores and yard sales such as specific kinds of books, dramatic play items like cups, plates, utensils and dress-ups (that are not TV/movie character, princess, super-hero related). Kate will have a list of needed items.

### **Other Volunteer Activities**

- \_\_\_\_\_ Write a great CHDCC review on Yelp, Care.com, Google, or Carelulu.com
- \_\_\_\_\_ Organize activities or gifts for teacher appreciation week (May 1-5 2017)
- \_\_\_\_\_ Volunteer to be on a parent reference list for potential new families to contact.
- \_\_\_\_\_ Become a CHDCC welcoming parent for newly enrolled families.
- \_\_\_\_\_ Be a chaperone for summer camp field trips or share your talents/interest/hobbies in a classroom
- \_\_\_\_\_ Help with office tasks, like setting up list serves, proofing Parent Handbook & Personnel Handbook updates
- \_\_\_\_\_ Help establish an internship program through UNC Business and Marketing programs.
- \_\_\_\_\_ Bring us your ideas!

**All of these count toward parent volunteer hours. Just put your documentation in the mail box above the water fountain in the lobby area.**