



**HAMPTON UNIVERSITY
CHILD DEVELOPMENT CENTER**

**Eva C. Mitchell Hall
Hampton, VA 23668**

**Enrollment Packet
2017-2018 School Year**

Dear Parent,

Thank you for your interest in the Child Development Center at Hampton University.

Enclosed you will find the information that you need to enroll your child in the program. Please feel free to come by the CDC at your convenience for a brief tour and answers to any questions that you may have.

Our current fees are \$140 per week which includes breakfast, two snacks, and hot lunch.

Children have access to all of the resources of the University including the museum and the library.

I look forward to meeting you soon.

Best Regards,

Joy L. Phelps

Director

Hampton University Child Development Center

757-727-5698 –Main Office

joy.phelps@hamptonu.edu

Hampton University Child Development Center
Hampton, Virginia 23668

Enrollment Packet Contents

- Registration Application
- Authorization for Emergency Medical Care
- Medication Form
- School Health Form
- Information, Research, Testing and Videotape Release Form
- List of documentation to be presented at registration of the child
 - o Proof of birth date
 - o Child's social security number
 - o Immunization record
 - o Physical examination documentation
 - o Emergency contact form
 - o Signed parental agreement
 - o Custody documentation, as needed
 - o Field trip permission slip
 - o Registration form
 - o Photo ID of Parent or Guardian
 - o \$100 Registration Fee (Annually)

Hampton University Child Development Center
Hampton, Virginia 23668

Registration Application

BC # _____

Child's Name _____ Other Name Used _____

Home Address _____ City _____ State **VA** Zip _____

Home Phone Number _____ Cell Phone Number (M) _____

Cell Phone Number (F) _____

Date of Birth _____ Sex: ___ M ___ F Place of Birth _____

Mother's/Guardian's Name _____ SS# _____

Mother's/Guardian's Occupation _____

Mother's Work Phone Number _____

Mother's Work Address _____

Father's /Guardian's Name _____ SS# _____

Father's/Guardian's Occupation _____

Father's Work Phone Number _____

Father's Work Address _____

Email address(es) _____

Number of brothers _____ Ages _____ Number of sisters _____ Ages _____

Who will bring the child to school? _____

Who will pick up the child from school? _____

***Who cannot pick up your child at any time? _____

Are custody issues involved? _____ *If so, please submit a copy of legal custody agreement.*

Previous School Experience: Is your child currently enrolled in another center? ___ Yes ___

No

Name, address, and phone number of last Child Development Center your child attended:

Reason for Leaving

Allergies and other cognitive, physical, social, emotional, health or special needs or emergency medical problems we should be aware of

Anticipated date of enrollment _____

Registration agreement

I/We hereby make application for the attendance of my child, _____, at the Hampton University Child Development Center. I understand that a \$100 registration fee (cash or money order) is to accompany this application and that the documentation listed in this packet must be presented before or on the first day of attendance.

Signed _____ Date _____

Hampton University Child Development Center
Authorization for Emergency Medical Care

I, _____, parent(s)/guardian(s)
of _____, permit the Hampton University
Child Development Center staff to authorize medical, dental, and hospital care and
treatment, including but not limited to, examination, diagnostic tests and medications.
This includes anesthetics, the performance of surgery and any and all other medical
and dental treatment deemed necessary by duly licensed medical personnel for the
health and well-being of my child when the staff is unable to reach me or any person
listed on my child's emergency form.

Printed Name Signature:

Date:

Hampton University Child Development Center

Medication Form

Minimum standards for licensed Childcare Centers and Family Day Care Homes provide that **non-prescription drugs**, not limited to vitamins and aspirin, shall be given to a child only with the parents/guardians written consent/permission.

Prescription drugs shall be given to a child only in accordance with the signed doctor's note or authentic prescription and with the parents'/guardians' written consent for each separate occurrence.

Child's Name _____ Date _____

Hampton University Child Development Center has permission to administer the following drugs and/or medication.

Dosage to be given _____

Time(s) medication is to be given _____

Special Instructions _____

This authorization is in effect on _____ (date) until _____ (date). *This authorization is not to exceed 10 days.*

(Parent/Guardian's Signature) (Date)

I agree to:

- Administer the drugs or medications specified above only as directed,
- To keep the medication out of reach of all children
- To return any unused medication or empty prescription container to the parent or guardian when it is no longer needed or at the time specified above.

(Teacher/Director Signature) (Date)

(Director's notification) (Date)

Hampton University Child Development Center

School Health Form

This form is to be completed by the parent or guardian of each child at the beginning of each school year and returned to the school.

Health Information

Name of Student _____ Date of Birth _____

Name of Parent/Legal Guardian _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Phone _____ Contact _____

Who is your child's doctor/clinic? _____

Who is your child's dentist/clinic? _____

Is the child under treatment or taking medication on a continuing basis? _____ yes _____ no

If Yes, please specify medicine or treatment _____

Please list any ALLERGIES (medicine, food, insect bites or other) that you child may have.

Has your child had any immunizations in the past year? _____ yes _____ no

Is the child covered by the parent's or guardian's health insurance? _____ yes _____ no

Company and Policy Number _____

Does student come under parent or guardian's military benefits? _____ yes _____ no

Parent's/Guardian's ID Number _____

Important Parent Information

I understand that it is my responsibility to keep school authorities informed regarding whom to contact in the event of my child becoming ill or injured at school. I understand that if I (parent or legal guardian) cannot be reached in an acute emergency, my child will be taken to the emergency room of the nearest hospital.

(signature) (date)

**Hampton University Child Development Center
Information, Research, Testing and Videotape Release Form**

One function of the Hampton University Child Development Center is to serve as a laboratory for university students to observe, study, and research children's growth and behavior. Several different academic departments (including Psychology, Sociology, Education, Nursing and others) spend time in the observations rooms and in the classrooms interacting with the children. Occasionally, these interactions may involve asking the children and the parents to participate in small research projects and/or short videotaping segments for research purposes. Sometimes, students in nursing or education administer age-appropriate standardized tests to the children. Testing is kept to a minimum, and parents are notified prior to testing. The Hampton University Child Development Center requests your cooperation in permitting your child to be a part of the educational process for Hampton University students. Occasionally, the university students require background and family information from the child in order to make their observations and/or interactions more meaningful to their learning processes. We request your permission and assistance in providing this information. However, in most instances, this information is available and will be taken from the child's application forms. Results of testing may be shared with parents on request.

Thank you for your cooperation.

I, _____ parent/guardian of _____ **DO** hereby give me permission for my child to participate in the information, research, testing, and video-taping opportunities offered by the Hampton University Child Development Center.

Date _____

I, _____ parent/guardian of _____ **DO NOT hereby** give permission for my child to participate in the information, research, testing, and video-taping opportunities offered by the Hampton University Child Development Center.

Date _____

Hampton University Child Development Center
School of Education and Human Development
ENROLLMENT AGREEMENT AND STIPULATIONS
 2015-2016

PARENTAL AGREEMENT

As the parent(s)/legal guardian(s) of _____, I/We agree to the following conditions, rules and regulations while my/our child attends the Hampton University Child Development Center. Please initial on each short line after reading each item.

1. I/We agree to pay the following fees: 1. _____

Fee	Cost	Note
Annual Enrollment Fee	\$100.00	Yearly fee due at the time of enrollment for consumable and non-consumable books, materials and other educational supplies.
Annual Enrollment Fee for each additional child in the family	\$50.00	
Full-Time Enrollment	\$140.00	Per Week
Multi-child Enrollment	\$126.00 per additional Child	Per Week
Part-Time Enrollment	\$125.00	Less than 25 hours per week
HU Faculty/Staff/Student	10% discount	On full time rate only
Returned Check Fee	\$25.00	One return check per family per year is allowed. All other payments must be made by money order.
Late Pickup Fee	As computed	\$20.00 for the first 15 minutes. \$15.00 per additional 15 minutes until the child is picked up.
Field Trips and Other Special Events	Varies	Costs for the trips will be given as they are scheduled.

Payment that is past due for 60 days will result in your child being removed from the Child Development Center program. If payment responsibility is fulfilled, your child may be reinstated if space permits.

Signature Required _____

2. I/We agree to make and maintain advance monthly payments for my/our child's program fees. I/We understand that monthly tuition is due in full in advance each Friday by 6:00 p.m. or Monday by 9:00 a.m. for the upcoming week. 2. _____

3. (PARENT/GUARDIAN) _____ agrees to pay the School the sum of _____ for the childcare and education services for the benefit of (CHILD) _____ 3. _____

4. The Hampton University Child Development Center will provide (CHILD) _____ quality childcare and a stimulating learning environment in accordance with the School's policies and curriculum. 4. _____

White (*Payroll Officer*) Pink (*Parent*) Goldenrod (*Center*)
 Parental Agreement 2015-2016

5. Parents of the above named child agree to enroll their child at the rate of \$140.00 per week and education services. 5. _____

Parents of the above named child agree to be liable for the full tuition for the child named in this agreement. Tuition statements will be provided each month to all students. Therefore, parents must make sure the Hampton University Child Development Center has a current and true address of residence, phone number and other (emergency and non-emergency) contact information at all times.

6. I/We agree that upon enrollment, my/our child is given a complete physical examination by a licensed physician and is properly immunized as required by the State Department of Health and Social Services. I/We understand that proof of documentation is to be given to the school upon registration. In addition, I/We also understand that proof of birth date documentation is to be given to the school upon registration. 6. _____

7. In the event of illness, signs of a cold, or other infectious disease, I/we will not bring my/our child to school. We further agree that if my/our child becomes sick at school, she/he will be picked up within one hour of notification. 7. _____

8. In the event of hospitalization or extended at-home illness, I/we understand that my/our child will be given one (1) week or 5 consecutive days of sick leave whereby tuition for that week is vacated. However, a valid doctor's excuse must be given to the Director upon your child's return to the school. I/We understand that the week of your child's illness will be deducted from your final tuition payment in May. All other weeks must be paid as scheduled. 8. _____

9. In the event of an emergency, the school has my permission to administer first aid or to obtain medical treatment in my/our child's best interest. 9. _____

10. I/We understand that the Hampton University Child Development Center will only administer dated, labeled, prescribed medications or physician prescribed medication. I/We must complete an Administration of Medication form with each prescribed medication. 10. _____

11. I/We agree to bring my/our child into the school building and see that she/he is under supervision before leaving the premises, and to re-enter the building when picking up my/our child. I/We will make sure the teacher on duty knows I have signed out and taken my child from the building. 11. _____

12. I/We agree to adhere to the arrival and departure procedures of the Hampton University Child Development Center posted above the sign-in sheets. 12. _____

13. I/We understand that the Hampton University Child Development Center is open from 7:00 a.m. until 6:00 p.m. Late fees are charged and due on pickup if I am late picking up my child. Non-payment within 48 hours will result in temporary removal. 13. _____

14. I/We understand that in the event of inclement weather, we may tune in to the local television and radio stations for information on school closings and delays. Students must not be brought to school until opening time. 14. _____

15. I/We understand that if my/our child has three or more biting incidents in one week, she/he will be removed from the school for one week. If the child returns to school after one week of at-home interventions and continues to bite, my/our child will be withdrawn from the Hampton University Child Development Center. 15. _____

16. I/We understand that the Hampton University Child Development Center has permission to call me/us if the child has disruptive or uncontrollable temper tantrums. I/We understand that we may be asked to take my/our child home for the day. A conference with the teacher and/or Director will be necessary. If the child returns to school after at-home interventions and continues to display uncontrollable behavior, my/our child will be withdrawn from the Hampton University Child Development Center. 16. _____

17. I/We certify that I/we have read, understand, and agree to all the regulations of the Hampton University Child Development Center concerning the operations, procedures, tuition and fees. I/We understand that deliberate misrepresentation may cause immediate dismissal of my/our child from the Hampton University Child Development Center. 17. _____

18. I/we understand that we must report their exposure to communicable diseases or the occurrence of those diseases in the family. The report to the Hampton University Child Development Center should be received within 24 hours of the obvious symptoms of infections. 18. _____

19. I/We understand that are child must be potty trained to attend the Hampton University Child Development Center. 19. _____

Parent(s)' or Guardian(s)' Signature: _____ Date: _____

_____ Date: _____

Director or Designee's Signature: _____ Date: _____

Form (PA 02)
Revised (04/2010)
Parental Agreement 2015-2016

**Hampton University Child Development Center
EMERGENCY INFORMATION FORM**

Child's Name _____ Date of Birth _____

Sex __ M __ F __ Race __ Child's Age: _____ Child's Social Security # _____

Mother's Name _____ Father's Name _____

Mother's Emergency Phone Number(s) _____

Father's Emergency Phone Number(s) _____

List in priority order the persons, other than yourself, you want us to contact in case of an emergency.

NAME OF CONTACT	RELATIONSHIP	ADDRESS	PHONE NUMBER

1. The Hampton University Child Development Center will notify the above named persons in the event of an illness or emergency. The persons listed above agree to pick up your child as soon as possible, preferably within 20 to 30 minutes after notification in the event of an emergency situation. (INITIALS _____)
2. The parent/guardian authorizes the Hampton University Child Development Center to obtain immediate medical care if any emergency occurs, and none of the emergency contacts can be reached. (INITIALS _____)
3. If an emergency should occur, the parent/guardian requests/authorizes the Hampton University Child Development Center to contact _____, my child's physician. The physician's telephone number is _____. (INITIALS _____)
4. If an emergency should occur, the parent/guardian requests/authorizes the Hampton University Child Development Center to have emergency room doctors examine and treat my/our child for such emergencies as need may arise. Exceptions to treatments, if any are: _____ (INITIALS _____)

Health Insurance Company _____ Policy Number _____

Sponsor's Social Security Number (if military) _____ Name _____

Allergies to Medication _____

Date of last DPT or Tetanus _____ Chronic Illnesses _____

Parent/Guardian's Signature _____ Date _____