

DREAMLAND

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Enrollment Checklist

Before attending Dreamland Childcare Center, please be sure to have all the following forms completed and returned to the administrative office.

- Enrollment Packet***
- Immunizations and/or Medical Exemptions***
- Infant and Toddler Information or Child Information***
- Handling of Animals/Video Surveillance***
- Private Pay or DHS (Provider #: VMU00013)***
- \$200 Enrollment Fee (Holding Fee)***
- Completed ASQ Form***

Classroom Checklist

Prior to your student(s) attending their first day here at Dreamland, please prepare these items to keep in their classroom cubby and label all items with their first and last name.

- 2 sets of extra clothes***
- Diapers/Wipes/Cream***
- Bottles for each serving (Infants)***
- Light coat/Rain coat***
- Blanket for Nap***
- Sleep Sack (Infants)***
- Hats/Coats***
- Extra shoes/Rain Boots***
- Water Bottle***

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Enrollment Packet

Completion of this enrollment packet and acknowledgment is required for your child to enroll and send to Dreamland Childcare Center (DL). An enrollment packet is required for each individual child. These forms meet the Oregon Office of Childcare compliance rulings as well as aid DL in better understanding your child and his/her specific developmental needs. Please read the entirety of the materials provided, making sure to complete all parts prior to submitting. Incomplete enrollment materials will not be processed until completion. DL also needs each child's vaccination records in order to enroll.

<i>Child Information</i>				
First Name:		Middle Name:		Last Name:
Child's Age:	Birthdate:	Sex: Male Female		Primary Language:
Physical Address:		City:	State:	Zip Code:
<i>Family Information</i>				
(Enrolling Party) Guardian #1:			Relationship to Child:	
Home Phone#:	Work Phone#:		Cell Phone #:	
Physical Address:		City:	State:	Zip Code:
Primary Email:				
(Enrolling Party) Guardian #2:			Relationship to Child:	
Home Phone #:	Work Phone #:		Cell Phone #:	
Physical Address:		City:	State:	Zip Code:
Primary Email:				

Guardian Signature: _____ Date: _____

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Emergency Contact & Alternate Pick-Up Person(s)

The person(s) listed in this section will be contacted by Dreamland Childcare Center in the event the primary guardians(s) cannot be reached. At least one alternate pick-up person, other than the primary guardians(s) listed on the first page, is required. Our staff will only release your child to you or to the person(s) listed below. For the safety of your child, we request that all authorized pick-up person(s) with whom staff is not familiar provide photo identification at the front desk before pick-up. There will be no exceptions to this rule. Please notify both the administrative office and your child's teacher(s) of any additions or removals to your alternate pick-up person(s). Any revisions must be corrected on this form.

For the safety of your child, we request that all authorized pick-up person(s) with whom staff is not familiar provide photo identification at the time of pick-up. There will be no exceptions to this rule.

Alternate Pick-Up Person #1:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:
Alternate Pick-Up Person #2:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:
Alternate Pick-Up Person #3:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:
Alternate Pick-Up Person #4:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:
Alternate Pick-Up Person #5:		Relationship to Child:	
Home Phone#:	Work Phone#:	Cell Phone #:	
Physical Address:	City:	State:	Zip:

Guardian Signature: _____ Date: _____

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Medical Acquisitions & Consent

1. At the time of enrollment, I understand that I must provide Dreamland Childcare Center with a current and up-to-date immunization record or approved exemption status issued by the local Health Authority.
2. I agree to provide/disclose information to DL about any medical, psychological, physical, emotional and/or developmental behaviors/conditions diagnosed or undiagnosed that may affect my child's participation in regular classroom activities or require individualized care beyond the scope of state ratio standards in order to participate fully in a group care setting.
3. I understand that DL follows all state compliance standards and rulings for illness exclusion, and that if I am asked to pick up my child from care due to illness, my child must be picked up within the time frame indicated by the DL staff. I also understand that if my child is absent for three or more days from care due to illness, that a doctor's release to return to school will be required.
4. In case of a medical emergency, the staff will first evaluate the incident and decide whether the parent/guardian or EMS should be contacted first. Every attempt will be made to contact the parent/guardian as soon as is safely possible. I understand and give permission to the following in the case of medical emergency:
 - A. I consent to the use of first aid and/or CPR with my child.
 - B. I consent to the transportation of my child to a local hospital or urgent care facility by EMS.
 - C. I acknowledge I will be responsible for any medical expenses associated with the above emergency medical interventions.
5. In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

Please initial all the following products you consent to DL to use with your child. Please indicate any alternatives you will provide for your child.

- ____ Sunscreen (brand determined by DL)
- ____ Toothpaste (brand determined by DL)
- ____ Children's Acetaminophen (Tylenol)
- ____ Diaper Rash Cream (brand determined by DL)
- ____ Lotion (brand determined by DL)

Acknowledgment and Consent:

Parent/Guardian Signature: _____

Guardian Signature: _____ Date: _____

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Media Release

Photographs of children in care are integral to the documentation DL uses in the Reggio Emilia Curriculum Model. Photographs may also be posted on DL social media platforms. Please indicate your consent to the following:

_____ My child may have photographs taken with classmates for the purpose of curriculum documentation.

_____ My child may have photographs taken for the purpose of curriculum documentation by DL private social media platforms.

_____ My child may have photographs taken for the purpose of curriculum documentation ONLY ON SITE.

Medical and Developmental Profile

Height:

Weight:

Hair Color:

Eye Color:

Distinguishing Marks:

Does your child have any medical, cognitive, physical, emotional or developmental conditions or behaviors that may/would affect their ability to participate in regular classroom activities? YES NO

If yes, please give a detailed description:

Please list a brief history of your child's serious injuries or hospitalizations:

Will your child need to be administered recurring medication doses while in the care of DL? YES NO

If yes, please attach care instructions, parental authorization and a physician's statement to this application packet.

Does your child have any special medical dietary needs diagnosed and documented by a physician?

YES NO

If yes, please explain, list your alternative request, and attach a physician's statement to this application packet.

Guardian Signature: _____ Date: _____

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Medical and Developmental Profile Continued

Chronic Illness History:

- Vision Disturbance
- Hearing Loss
- Constipation (IBS)
- Diarrhea (IBS)
- Asthma/Breathing Problems
- Diabetes
- Nose Bleeds
- Skin Rashes
- Sore Throats
- Ear Infections
- UTI's
- Seizures
- Mouth Sores
- Fainting
- Persistent Cough
- Other: _____

Disease History:

- Chicken Pox
- Measles
- Rubella
- Mumps
- Scarlet Fever
- Bronchitis
- Pneumonia
- Pertussis
- Tetanus
- Diphtheria
- Haemophilus (Influenza)
- Meningococcal Infection
- Bacterial Meningitis

Allergies:

Does your child have any life threatening allergy diagnosed by a physician: YES NO If so, please explain.

Does your child have an allergy that is NOT life threatening that has been diagnosed by a physician? YES NO

If so, please list the allergen, your child's associated reactions and what, if any, medications are used to counteract the effects of the reaction.

Primary Physician's Name:

Name of the Practice/Clinic:

Phone #:

Practice/Clinic Address:

City:

State:

Zip Code:

Primary Dentist Name:

Name of the Practice/Clinic:

Phone #:

Practice/Clinic Address:

City:

State:

Zip Code:

Guardian Signature: _____ Date: _____

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Registration & Financial Policies

Tuition is calculated taking into account all possible service days per calendar year and divided across all 12 months of the year. Tuition prices remain the same each month regardless of pre-planned school closures.

In order to secure an enrollment “spot” a \$200.00 initial enrollment fee is due at the time of registration/waitlist forecast (with a confirmed and scheduled start date) and again annually upon enrollment renewal. This fee is not applied to any future tuition charges and is non-refundable or eligible for credit towards unpaid tuition balances.

Multi-child discounts are available. For each additional child enrolled, families will receive a 10% off the entire family tuition amount if requested. There will also be a \$100 annual supply fee that will be charged per family due by September first of each year they are enrolled in Dreamland.

Scholarships are available. Terms and conditions are listed on the [“Scholarship Application Form.”](#)

Tuition is due prior to services being rendered. ERDC clients must provide DL with confirmation of eligible subsidy outlining authorized hours and co-pay amounts prior guaranteed registration and placement.

Billing invoices are generated via email on the 25th day of the month prior. Invoices are payable no later than the 15th of the month. Unpaid invoices at this date will be applied a \$50.00 late fee.

Tuition payments will be charged through our Brightwheel billing system. Families have the option to either have the payment automatically come from a credit/debit card or a checking/savings account. Once your family is enrolled, you will receive an email or notification from Brightwheel to sign up for billing.

Returned checks and insufficient fund returns on recurring payments are subject to a \$25 non-refundable fee, on top of the late charge.

If you need to make changes to your enrollment status (extended absences, permanent schedule changes, dropping care), you must contact the administrative office and fill out a [“Change of Status”](#) form no later than 30 days in advance of the change/withdrawal from care. Changes made less than 30 days prior does not excuse financial liability of services. Families will be billed in accordance with this 30 day policy.

Guardian Signature: _____ Date: _____

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Registration & Financial Policies Continued

If balances are unpaid and no arrangement has been made or satisfied by the last business day of the month, suspension of care will occur until the balance is paid in full or satisfactory arrangements have been met.

A late pick up fee will be applied to your next billing invoice for every late pick up occurring after 5:15pm in the amount of \$5 per minute per child.

A DL diaper supply fee of \$1 per diaper will be applied to your next billing invoice after you have been notified of your child being low on diapers and then out of diapers.

Drop in fees apply for students who wish to attend on a non-regularly scheduled/contracted day. There is no guarantee of space availability for drop in care days. \$125 per day for infant and toddler ages and \$105 per day for preschool age will be billed on the next billing invoice for any additional days beyond regularly scheduled/contracted care.

ERDC subsidy clients are responsible for any tuition charges/differences not covered by ERDC. Families are responsible for knowing and reporting to DL their current authorized number of hours per month, their co-pays amount, and any changes that occur in their case.

Families are responsible for keeping and recording all payments made to Dreamland Childcare Center. A receipt will be given during the payment. A W-10 form will be given to families at the start of the new year for tax purposes however, we reserve the right not to calculate all past payments made throughout the year.

I, _____ have read and understand the above listed registration and financial policies, and rules and agree to adhere to them.

Guardian Signature: _____ Date: _____

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Registration Policy Acknowledgments & Contract Approval

ABUSE OF A CHILD INVESTIGATIONS CONDUCTED ON DISTRICT PREMISES

The Department of Human Services (DHS) or a law enforcement agency has the authority to conduct an investigation of a report of child abuse on school premises according to Oregon Revised Statute (ORS) 419B.045. The school administrator must be notified that the investigation is to take place, unless the administrator is a subject of the investigation. The investigator is not required to reveal information about the investigation to the school as a condition of conducting the investigation.

Once the investigator provides adequate identification, school staff shall allow access to the child and provide a private space for conducting the interview. The investigator shall be advised by a school administrator or a school staff member of a child's relevant disabling conditions, if any, prior to the interview with the child. The school administrator or designee may, at the investigator's discretion, be present to facilitate the investigation.

School Staff may only notify DHS, the law enforcement agency or school employees that are necessary to enable the investigation. School staff may not notify any other persons, including the child's parent(s) or guardian(s).

REGISTRATION AGREEMENT AND APPROVAL

Information and policies regarding registration contained in this agreement/contract may be subject to change and I understand that I will receive any addendums in writing as they occur.

I further understand that any questions, comments, or concerns related to any part of this registration agreement can and should be directed to the DL administrative office.

By signing below, I certify that I understand and agree that it is my responsibility to read and familiarize myself with all policies, procedures, and terms related to registration and attendance that are outlined in this agreement and the Family Handbook (Available and updated yearly September 1st).

Primary Parent/Guardian Signature: _____

Date: _____

Guardian Signature: _____ Date: _____

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Rate Agreement & Financial Plan

Responsible Financial Party #1: Email: _____

Responsible Financial Party #2: Email: _____

Private Pay Clients

Base Tuition: _____ Multi-Child Discount: _____ Scholarship Discount: _____

ERDC Subsidy Client

Base Tuition: _____ Co-Pay Amount: _____ Authorized Hours: _____

Registration Fee

Paid: \$200.00 YES NO

Multi. Child Waived: YES NO

Contracted Attendance

Day of the Week	Drop Off Time	Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Start Date: _____

Classroom Placement: _____

Guardian Signature: _____ Date: _____

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Handling Of Animals

I _____ give my child(ren) _____ permission to handle, feed and interact with the animals at Dreamland Childcare Center. I understand Dreamland is not liable for any injuries that occur.

Parent Signature: _____ Date: _____

Child Acknowledgement, Consent, and Release: Video Surveillance

Security cameras are being installed and used to "insure" your peace of mind.

I, _____ acknowledge that I have received a copy of Dreamland Childcare Center's updated policies and procedures, and that I have been given the opportunity to read and ask any questions that I might have about the same, and that by signing this acknowledgement, I agree to adhere to the policies as a condition of my child's enrollment and/or continuing enrollment with Dreamland Childcare Center. I understand and agree that in acknowledging and signing this form, no contract of enrollment is hereby made. I also acknowledge that Dreamland Childcare Center may end the child's enrollment at any time, with or without notice or cause. I further acknowledge that my failure to adhere to the video surveillance policy and procedures may subject my child to discontinued care without warning.

I further understand that in order to promote the safety of employees and company visitors, as well as the security of its facilities, Dreamland Childcare Center may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms, showers, and dressing rooms, and that video cameras will be positioned in appropriate places within and around Dreamland Childcare Center buildings and used in order to help promote the safety and security of people and property. I hereby give my consent to such video surveillance at any time the company may choose for myself, and my child. This includes video that records audio.

1810 15th Street, Springfield, OR 97477 Email: dreamlandece@gmail.com

I hereby release Dreamland Childcare Center from all liability, including liability for negligence, associated with the enforcement of these policies and/or any searches or surveillance undertaken pursuant to these policies.

Guardian Name: _____ Date: _____

Guardian's Signature: _____

Child's Full Name: _____

Infant and Toddler Information

Child's Full Name: _____ **Birthdate:** _____

Typical Daily Schedule: *(sleeping, eating, playing, how long, how often, etc.)*

Sleep Routine: *(sleep patterns, habits, how often, how long, etc.)*

Food Interests: *(baby food, solids, how often, how much, etc.)*

Liquid Intake: *(cup, bottle, formula, breast milk, milk, etc.)*

Is there anything else you would like to tell us about your child that would influence the care we provide or behaviors we will see from your child? If so, please list below:

General Information

Child's Full Name: _____ **Child's Birthdate:** _____

Has your child attended preschool previously? If yes, what type of care and for how long? _____

Child General Information - Please include all information that will assist us in providing quality care for your child

Child's Likes: _____

Child's Dislikes: _____

Eating Habits and Schedule: _____

Sleeping Habits and Schedule: _____

Level of Toileting: _____

Fears or Concerns: _____

Special Words and Their Meanings: _____

Family Members in Home: _____

Family Ethnicity/Cultural Background: _____

Primary Language: _____

Special Traditions or Holidays: _____

Is there anything else you would like to tell us about your family that would influence the care we provide or behaviors we will see from your child? If so, please list below:

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Brightwheel and Parent Codes

Here at Dreamland, we use an app called Brightwheel to track each child's daily progress, photos of activities, meals, bathroom times, nap times, etc. Parents, teachers and administration can send messages to each other regarding a child and is used as our main form of communication. Once your child is enrolled at Dreamland, administration will add your family's information to Brightwheel. You will then receive an invite to download and sign up for Brightwheel via email or text. Once you have signed up, Brightwheel will provide you with a four digit code that parents will use every day to sign in and sign out their child on the tablets in the front office. There is an option under the settings on your account to change the four digit code to whatever you would like.

****ALL TUITION BILLING IS DONE THROUGH BRIGHTWHEEL****

Door Codes

As an added safety precaution for everyone at Dreamland, the front door has an automatic locking system. You will receive the front door code once enrolled. We kindly ask that this code is not shared with anyone else other than yourselves and regular pick up personnel.

Front Door Code:

Brightwheel Code:

***Dreamland Childcare Center Website Password for Family Handbook
Password:***