Enrollment Form

Parents/Guardians: This information is required prior to enrollment of your child.

First day child will attend: _____ Last day child attended: _____

List the days and normal hours the child will be attending: _____

CHILD INFORMATION:

Child's Full Name: _____ Birth Date: _____

Home Address: _____ Home Phone: _____

Language/s Spoken at Home: _____

Nickname or Preferred Name:_____

☐ Child Receives Non-Recurring Services

☐ Child Receives Recurring Services(please list)_____

PARENT INFORMATION

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Address (if different): _____

Work Site Address: _____

Parent/Guardian Home Phone: _____ Other Contact Phone: _____

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Address (if different): _____

Work Site Address: _____

Parent/Guardian Home Phone: _____ Other Contact Phone: _____

☐ Court Order in Effect for: _____(please provide a copy of signed court order)

EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

AUTHORIZED PICK UP- WE WILL NOT RELEASE CHILD TO ANYONE NOT ON THE LIST without written or verbal parental permission. *List all individuals who are authorized to pick up your child:*

_____

_____

_____

MEDICAL CONTACTS

Name of Child's Doctor: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Hospital Preference: _____

☐ Child's immunization record attached(records can be faxed to 207-998-2109 or emailed to moosealleydaycare@gmail.com)

ADDITIONAL MEDICAL INFORMATION ABOUT YOUR CHILD

This could include special medical, developmental, emotional or education needs, allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations.

_____

_____

ALL ABOUT ME

Please describe any additional information you would like us to know about your child or family. This may include who lives in the household, special family members involved in the child's life, special holidays or celebrations you celebrate, favorite items, color, or preferences, or any other information your child's teacher should know!

_____

_____

_____

_____

Emergency Medical Information/Consent

"I hereby give consent, in the event of a medical emergency when I cannot be contacted, for child care staff to obtain whatever treatment may be deemed necessary by medical personnel for my child:

Name: _____ DOB: _____

This authorization includes my consent for the above named child to receive treatment by a physician in any hospital emergency department or any emergency personnel.

Known Allergies:

Known Medical Concerns/Surgeries etc:

Please list here or on an attached sheet of paper a summary record of significant factors concerning the child's adjustment in the home/center, unusual events or occurrences, or any other medical information you would like shared with daycare staff and/or medical personnel if relevant to the care of your child.

"I hereby give consent, in the event of a medical emergency when I cannot be contacted, for child care staff to obtain whatever treatment may be deemed necessary for my child:

Name: _____ DOB: _____

This authorization includes my consent for the above named child to receive treatment by a physician in any hospital emergency department, or any emergency personnel.

_____ _____

Parent/Guardian Signature Date

_____ _____

Childcare Director Signature Date

Children's Illness Policy

When children arrive for care, they must be in good health and free from symptoms of contagious disease, or according to state law, they must be refused admittance. The child must be capable of full participation. In order for us to keep our children, families, and staff healthy, we ask that you keep your child home if they are ill.

Symptoms of Contagious Diseases can be, but are not limited to:

Earache
Runny nose(thick white, green or yellow discharge)
Irritability/not able to function as normal
Vomiting
Diarrhea
Rash
Cough
Sore Throat
Red/Runny Eyes
Unusual Drowsiness

Children with the following symptoms will NOT be admitted for care:

Fever of 100 degrees(F) or higher in the last 24 hours
More than 3 bouts of diarrhea within 24 hours
Undiagnosed Rash
Runny Eyes/Pink Eye
Vomiting
Positive COVID/Influenza/Strep Test
Persistent hacking cough
Lice

Please remember that your child cannot return to daycare until 24 hours after symptoms are gone. They must be fever free for 24 hours without the use of medication. Doctors' notes may be required upon return to daycare.

If your child should become ill while in daycare the following steps will be taken:The child will be isolated in a comfortable and visible area. Parents will be notified to please pick up child. We ask that your child be picked up within 1 hour of symptoms showing. We will continue to monitor symptoms until they are picked up.

I have read/understand this illness policy and agree to meet the standards as described above.

_____ _____

Parent/Guardian Signature Date

Parent/Guardian Permission Form

High Risk Activities

I hereby grant permission for my child,_____, date of birth ___/___/___, to engage in the following potentially high risk activities while in the care of Moose Alley Daycare, LLC.

☐ Use of water tables/sprinkler/splash pad etc. at the provider's location.

☐ Use of bounce house or inflatable water slide(during center wide events)

☐ Other: sledding/use of sleds at provider's location(helmets encouraged if you would like to bring one) ,use of tricycles/bicycles, snowshoeing, climbing tower, slides, climbing snowbanks in the winter, and any other activities deemed fun and safe by staff.

This parental permission form must be updated, signed and dated by the parent or legal guardian at least annually.

_____ _____

Parent/Guardian Signature Date

Permission to Take/Use Photographs

☐ **I DO NOT** authorize the child care provider to take or use photographic or video images on the child named above.

☐ I hereby grant permission to Moose Alley Daycare to photograph the child named above for the following purposes(check here for or choose individual options below):

☐ Marketing materials, including brochures and on-line materials/website, facebook

☐ Classroom and/or program posting in the child care program Bloomz app/bulletin board/email & printed newsletter

☐ Text or emailed photos directly from Administration to Parents Cell Phones/Emails

I understand that these photographs may be used in promoting child care services, either in print or on the Internet. I agree that this form will remain in effect during the term of my child's enrollment. **I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses.**

_____ _____

Parent/Guardian Signature Date

Permission to Apply Creams/Sunscreen/Bug Spray

I hereby grant permission to Moose Alley Daycare staff to apply the following as needed to my child. Moose Alley Daycare provides the items,but asks that if you prefer a certain brand you please bring them in with your child's name labeled on the item.

☐ Sunscreen(if 6 months or older) ☐ Bug Spray ☐ Diaper Cream(if applicable)

☐ Lotion(unscented) ☐Hydrocortisone ☐Triple Antibiotic

_____	_____	_____
Parent Guardian Name (Printed)	Parent/Guardian Signature	Date

Email List

Moose Alley sends out important reminders, newsletters, monthly menus, and other notices via email as well as in paper form. If you would prefer to receive the notices electronically, please provide your email address(es) below.

_____ _____

Confidentiality Agreement

I/We understand that the staff at Moose Alley Daycare can only discuss my child with me. They cannot discuss or disclose any information about my child to anyone else, and cannot discuss any other children with me/us.

_____	_____	_____
Parent Guardian Name (Printed)	Parent/Guardian Signature	Date

Emergency Transportation Permission Agreement 2025/2026

I give permission for Moose Alley Daycare, LLC staff to transport my child, _____, to an emergency relocation site when it is unsafe to remain at the childcare facility. Transport would only occur in an emergency situation when it is deemed unsafe to stay at the childcare facility location. I understand that normal safety rules will be followed as much as possible, but that the highest priority is to relocate to a safe location as quickly as possible.

This agreement shall remain in effect thru December 31, 2026.

Parent/Guardian Name:_____ Ph #:_____

Home Address:_____

Alternate Contact Person:_____ Ph #:_____

Special Considerations for emergency transport:_____
_____
_____

*Per our emergency evacuation plans, any life saving medication would be transported with the child.

_____ _____
Parent/Guardian Signature Date

We will follow all emergency evacuation plans when leaving the childcare facility. Parents will be contacted upon our arrival at the relocation site as soon as it is safe to do so.

Payment Contract Agreement

Payments are required on the Friday of the week before your child is/are attending. Please be aware that payment is still required whether your child attends Moose Alley Daycare or not. Holidays, vacation days, or any other closure days, included. Moose Alley Daycare may charge a late fee of $10.00 per day if payment is late(including weekends), and missed payments may result in your child being unable to attend daycare until payment is made. Payments may be made by check, money order, or cash. A drop box is located at the preschool/school age entrance for your convenience. If dropping off cash, please leave it in an envelope with the child's name & date on it.

A two week written notice is required to withdraw your child from Moose Alley Daycare, during which time you are responsible for payment. Notice may be given by email at moosealleydaycare@gmail.com If we feel that we couldn't meet your needs or the needs of your child, we will also give a two week notice in which payment will still be due. Payment is required whether your child attends or not.

I/We, understand the payment contract terms as stated above.

_____	_____	_____
Parent Guardian Name (Printed)	Parent/Guardian Signature	Date
_____	_____	_____
Parent Guardian Name (Printed)	Parent/Guardian Signature	Date

Parent Handbook

I/We, the undersigned, being fully aware and understanding completely, the rules and regulations set forth in the Parent Handbooks from Moose Alley Daycare, agree to abide by, and fulfill, all responsibilities and regulations set forth in the handbook. I/We, acknowledge that I/we, have received a copy of the Parent Handbook and understand its contents in their entirety.

_____	_____	_____
Parent Guardian Name (Printed)	Parent/Guardian Signature	Date

_____	_____	_____
Parent Guardian Name (Printed)	Parent/Guardian Signature	Date

_____	_____
Childcare Director Signature	Date

Moose Alley Daycare 2025 Remaining Closure Calendar Dates

- Monday, September 1st-Labor Day
- Monday, October 13th-Indigenous Peoples Day
- Friday, October 24th-Staff Professional Development Day
- Thursday & Friday November 27th & 28th-Thanksgiving
- Monday December 22nd-Friday December 26th-planned closure week
- Thursday, January 1st, 2026-New Years Day

Calendar subject to change with notice when possible

Moose Alley Daycare 2026 Closure Calendar

- Thursday, January 1st, 2025-New Years Day
- Monday, January 19th-Martin Luther King Jr
- Monday, February 16th-Presidents Day
- Monday, May 25th-Memorial Day
- Friday, June 19th-Juneteenth
- Friday, July 3rd-Observation for Independence Day
- Monday July 6th-Friday, July 10th-summer closure week
- Monday, September 7th-Labor Day
- Monday, October 12th-Indigenous Peoples Day
- Thursday & Friday November 26th & 27th-Thanksgiving
- Monday December 21st-Friday December 28th-winter closure week
- Friday, January 1st, 2026-New Years Day

The following Fridays in 2026 we will be closing as of 4pm for staff meetings:

Friday, March 6th Friday, May 22nd Friday, August 7th Friday, October 30th

Calendar subject to change with notice when possible