

**Alpine School District Child Care Training Center  
Little Lehi Learners  
Enrollment Checklist**



**Step 1:**

Read the Alpine School District Early Childhood Training Center handbook.

**Step 2:**

Complete the following documents:

- Consent Form and Activity and Media Release
- Tuition Agreement
- Application for Enrollment Form
- Emergency Contact and Medical Emergency Permission Form
- Student Health Assessment (Required by school nurse)
- ACH Electronic Transfer Payment Form (due in August)
- Child's Immunization Record (must be up-to-date and updated throughout the year) OR a Health Department Immunization waiver.

**Step 3:**

Pay the non-refundable registration fee of \$50.00 in the Lehi High School Financial office.

**Step 4:**

- Bring the completed and signed documents with the registration receipt to the Center Director. (room 108)

**Child's Name** \_\_\_\_\_

Alpine School District  
Early Childhood Training Center (ECTC)  
**APPLICATION FOR ENROLLMENT**

Pre-school is 2 days a week and is held on **B days** except for Monday's.  
Pre-school runs Mid September-Mid May and follows the Alpine School District Calendar.

**Child's Information:**

\_\_\_\_\_  
Name Gender Birthday

\_\_\_\_\_  
Address City Zip Code

T-shirt Size: \_\_\_\_\_ (2T, 3T, 4T, 5T, XS, S)

**Parent/Guardian Information:**

\_\_\_\_\_  
Mother or Guardian Name Home Address (if different)

\_\_\_\_\_  
Employer Name and City Cell Phone Work Phone

\_\_\_\_\_  
Personal Email Address Work Email Address

\_\_\_\_\_  
Father or Guardian Name Home Address (if different)

\_\_\_\_\_  
Employer Name and City Cell Phone Work Phone

\_\_\_\_\_  
Personal Email Address Work Email Address

**If Applicable:**

\_\_\_\_\_  
Additional Guardian/Step Parent Name Home Address (if different)

\_\_\_\_\_  
Employer Name and City Cell Phone Work Phone

\_\_\_\_\_  
Personal Email Address Work Email Address

Child's Name \_\_\_\_\_

Alpine School District ECTC  
**AUTHORIZED PICK UP/EMERGENCY CONTACT/ AND MEDICAL INFORMATION**

**Pick-up Authorization and Emergency Contact**

I, the undersigned, do hereby authorize the following, of whom are 18 years or older, to pick up my child from the center with a valid photo ID (driver's license, work badge, etc.) in the event of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Contact #1**

\_\_\_\_\_  
Name Relationship Telephone #

**Contact #2**

\_\_\_\_\_  
Name Relationship Telephone #

**Contact #3**

\_\_\_\_\_  
Name Relationship Telephone #

**Contact #4**

\_\_\_\_\_  
Name Relationship Telephone #

**Medical Information and Medical Emergency Permission**

\_\_\_\_\_  
Child's Physician Telephone #

\_\_\_\_\_  
Child's Dentist Telephone #

**Does your child have any health problem?** (allergies, seizures, asthma, diabetes, drug reactions, etc). If so, please describe and give instructions for the care of the problem.

In case of serious emergency or illness, when the parents cannot be reached immediately, I hereby authorize the child care provider to obtain emergency medical care and to obtain or provide emergency medical transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

Alpine School District ECTC  
**CONSENT FORM AND ACTIVITY AND MEDIA RELEASE**

**I. Alpine School District Early Childhood Training Center Handbook**

- I, the undersigned, do hereby state that I have received and read a copy of the Parent Manual/Handbook of the ECTC, and am aware of the school's policies and procedures.

**II. Training Program**

- I, the undersigned, understand that the Child Care programs are training programs for students attending the high school. I realize that these students will have hands-on experience in teaching and caring for my child under the direct supervision of the director and adult assistants.

**III. Late Pick-up Fee**

- I, the undersigned, understand that if I have not picked up my child at the agreed upon time a automatic overtime charge of \$10.00 for up to 10 minutes and \$2.00/minute thereafter for each child will be assessed.

**IV. Health and Wellness Policy**

- I, the undersigned, understand that childcare center has a responsibility to keep all children in the center healthy and safe. For this reason if my child is sick, I keep them home until they are healthy according to the health and wellness policy.

**V. Toilet Practices**

- I, the undersigned, allow one of the adult aides or Early Childhood teacher to assist my child, if needed, when going to the restroom (wiping, pulling up pants, etc....) The high school students are not allowed to help with this. If the center uses high school restroom facilities they are not allowed to go in the stall and there will always be at least 2 high school students if ever taking a child down to the restroom.

**VI. Permission for Supervised Walks & Play around the Center Site**

- I, the undersigned, grant permission for my son/daughter to take accompanied walks or to take part in activities organized by the ECTC outside the classroom and/or fenced-in area on the grounds of the high school. I understand that at all times these will be supervised activities adhering to the handbook standards.

**VII. Permission for Fieldtrips**

- I, the undersigned, grant permission for my son/daughter to take part in fieldtrips and activities organized by the ECTC. I also allow my child to ride a school bus that will transport them to and from Lehi High School. I understand that at all times these will be supervised activities adhering to the handbook standards. I also allow them to go on walking fieldtrips. Specific times and activities will be given prior to the fieldtrips.

Alpine School District ECTC  
**CONSENT FORM AND ACTIVITY AND MEDIA RELEASE (continued)**

**VIII. Photo Release**

- I, the undersigned, grant permission for photographs of our child to be used for preschool use (bulletin boards, photo books, etc). These pictures will NOT be posted on the web.

**IX. Brightwheel check-in system**

- I, the undersigned, grant permission for the ECTE to use the Brightwheel app for check-in and check-out. I understand that some personal information is stored within the secured app.

**X. Video Productions/Yearbook Release**

- I, the undersigned, grant permission for videos or photographs of our child to be used in the high school video productions and/or high school yearbook.

**XI. Video Surveillance**

- I, the undersigned, am aware that the ECTC is under video surveillance at all times.

**XII. Popcorn Fridays**

- I, the undersigned, allow my child to participate on occasion to watch a short video or movie. (G or PG rated and usually educational). Children are sometimes given a small amount of popcorn as well. This is typically only done for a class reward or special occasion.

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Parent/Guardian Signature

Date

Comments or additional information:

Child's Name \_\_\_\_\_

Alpine School District ECTC  
**TUITION AGREEMENT**

I agree to pay \$\_\_\_\_\_ a month. I agree to pay any late pick-up fees of \$10.00 for up to 10 minutes and \$2.00/minute thereafter for each child. Payment will be paid monthly by the 15<sup>th</sup> day of each month. Payment will automatically be deducted from your checking or savings account on file. If payment doesn't go through, a late fee of \$25.00 per child will be automatically assessed for each month delinquent. The fees and tuition need to be paid before the child can return. The second time this happens the child will be removed from the program and all tuition fees will be due or you will be sent to collections.

Either party for any reason may terminate this contract at any time during the first two weeks. The \$50.00 enrollment fee will be forfeited if termination does occur during this time for any reason. If for some reason, you need to withdraw sometime during the school year you are responsible for one month's tuition after you have notified the childcare director.

By signing below, I agree to all terms of this contract and acknowledge that I have received and am familiar with the Alpine School District ECTC Handbook as well as all policies and procedures. This contract is subject to renewal. The provider may amend the policies by giving the parents/guardians a new copy of the policies at least two weeks before they go into effect.

**If only one parent/guardian signs, the one signing is responsible to make the payment.**

\_\_\_\_\_  
Mother/Guardian Signature Date

\_\_\_\_\_  
Father/Guardian Signature Date

**ALPINE SCHOOL DISTRICT  
STUDENT HEALTH INFORMATION  
(Required by Alpine School District)**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Grade \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Parent/Guardian email: \_\_\_\_\_  
Student lives with: \_\_\_\_\_ both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

**MEDICAL HISTORY**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Current Medical Diagnosis (if any) \_\_\_\_\_

YES	NO	HAS YOUR CHILD EVER HAD (if yes, please describe)
_____	_____	Any Serious Allergies (Please specify to what and how serious)? _____
_____	_____	Asthma or Breathing Problems (how serious)? _____
_____	_____	Orthopedic or Bone Problems? _____
_____	_____	Heart Disease or Murmur? _____
_____	_____	Kidney Disease? _____
_____	_____	Seizures (type and frequency)? _____
_____	_____	Diabetes (Insulin dependant? On an insulin pump?) _____
_____	_____	Serious or Chronic Disease (i.e. Leukemia, transplant)? _____
_____	_____	Has your child had the Chickenpox disease? _____
_____	_____	Serious Accident/Injury? _____
_____	_____	Vision Exam? Date _____ By Whom _____ Results _____
_____	_____	Other Health Concerns? _____

**MEDICATION**

Is student on special medication that may need to be administered during school?

Yes\*\*\* (See below) \_\_\_\_\_ No \_\_\_\_\_ If yes, what type(s) and reason:

\*\*\*If yes, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, epinephrine injectors, and insulin). You can obtain the form from the office.

***IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR K-6 STUDENTS TO CARRY ANY MEDICATION with the exception of inhalers, epinephrine injectors and insulin with proper signed prescriber and parent authorization.***

With parent permission 7-12 grade students may now carry and administer **one dose** of easily identified non-prescription, over-the-counter medication.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

PLEASE NOTE: The information requested is considered to be essential for planning a program each year that will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.

# **AUTHORIZATION FOR ACH ELECTRONIC TRANSFER**

Parent/Guardian Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Work Phone# \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**• \$25.00 MINIMUM MONTHLY WITHDRAW**

Child's Name	Age	Total Due	Number of Months (8 Maximum)	Monthly Amount (Round up to the nearest dollar)
		\$		\$
		\$		\$
		\$		\$

**IMPORTANT: Please attach a voided check to this form (no deposit slips)**

Bank Name \_\_\_\_\_ Checking  Savings

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

As a participant of this debit service, I agree to and understand the following:

1. Funds will be transferred on/near the 15<sup>th</sup> day of each month starting on September 15<sup>th</sup>.
2. Total due must be paid off by May 15<sup>th</sup>'s payment. To ensure this, *monthly payments may be adjusted as necessary to cover class changes and additional school fees/fines (etc.)*.
3. Ensure that funds are in my designated account to cover the electronic transfer.
4. A 15 day notice must be given to cancel or make changes to the electronic transfer.
5. Three errors to electronic fund transfers will result in losing the monthly payment option to pay off my student(s) school fees/fines.

I have read and agree to the above ACH agreement and authorize Lehi High School to transfer the necessary funds to cover my child's childcare fees.

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

Attach Canceled Check Here: