



Childcare Network FAMILY AGREEMENT

SCHOOL

Date of Enrollment

CHILD INFORMATION

Child's Name

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Congratulations! Your child has been offered enrollment at the School for the enrollment period listed above. **Please read this Family Agreement and the School's Family Handbook carefully. The Family Handbook is incorporated in full into this Family Agreement, and together with any Addenda, these documents form the legal contract between the School, the child, and the child's Parents/Guardians.** To accept this offer of enrollment, the Parents/Guardians (hereafter "Parents" or "you") must sign below, agreeing to the terms of the Family Handbook, this Family Agreement, and any Addenda (together, the "Agreement"), and return a signed copy of this document to the School before your child is enrolled and attends School. If the School does not receive a signed copy of this Family Agreement in a timely manner, it may rescind this offer of enrollment.

CHILD HEALTH

State-mandated Immunizations and Physical Examinations: If Required Immunizations are listed below, your state requires that all children receive the immunizations. You must provide written evidence that your child has received all required immunizations and examinations (if any) by the corresponding deadline listed below. If the state in which the School is located permits exemptions from the requirements below and you intend to claim such an exemption for your child, you must provide all materials required under state law to claim such exemption by the deadline listed below.

Required Immunizations

3 DTap, 2 Polio, 2 -3Hib, 2 Hep B, 3 PCV

3 DTap, 2 Polio, 1 MMR, 3-4 Hib, 3 Heb B, 4 PCV, 1 Var

4 DTap, 3 Polio, 1 MMR, 3-4 Hib, 3 Heb B, 4 PCV, 1 Var

4 DTap, 3 Polio, 1 MMR, 3-4 Hib, 3 Heb B, 4 PCV, 1 Var

5 DTap, 4 Polio, 2 MMR, 3-4 Hib, 3 Heb B, 4 PCV, 2 Var

Deadline for Child to Receive

Minimum by 7 Months

Minimum by 12-16 months

Minimum by 19 months

Minimum by 4 years or older (in childcare only)

Minimum by 4 years and older (in kindergarten)

*Visit the CDC Website for latest updates to vaccination requirements: <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>

(initial) **Medical Examination:** Proof of Physical and Immunization should be submitted by the child's first day of enrollment.

(initial) **Medical Authorization and Consent to Treat:** I hereby authorize the School and its agents and employees to consent on my behalf to any x-ray or other diagnostic examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care, which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location, in the event my child requires urgent medical care. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. I understand and agree, for myself, the child, the Parents, and any other Claimant (as that term is defined in the Family Handbook), that neither the School nor Childcare Network, nor their agents or employees, shall be liable in any way in connection with any medical care provided to your child.

(initial) **Consent to Medication Administration:** Please refer to the Medication Administration section of the Family Handbook for the School's Medication Administration policy. If your child requires medication during the school day, you must initial and complete this section and must complete all School-required forms identifying the child's medications, dosage, and the frequency and method of administration (and must update those forms to reflect any changes). Over-the-counter medication must be provided in its original packaging with the label intact. Prescription medication must be provided in original pharmacy packaging, which must include the child's name, medication name, dosage, and frequency, and the name and contact information of the prescribing healthcare provider.

Medical History: Please describe any medical history for your child of which the School should be aware, including food or other severe allergies, seizure disorders, communicable diseases, or any condition which may require emergency treatment while at School or may limit the child's ability to participate in School activities.

Accommodations for Children With Disabilities: Each child is an individual, and the School welcomes open and effective communication about a child's particular needs as part of the enrollment process. The School is committed to complying with state and federal law regarding students with disabilities. **It is very important for the child's safety that Parents fully inform the School of any disability that may require an accommodation by the School during the enrollment process and before the child attends School.** If your child has a disability that may require an accommodation by School, please describe the disability and the proposed accommodation in the space below. The School will review this information and contact you to discuss whether reasonable modifications to the School's policies and practices are available to accommodate your child's needs. If the child requires an accommodation that the School is unable and not required by law to provide, or if the School determines that the child's presence poses a direct threat to the health or safety of any person, the School may rescind this offer of enrollment or request Parents disenroll the child and make alternative arrangements.

CHILD MEALS

(initial) **Feeding Plan:** Your state may require state specific forms related to feeding plans. Your school will provide the forms; please return completed forms on/before the first day of enrollment.

Special Diets: If your child requires a special diet or must avoid certain foods because of a food allergy, medical condition, religious practice, or reason of conscience, please carefully review the Meals section of the Family Handbook and explain any requests regarding meals served to your child in the space below. **IF YOUR CHILD HAS A FOOD ALLERGY THAT MAY REQUIRE MEDICAL TREATMENT, PLEASE ALSO LIST THIS INFORMATION IN THE MEDICAL HISTORY SECTION ABOVE.**

PARENT RELEASES, NOTICES, AND CONSENTS

(initial) **Field Trip Consent:** I understand and agree that the School organizes field trips off-campus or outside of the property from time to time. Field trips involve travel to and from the School in School vehicles operated by School employees. School employees and Parent volunteers will supervise students while on field trips, but field trip locations may not be under the exclusive control of the School, and members of the general public may be present. The School will exercise reasonable care in selecting field trip destinations, but cannot and does not guarantee that no risks will be present at field trip destinations. Because School employees attend field trips with students, all students who are present at School on the day of a field trip must attend the field trip. If you do not wish your child to participate in a field trip, or if you do not initial this section of the Family Agreement, you should plan to make alternative childcare arrangements for your child on the day of the field trip. By initialing this section, you consent to allow your child to attend any School field trip, understand and agree that you are responsible for payment of any fees associated with a field trip in advance, and understand that, despite the School's reasonable efforts, it is not possible to fully eliminate all risks to students associated with participation in or travel to and from a field trip. Additional documentation, consent forms, and releases may be required for child to participate in field trips.

(initial) **Public/Private School Transportation:** If the School offers transportation of students between the School and a child's other public or private school, Parents may opt in to that transportation by completing this section. If the School does not offer transportation or the Parents do not complete this section, the Parents must follow the default drop-off and pick-up policies set out in the Family Handbook. If your child requires a transportation accommodation (e.g., wheelchair-capable transportation), please explain in the Accommodations for Children With Disabilities section above.

By initialing this section, I give the School permission to transport my child between the School and the public or private school listed below. I understand and agree that my child's behavior during School transportation is subject to the Family Handbook.

Public/private school name

Address

Phone number

Normal morning drop-off time

Normal afternoon pick-up time

Normal days of attendance (check)

Monday Tuesday Wednesday Thursday Friday

(initial) **Home Transportation:** If the School has agreed in writing to provide transportation to and from home for my child, I understand and agree that I am responsible for ensuring that a qualified adult is present at the home to receive the child, and that the School will otherwise return the child to School and the School's policy for late pick-ups set out in the Family Handbook will apply.

By initialing this section, I give the School permission to transport my child to and from home. I understand and agree that my child's behavior during School transportation is subject to the Family Handbook.

If the child requires a transportation accommodation (e.g., wheelchair-capable transportation), please explain in the Accommodations for Children With Disabilities section above.

Home Address

Normal morning pick-up time

Normal afternoon drop-off time

Normal days of attendance (check)

Monday Tuesday Wednesday Thursday Friday

(initial) **Swimming/Water Activities (if available at School):** By initialing this section, I consent to my child's participation in swimming and other water-related activities with the School. I understand and agree that there are inherent risks in swimming and other water activities, have considered those risks and the child's ability to safely participate in those activities with reasonable adult supervision, and voluntarily consent to allow my child to participate. I understand that participation in swimming and other water-related activities is purely voluntary and is not a condition of the child's enrollment or attendance at School. I have received a copy of the School's Aquatics Policy, have had the opportunity to discuss the Policy with the School and ask any questions I may have about the Policy.

(initial) **Video Recording:** I understand that my School may offer video services, which provides (a) administrators of the School with the ability only to view and monitor the activities of all individuals on their premises for their internal purposes (“Live Streams”), (b) families with the opportunity to view their children online and share in their day via streaming video (“Video Streams”), at applicable locations where such streaming is enabled, and (c) academic services, such as third party online educational programs and/or remote tutoring services that may include video sessions (“Video Sessions”). I acknowledge and agree that the School (a) may capture video (Live Streams and/or Video Streams), where applicable, of myself and my child(ren) and audio while on School premises for academic purposes and/or their internal administrative use and (b) may stream the Video Streams via a third-party service to School families, where applicable.

(initial) **Photo/Video Authorization:** For good and valuable consideration, I hereby grant to the School and Childcare Network the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of my child, or images in which my child may be included, now existing or hereafter made, in any case, with or without identifying my child for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. On behalf of myself and my child, I specifically waive all rights to privacy and confidentiality with respect to name, likeness, voice, photographs, images, video recordings, audio recordings, and identifying information.

(initial) **Student Behavior Expectations:** I have received a copy of the Family Handbook and have read, had the opportunity to discuss with the School and ask any questions. I understand the expectations for my student to comply in all respects to all the rules, policies, procedures and behavior expectations and I agree to ensure my child acts in accordance with same.

(initial) **RELEASE OF LIABILITY AND INDEMNITY AGREEMENT:** I understand and agree that my child’s attendance at School and participation in any of the activities described in this Parent Releases, Notices, and Consents section carry certain risks, which include the risk of physical injuries. I have considered those risks in light of the information in the Agreement, have asked any questions I may have of the School regarding School programs, and have determined that my child can safely attend School and participate in the activities described in this Agreement. As a result and in consideration of School’s offer of enrollment to my child for myself and any Claimant (as that term is defined in the Family Handbook), I hereby fully and irrevocably agree to waive, release, and indemnify and hold School, Childcare Network, and their respective agents and employees (collectively, “Indemnitees”) harmless from and against, any and all claims, controversies, costs, expenses, attorney’s fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including my child) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the child’s attendance at, participation in, or transportation to or from School or any School activity, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.

TUITION AGREEMENT

Tuition Agreement will be provided to guardian by school.

PARENT CONCERNS, DISPUTES, AND LEGAL RIGHTS

The Parent Concerns and Disputes section of the Family Handbook affects your legal rights. You should read it carefully. Among other terms, it limits the types and amounts of damages that may be recovered from the School, waives the right to a jury trial in Disputes with the School, and REQUIRES THAT DISPUTES BE SUBMITTED TO ARBITRATION RATHER THAN RESOLVED BY A COURT.

Some Disputes must be reported to the School’s District Manager in writing. The District Manager’s contact information is available upon request from the School Director, and may also be found at: Family Services Hotline 866-521-5437.

The Exclusive Venue for any Dispute, as that term is defined in the Handbook, is: Hamilton County.

You agree that this is a convenient forum for resolving any Disputes and that participating in related proceedings in the Exclusive Venue, whether in-person or electronically, would not pose an undue burden or expense.

This Agreement shall be enforced and interpreted according to the laws of the state of Texas (the “Choice of Law State”), without reference to conflicts of laws rules.

Capitalized terms used in both the Family Handbook and this Family Agreement have the same meaning throughout. If any

provision of the Agreement is deemed unenforceable or void, the offending text alone will be stricken from the Agreement and the remainder of the Agreement will remain in full force and effect. In the event of any conflict between the Family Handbook, this Family Agreement, or any Addendum, the terms of this Family Agreement shall control. In addition, any published updates will be incorporated by reference into this agreement.

STATE-SPECIFIC INFORMATION

Additional Holidays: In addition to the dates listed in the Holidays section of the Family Handbook, School is closed on the following days: Friday After Thanksgiving, MLK Jr Day, Good Friday, Veterans' Day

Additional Required Parent Information: in addition to the information you provided in your child's Enrollment Application, the state of Tennessee requires the School to collect the following information regarding each parent.

Required Information

Parent/Guardian 1

Parent/Guardian 2

Copy of Parent/Guardian Photo ID on File

STATE-SPECIFIC POLICIES & PROVISIONS

Acknowledgment Statement: By signing this agreement, I acknowledge that...

- I viewed the center prior to enrollment and understand that center's policies and procedures.
- I received a copy of the State of Tennessee Licensing Rules and Regulations and acknowledge that the center's Master Copy is located in the Main Office.
- I understand the State's Child Abuse Reporting procedures and acknowledge that the center has the Child Abuse Hotline number posted in every classroom.

Authorization to Dispense External Preparations 590-1-1-.20(1): Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent. I give Childcare Network permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

____ Baby Wipes

____ Band-aids

____ Neosporin or similar ointment

____ Bactine or similar first aid spray

____ Sunscreen

____ Insect Repellent

____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

____ Baby Powder

Other (please specify) _____

TN Flu Notification and Personal Safety Curriculum Form: You will receive a copy of the Flu Notification and Personal Safety Curriculum Forms.

Non-childcare Agency Personnel Acknowledgment: I agree that my child can be observed by non-childcare agency personnel.

Child Health Checklist:

Check Yes or No for each of the following:	Yes	No
Were there any problems with your pregnancy or delivery?		
Was your child's birth weight under 5 V2 lbs.?		
Has your child had to stay in the hospital since birth?		
Does your child regularly take medication?		
Does your child have asthma or any breathing problems?		
Does your child have frequent ear infections?		
Does your child have tubes in his/her ears?		
Does your child frequently have strep throat or tonsillitis?		
Does your child have a speech or hearing problem?		
Does your child have problems with his/her eyes?		
Has your child ever had bladder or kidney infections?		
Does your child experience burning while urinating?		
Does your child frequently scratch his/her genital area?		
Does your child have seizures or shaking spells?		
Does your child have any heart complications?		
Has your child ever had worms?		
Is your child a hemophiliac? (free bleeder)		
Is your child able to play as hard as other children?		
Does your child have any allergies?		
If so, please list all allergies:		
If your child has any special problems or needs not indicated above, please list:		

Education Resources crayola.com Al3Cteach.com childfun.com	Autism Teaccla.com TRIADatvanderbilt.com Autism.com	Family Stress healthyrelationshipscenter.com marriagemax.com drjudithtutin.com firstthings.org	Childcare Certificate Program/Voucher Department of Human Services 540 McCallie Avenue Chattanooga, TN 37402 Customer contact: 423-634-6433 Program Supervisor: Linda Daniels 423-634-6754
Parenting Educator strengtheningfamilies.net tndisability.org	Developmental, Behavioral, & Emotional Resources tnaap.org centerstone.org youthvillages.org	Mental Health state.tn.us/mental tnheadstart.org Referral offices for children over 3 yrs. of age state.tri.usieclucation 423-639-2464	ADD/ADHD Chattanooga Behavioral Medicine Center 6180 Airways Blvd Suite #2 Chattanooga, TN 37421

Disenrollment Policy: Please know that the safety of those in our care is of the utmost importance to us. Accordingly, if a child or family member's behavior becomes a threat to the safety of other children or staff, we reserve the right to disenroll the child immediately. Disenrollment can also occur, of course, in the event of nonpayment. Please refer to the family handbook for further details.

By signing this agreement, permission is granted for children to play outside of the fenced in areas. This could include, but not limited to, special parades and visitors such as fire trucks to the school.

AUTHORITY TO SIGN: BY MY SIGNATURE BELOW, I REPRESENT AND COVENANT TO SCHOOL AND CHILDCARE NETWORK THAT:

- I have received, read, understand, and agree to the terms of the Agreement, including the Family Handbook and this Family Agreement, for myself and for my child;
- I have the authority to sign this Agreement for myself and on behalf of my child;
- I am legally authorized to enroll my child in School;
- The information above is true and complete; and
- If the approval of any other person is required to execute this Agreement on behalf of my child and/or to enroll my child in School, I have secured the signature of that person below as well.

 Parent/Guardian 1 Signature

 Parent/Guardian 2 Signature

 Date

 Date