

Clover Preschool and Childcare Registration and Enrollment Form

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Parent 1/Legal Guardian Name: _____

Phone Number: _____ Email: _____

Address: _____

Parent 2/Legal Guardian Name, if applicable: _____

Phone Number: _____ Email: _____

Address: _____

Requested School Needs

Days Requested (Please circle): Monday Tuesday Wednesday Thursday Friday

Approximate Times (i.e., pickup and drop off): _____

Requested Service Start Date: _____

To secure enrollment, completion of this School Registration/Enrollment Form and payment of a non-refundable registration fee and a non-refundable deposit of \$314.00 (full time) \$192.00 (part time 2 days) \$253.00 (part time 3 days) are required. School does not accept cash payments. Enrollment provides you a conditional guarantee for the preschool and childcare services that you selected. School honors first right of refusal. If we do not receive this form and payment by such date, you will be placed on a waitlist for preschool and childcare services subject to the same terms and conditions contained herein and School will retain any form and payment received applying it to any future availability.

A binding Services agreement will be subject to the execution of a preschool and childcare service agreement. If you execute a preschool and childcare service agreement, the non-refundable deposit shall be applied towards fees under the preschool and childcare service agreement. If you are placed on a waitlist, once the selected Services based on your requested Service Schedule become available, you will have two (2) days to sign the preschool and childcare service agreement and begin payment for Services. If for any reason you fail to sign the preschool and childcare service agreement and begin Services by the end of a two (2) days period or other date listed above, whichever is later, you relinquish the first right of refusal, and the Services will be made available to another party.

Parent/Legal Guardian Signature

Date

School Representative Name

School Representative Signature

Date

Clover Preschool and Childcare Rates

440 Minot Avenue Auburn, ME 04210

Revised January 1, 2025

Program Days and Hours of Operations: Monday – Friday 6:30am-5:00pm

Non-Refundable Registration Fee (one (1) time): **\$40.00**

Other Non-Refundable Fee(s): Technology fee (Brightwheel app): \$30.00

Full time (M-F): 244.00 a week

Part time (T-Th): 122.00 a week

Part time (M-W-F): \$183.00 a week

Tuition is invoiced monthly through Brightwheel due on the 10th of every month.

Closures and Holidays

You will be charged the full rate even if the School is closed, unless otherwise notified.

School is closed on the following dates/holidays: January 1st, Martin Luther King Jr. Day, President's Day, Patriot's Day (Maine only) staff development day, Memorial Day, Juneteenth, The week of July 4th, Labor Day, Columbus/Indigenous People Day, Veteran's Day, The day before Thanksgiving, Thanksgiving, The day after Thanksgiving, Christmas Eve, Christmas Week (If a holiday falls on a Saturday, school will close Friday. If it falls on a Sunday, school will close on Monday.

Please note: School closes at 4pm for staff meeting and development on the 1st Wednesday of every month.

Clover Preschool and Childcare Service Agreement

Child's Name ("Child"): _____

Parent/ Legal Guardian Name ("Parent"): _____

Service Start Date: _____

Service Schedule: _____

I, Parent, agree to pay Clover Preschool and Childcare ("School") monthly, in advance, on the tenth (10th) day of the Month, payment of \$_____ **per week (billed via Brightwheel app)** ("Tuition") in exchange for preschool and childcare services ("Services") for Child. Tuition is charged pursuant to Service Schedule regardless of whether School provides Services or Child attends School. All payments are non-refundable.

A **\$10.00** late fee shall be charged in addition to the Tuition for each day payment in full is late. Late fees are due at the time of Tuition payment. Excessive late payment may result in the discontinuation of services to Child. Failure to pay the monthly tuition in full by the seventeenth (17th) of the month will result in automatic termination of Services to Child. There shall be a **\$30.00** charge for any returned or dishonored payments. I also understand that an additional fee of **\$1.00** per minute will be charged for pickups after 5PM or before 6:30AM.

School is subject to Service rules and regulations by the State of Maine. Prior to Service Start Date, parent or legal guardian is required to provide Child's immunization and other requested records. Parent or legal guardian is required to disclose and provide resources for any special needs for child including but not limited to diapering, additional clothing, medical, or dietary needs. I understand that School is located in a senior living facility. I understand that School may be required by law to report to report health or safety matters including but not limited to any and all suspected child abuse and/or neglect.

This Agreement shall be effective from Service Start Date until terminated by either party. Following execution of this Agreement, child shall be subject to a fourteen (14) day trial period beginning at Service Start Date ("Trial Period"). Within this Trial Period, School may terminate this Agreement effective immediately, with or without cause. Either party may terminate this Agreement at any time, upon fourteen (14) days' prior written notice, with or without cause. If parent or legal guardian elects to revise Service Schedule, parent or legal guardian must provide School fourteen (14) days written notice and shall be charged **\$25.00** for Service Schedule revisions. Child's Service Schedule are subject to availability and at the sole discretion of School. If Child, in School's sole dissection, demonstrates inappropriate behaviors including but not limited to aggressive behaviors, school may terminate this Agreement effective immediately. Parent or legal guardian agrees to provide support for inappropriate behaviors demonstrated by Child.

By their signatures below, School and Parent or legal guardian accepts and agree to all terms and conditions of this Agreement. Failure by the School to enforce any terms in the Agreement does not waive the right of School to enforce any other terms of the Agreement. If Parent is under the age of 18, a co-signer must sign the contract and be bound by all terms.

Parent or Legal Guardian Signature

Date

Clover Preschool and Childcare General Permission Form

Child's Name ("Child"): _____
Parent/ Legal Guardian Name ("Parent"): _____

I, Parent, hereby grant permission for Child to engage in the following activities and release the following information while Child attends School:

_____ **Birthday Parties:** I authorize School to disclose Child's birthdate to others and celebrate Child's birthdate with School staff and School participants.

_____ **Email Photos of Child:** I authorize School to email photos and/or videos of Child to the address(s) provided in the School Registration and Enrollment Form. I understand that photos and/or videos of Child may be emailed to other Email Photos of Child participants at School.

_____ **Apply Sunscreen:** I authorize School to apply sunscreen to Child. I understand that they will use sunscreen of SPF 45 or higher. If Child has allergies to sunscreen, I will provide my own sunscreen to be applied by School. I understand that it is my responsibility to notify School know if I do not apply sunscreen to Child before dropping them off each day.

_____ **Apply Bug Spray:** I will provide bug spray for child and I authorize School to apply the bug spray to Child.

_____ **Brightwheel App:** Brightwheel is an app to communicate Child's daily activities at School with parent(s)/guardian(s). It includes security measures such as encryption and authentication mechanism to help secure data. Brightwheel users will be charged an annual technology fee for their subscription. I authorize School to upload photos, information, and videos of Child to School's Brightweel account, and I agree to the annual technology fee. I understand that any photos, information, and videos on Brightwheel's account are accessible by School parent(s)/legal guardian(s) participating in Brightwheel.

_____ **Water Activities:** I authorize Child to engage in the following potentially hazardous activities, if available, while in the care of School: use of a water tables, sprinkler and water slide. (Summer months only)

_____ **Field Trips:** I authorize Child to attend chaperoned field trips with School. A field trip is any activity located anywhere outside the school premises, which may including walking tours. I understand that this may involve transportation of Child, and I may be required to provide a safety seat or other equipment of Child. I understand that field trips may require payment of any additional fee. Adult chaperones will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with state licensing

regulations. **Clover Preschool does not transport children at this time.** Walking field trips to the fire station or Fairview School may occur.

_____ **Transportation in the event of an Emergency:** In the event of an emergency, I understand that school may not transport my child if they are in need of medical attention. An ambulance will be called to transport my child to the hospital.

_____ **Emergency/Evacuation Transportation:** In the event of an emergency evacuation, I understand that a licensed driver employed by the school or facility may transport my child to a determined safe location.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I understand that I may rescind any selected permissions at any time by written notice except where School has otherwise relied upon my decision.

Parent or Legal Guardian Signature

Date

Clover Preschool and Childcare Child Form
Child and Parent/Legal Guardian Information

Child's Name: _____ Date of Birth: _____
Child's Home Address: _____

Parent 1/Legal Guardian Name: _____
Phone Number: _____ Cell Phone Number: _____
Email: _____
Address: _____
Place of Work: _____ Work Phone Number: _____

Parent 2/Legal Guardian Name, if applicable: _____
Phone Number: _____ Cell Phone Number: _____
Email: _____
Address: _____
Place of Work: _____ Work Phone Number: _____

Emergency Contact Information

In the event of an emergency (e.g., illness) and Parent(s)/Legal Guardian(s) cannot be reached, I authorize School to contact the following individual(s) and disclose any emergency related or health information of Child. **Emergency Contacts are also considered escorts. They may pick up the child in the event that the legal guardians cannot be reached.**

Emergency Contact 1: _____
Phone Number: _____ Cell Phone Number: _____
Relationship: _____

Emergency Contact 2: _____
Phone Number: _____ Cell Phone Number: _____
Relationship: _____

Escort Information

In addition to Parent(s)/Legal Guardian(s), I authorize the following individual(s) to pick up or drop off Child:

Escort 1: _____
Phone Number: _____ Cell Phone Number: _____
Relationship: _____

Escort 2: _____
Phone Number: _____ Cell Phone Number: _____
Relationship: _____

Parent or Legal Guardian Signature

Date

Child Medical Information and Authorization

Child's Name ("Child"): _____

Parent/ Legal Guardian Name ("Parent"): _____

School: _____

I, Parent, hereby authorize the School staff to obtain emergency medical treatment for my child in case of a sudden illness or accident. I authorize School to contact Child's health care provider(s) listed below, as needed. I authorize Child's healthcare provider(s) to disclose Child's health information to School. I authorize School to post any allergies that Child may have, the necessary precautions, and the necessary treatment in the event of exposure in the School. I understand that I am responsible for any payment or fees associated with medical services of Child.

Doctor Name: _____ Phone Number: _____

Dentist Name/Preference: _____ Phone Number: _____

Hospital Preference: _____

Vision and Hearing Screening Completed: _____ Yes _____ No

Allergies: _____

Medications and Administration: _____

Immunizations: _____

Special Needs: _____

Insurance Information: _____

Please provide School a copy of Child's immunization records, insurance card, and a letter from Child's physician that Child's wellness visits are current upon enrollment and annually or as updated thereafter.

Parent or Legal Guardian Signature

Date

Clover Preschool and Childcare Handbook Acknowledgement

I acknowledge that I have received a copy of Clover Preschool and Childcare (“School”) Handbook dated 12/2023 and understand the information in the School Handbook. I understand that I am responsible for following the policies, rules, and procedures within the School Handbook and that failure to do so may jeopardize continued preschool and childcare services.

Child Name Parent or Legal Guardian Name

Parent or Legal Guardian Signature Date

School Representative Name School Representative Signature Date

Clover Preschool and Childcare Activity Permission Form

Child's Name ("Child"): _____

Parent/ Legal Guardian Name ("Parent"): _____

I, Parent, hereby grant permission for Child to engage in the following activities while Child attends School:

Activities will be planned and communicated through the school's communication app.

Fee(s): _____

I understand that I am responsible for any fees associated with activities. I understand that I may rescind this permission at any time by written notice except where School has otherwise relied upon my decision.

Parent or Legal Guardian Signature

Date

Clover Preschool and Childcare Benadryl or Epi-Pen Administration Form

Child's Name ("Child"): _____

Parent/ Legal Guardian Name ("Parent"): _____

I, Parent, hereby authorize School to administer 5mL of Benadryl, Epi-Pen, or a generic equivalent ("Medication"), if available, to Child in the event School suspects Child is experiencing a possible allergic reaction (e.g., allergic reaction to food or bug bite) while in attendance at School. I understand that it may be necessary for the administration of Medication to Child to be performed by an individual who does not have medical training, and I specifically consent to such practices.

I also acknowledge that I have given Medication to Child without any allergy or unexpected reactions. I release School and its affiliates from any and all liability in relation to the administration of Medication. I agree to hold harmless and indemnify School and its affiliates from and against any claims, damages, causes of actions or injuries incurred or resulting from administration or attempted administration of Medication. I understand that I may rescind any selected permissions at any time by written notice except where School has otherwise relied upon my decision.

Parent or Legal Guardian Signature

Date

Clover Preschool and Childcare Medication Administration Form

Child's Name ("Child"): _____

Parent/ Legal Guardian Name ("Parent"): _____

I, Parent, hereby request and authorize School staff give the following medication to Child in accordance with Child's healthcare provider signed instructions:

- 1. Medication: _____
- 2. School Medication Administration Approximate Time(s): _____

School may administer Medication to Child only as prescribed by a licensed health care provider in accordance with its Handbook, policies, and procedures. I also acknowledge that I have given the first dose of Medication to Child without any allergic or unexpected reactions. Parent or legal guardian is responsible for furnishing Medication. I understand that it may be necessary for the administration of Medication to Child be performed by an individual who does not have medical training, and I specifically consent to such practices. I authorize Child's health care provider to share information about and related to the administration of Medication with the School. I release School and its affiliates from any and all liability in relation to the administration of Medication. I agree to hold harmless and indemnify School and its affiliates from and against any claims, damages, causes of actions or injuries incurred or resulting from administration or attempted administration of Medication. I understand that I may rescind this authorization at any time by written notice except where School has otherwise relied upon my decision.

Parent or Legal Guardian Signature

Date

Health Care Provider Authorization to Administer Medication at School

Child's Name: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority

License Number

Phone Number

Date



PHOTO AUTHORIZATION FORM
Child

Child's Name: _____
Parent/ Legal Guardian Name: _____

School: Clover Preschool and Childcare

I, Parent or legal guardian, hereby consent to and authorize School and/or its affiliates, the owner and manager of School, and their successors and assigns, employees, agents and contractors (collectively "Company") to use all or in part Child's photograph, portrait, name, likeness, oral and written presentation such as testimonials and comments made by Child, voice, words, graphics, artwork, digital image, textual information, profile and/or story, with or without Child's name, or with a fictitious name (hereinafter referred to collectively as "Content") in print, broadcast and electronic media including newspapers, magazines, TV broadcasts, social media sites, radio broadcasts, websites, podcasts, webcasts, videotapes and other collateral and marketing materials produced, used by and representing the School for educational, commercial, non-commercial or other purposes. Such purposes include, but are not limited to: (i) identification within the School, (ii) School bulletin boards and activities, (iii) group photos used during public events, (iv) training, educational programs, marketing or publicity efforts to promote awareness of the School and its programs, (v) promoting the School and its affiliated properties, including use in advertising promotional materials in different media, and (vi) promotional purposes in internal and external communication, advertising and marketing throughout the world, without restriction as to frequency or duration of usage.

I understand that circulation of Content could be worldwide and that there will be no compensation or remuneration to Child or Parent for its use and I hereby relinquish for Parent, Child, Child's heirs, assignees, and any and all other persons, any and all rights and claims that I may have to said compensation or remuneration or to the ownership or use of the Content contemplated in this Consent.

I further agree that the Content together with any physical manifestations thereof in the form of print, broadcast and electronic media including newspapers, magazines, TV broadcasts, radio broadcasts, websites, podcasts, webcasts, videotapes and other collateral and marketing materials, video files, photographs and their negatives, and any other ancillary materials are the property of School.

I understand that:

1. Company is not receiving direct compensation for use/disclosure of the Content described in this Authorization.

Company will provide Parent with a copy of this Authorization.

I may revoke/withdraw this Authorization at any time by mailing or personally delivering

a signed, written notice of revocation to Company. Such revocation will be effective upon receipt, except to the extent that Company has taken action in reliance on this Authorization.

This Authorization will expire upon its revocation/withdrawal by me.

4. Company may use and disclose Child's information for marketing and receive payment for such use and disclosure.

5. The Content disclosed, or some portion thereof, may be protected by state and/or federal law. Once the authorized Content is disclosed, it may no longer be protected by state and/or federal privacy laws.

6. A photocopy of this authorization shall have the same force and effect as the original.

7. Company, including its contractors, agents, employees, directors, and officers are hereby released from legal responsibility or liability for the access and release of the Content. I further agree and do hereby release Company from any and all claims, actions, suits, liabilities or damages arising from use of the Content.

If Child's photo, profile, or story is published (check one):

School may use Child's first and last name.

School may use Child's first name and last initial only.

School may not publish any part of Child's name.

Parent or Legal Guardian Signature

Date