



**Grand Traverse Pavilions**  
A COMMUNITY CARING FOR GENERATIONS

**Child Care Services**  
**CHILD CARE ENROLLMENT PACKET**

All paperwork must be completed, received, and approved prior to a child's first day of care.

**CHILD & FAMILY INFORMATION:**

Parents/Guardian: \_\_\_\_\_

Dept: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Work Phone / Extension: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**INFANT CARE (If Applicable)**

Breastfed or Formula Fed: \_\_\_\_\_

Bottle Use:  Yes  No

Time Between Feedings: \_\_\_\_\_

Bottles Per Day: \_\_\_\_\_

Have You Started Cereal?  Yes  No

Does Your Child Like to be Swaddled? \_\_\_\_\_

Do they sleep in a crib:  Yes  No What is your preference \_\_\_\_\_

**TODDLER / PRESCHOOL (If Applicable)**

Potty Training:  Yes  No      Pull-Ups:  Yes  No      Restroom Help:  Yes  No

Typical Nap Length: \_\_\_\_\_ Does your child use a pacifier?  Yes  No

Does your child have a special toy they like to sleep with?  Yes  No

**Character Questions**

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel there are any behavioral issues we need to be made aware of?  Yes  No Please explain

\_\_\_\_\_

\_\_\_\_\_

### **Health Questions:**

Is your child Vaccinated?  Yes  No If not, what vaccinations has your child not received? \_\_\_\_\_

Is there any illness, conditions or health issues we need to be aware of? \_\_\_\_\_

Food Allergies:  Yes  No What foods are they allergic to? \_\_\_\_\_

Is there anything else they are allergic to?  Yes  No Please explain: \_\_\_\_\_

Is there anything else you would like to share about your child: \_\_\_\_\_



### **ENROLLMENT FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred start date: \_\_\_\_\_

Full Time      M T W Th F

\_\_\_\_\_

Shift time

Part Time      M T W Th F

\_\_\_\_\_

Shift time

### **Emergency Contact Information: (that is not yourself)**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

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## GRAND TRAVERSE PAVILIONS Child Care Services

### PARTICIPATION AGREEMENT

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Employee Name

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Job Title

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Child Name**Terms of Agreement:** (Please initial all numbers below)

1. I have received a Child Care Center Handbook and understand all information contained therein. \_\_\_\_\_
2. I understand that I must **always** be on campus when my child is at the Center. \_\_\_\_\_
3. I understand the Center requires advance sign-up as described in the handbook. I will submit my four-week work schedule within 24 hours of receiving it and if I need to change it, I will submit changes by 2pm Thursday the week prior. \_\_\_\_\_
4. I understand that failure to pick up my child by the posted closure time will subject me to a late pick-up fee.  
\_\_\_\_\_
5. I agree to have any fees associated with childcare services (including late pick-up and cancellation fees) payroll deducted for Pavilions employees or auto-withdrawal from checking/savings account for Forefront employees.  
\_\_\_\_\_
6. I agree to release Grand Traverse Pavilions from all liability for illnesses or accidents that occur to my child while in the Child Care Center. \_\_\_\_\_
7. I understand Grand Traverse Pavilions may need to change or amend policies, fees, hours, etc. I will be notified at least two (2w) weeks in advance of any change. \_\_\_\_\_

**Signatures to Agreement:**

I agree to cooperate with the policies of the Grand Traverse Pavilions Child Care Services.

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Employee Parent/Guardian

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Date

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Child Care Representative

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Date

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## GRAND TRAVERSE PAVILIONS Child Care Services

### Dependent Care Payroll Deduction

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

SSN#: (last four digits) \_\_\_\_\_

Child(ren) Name(s)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Dept: \_\_\_\_\_

### **PAYROLL DEDUCTION REQUEST**

\_\_\_\_\_ : I authorize Grand Traverse Pavilions to deduct from my paycheck the applicable charges for dependent care as outlined in the Child Care Center's enrollment agreement. These deductions will continue until I provide written notice to Human Resources requesting the cancellation of this deduction.

By selecting the pre-tax option, monies for childcare expenses are deducted from your gross wage prior to calculating Federal income tax. This results in a reduced tax rate for FICA (social security and Medicare) and an increase in your net pay. You would not be eligible to claim the childcare credit on your annual income tax return.

With the after-tax option, childcare expenses are deducted after Federal income taxes are calculated, resulting in higher taxes and lower net pay. You would be eligible to claim the childcare credit when filing annual income tax return.

(Mark one)  After-tax withholding  
 Pre-tax withholding\*

\*By signing below, I certify the child(ren) I will be claiming for child care pre-tax withholding either reside with me in a parent-child relationship or are legally dependent on me for support.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

# GRAND TRAVERSE PAVILIONS

*Child Care Services*

## **PERMISSION & CONSENT FORM**

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**Parent Name**

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**Child Name**

I grant permission for my child to participate in all activities included in the Grand Traverse Pavilions child care program. I understand this will include interactions with adult participants of the Adult Day Services Program and residents of the Cottages and Grand Traverse Pavilions. I understand my child will be supervised by staff at all times and will not be left unattended. (Please initial next to each item below)

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### **Activities & Age Exchanges**

I grant permission for my child to leave the premises of Grand Traverse Pavilions under the supervision of a staff member for neighborhood walks and field trips.

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### **Walking Tours**

I grant permission for my child to be photographed while participating in program activities. I understand these photos may be used for Grand Traverse Pavilions promotional purposes both internally and externally.

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### **Photography**

I understand that if an emergent situation occurs while my child is attending the program, I will be contacted on the job immediately to make arrangements for medical care and treatment. I further understand that any expenses incurred from any accident/injury while in the Grand Traverse Pavilions child care center will be my responsibility.

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### **Emergent Care**

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Parent Signature

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Date

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Grand Traverse Pavilions Representative

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Date

