Please help us design your system by providing us with some information. This document provides samples of screens with information that we have found to be useful for childcare centers. We will discuss this during your setup appointment with your system architect. Of course, the beauty of EZ-CARE2 is that you can always make changes to the screens after you have your system! **Note: Not everything in this document may apply to you. Please refer to your signed quote for the modules you purchased.**

### How to help us set up your system so you can get off to a GREAT start:

1. **Fill in the following pages: 2-14.**
   Note that you should enter the information on pages 2 and 11 directly into your EZ-CARE2 system.

2. **Please return the following materials prior to your screen appointment:**
   - A copy of this completed New Client Setup Form, pages 2-14
   - Your tuition information, including any additional charges
   - Your registration form
   - Your logo: Have you emailed us your logo in a digital format?
   - Copies of reports you would like to run from EZ-CARE2
     - We will make certain to include the fields needed so you will be able to create the reports using the Custom Report Writer module (if purchased)
   - Your current data (if data conversion was purchased)

   You can mail this information to us, FAX copies to **267-913-5209**, or email it as a PDF to lwernick@softerware.com.

3. **Please contact us to schedule an appointment with your system architect.**
PLEASE ENTER INFORMATION FOR THE CENTER DRAWER DIRECTLY INTO YOUR SYSTEM.

CENTER DRAWER

Do you have multiple sites? ___
Will you be using our site filtering? ___

Note:
For school districts, you may want to enter school names instead of class names.

RATIO: # of Children to # of Staff
1 FTE (# hrs):
Hours for full time status for the specific class
This information is required for accurate attendance reporting.

CLASSES TAB
Enter your classes as you would like them to appear in a class list for reporting.

HOURS OF OPERATION
The school’s Hours of Operation should be filled in if you’ll be entering scheduled times for individual children or staff.
Note: For our Canadian programs/centres, we will replace State with Province and Zip with Postal Code.

PLEASE CHECK ANY FIELD YOU WOULD LIKE ADDED TO THE FAMILY TAB.

□ How did you hear about us? □ Family Income

FAMILY FIELDS TO ADD

FIELDS TO DELETE

You aren’t sure which fields you need? We will discuss this during our setup appointment. You can rely on our years of experience to help design the screens in the most effective way. However, using the Cabinet Wizard, you can add fields later as needed. Our Support Technicians are eager to assist you.
Remember: In addition to adding any fields you need, you can let us know which fields you won’t be using, and we will remove them.

You may want to keep some fields that are confidential on a separate page. Using Passwords with EZ-CARE2, you can set security down to the page level - in other words, you can specify that certain people may or may not access any particular page.
PLEASE REVIEW AND COMPLETE FOR OUR SCREEN APPOINTMENT.

FAMILY DRAWER – CHILD TAB

Do you want to track your contacts per family or per child?

Contacts “Superfield”

CHILD TAB – PAGE 1

SELECT ANY FIELD YOU WOULD LIKE ADDED TO THE CHILD TAB.

- Program
- Days Attended (Checkbox for each day OR Picklist)
- Subsidy Starts
- Subsidy Ends
- Subsidy Amount
- Food Program (Picklist for Free, Reduced, Paid)
- Grade
- School
- Bus
- IEP

CHILD FIELDS TO ADD

FIELDS TO DELETE

“SUPERFIELDS” – Clicking on the button opens the “superfield”, which contains rows of information. There are system reports for each superfield – Notes, Contacts, Checklists, and Immunizations.
PLEASE REVIEW AND COMPLETE FOR OUR SCREEN APPOINTMENT.

FAMILY DRAWER – CHILD TAB

**LINK FIELDS** (Scan your important files and link them to the record using a browse button.)
* See example above on Child Tab, page 2 for Medical Form link field

☐ Parent Release Form  ☐ Hospital Preference

Other: ___________________________________________________________

**CHILD FIELDS TO ADD**

---

**CHILD FIELDS TO DELETE**

---
PLEASE REVIEW AND COMPLETE FOR OUR SCREEN APPOINTMENT.

STAFF TAB – PAGE 1

STAFF TAB – PAGE 2
PLEASE REVIEW AND COMPLETE FOR OUR SCREEN APPOINTMENT.

STAFF DRAWER

STAFF FIELDS TO ADD

FIELDS TO DELETE

STAFF DEVELOPMENT TAB
FAMILY DRAWER – SCHEDULE TAB

*How do you plan on tracking attendance?*

- [ ] I do not plan to track attendance.
- [ ] I plan to track attendance manually.
- [ ] I plan to track attendance using the TimeClock.
- [ ] I allow for drop-in attendance.

**PLEASE REVIEW AND COMPLETE FOR OUR SCREEN APPOINTMENT.**
PLEASE REVIEW AND COMPLETE FOR OUR SCREEN APPOINTMENT.

WAITING LIST DRAWER (IF PURCHASED)

WAITING LIST FIELDS TO ADD

FIELDS TO DELETE
EDIT AND ADD THESE CATEGORIES DIRECTLY IN EZ-CARE2.

GO TO OFFICE ADMINISTRATION, CHAPTER 4, MAINTAIN CATEGORIES.
Please refer to the Getting Started Guide for more details.
We can discuss this during your screen appointment if you are unsure.

ACCOUNTS RECEIVABLE

<table>
<thead>
<tr>
<th>CATEGORIES INCLUDED</th>
<th>CATEGORIES TO ADD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>Credit</td>
<td>Employee Discount</td>
</tr>
<tr>
<td>Credit</td>
<td>Miscellaneous Credit</td>
</tr>
<tr>
<td>Credit</td>
<td>Sibling Discount</td>
</tr>
<tr>
<td>Credit</td>
<td>Tuition Cancellation</td>
</tr>
<tr>
<td>Deposit</td>
<td>Apply Security Deposit</td>
</tr>
<tr>
<td>Deposit</td>
<td>Security Deposit</td>
</tr>
<tr>
<td>Payment</td>
<td>Click-to-Pay</td>
</tr>
<tr>
<td>Payment</td>
<td>EZ-EFT Bank Draft</td>
</tr>
<tr>
<td>Payment</td>
<td>EZ-EFT Credit Card</td>
</tr>
<tr>
<td>Payment</td>
<td>EZ-EFT Returned Draft</td>
</tr>
<tr>
<td>Payment</td>
<td>Insta-Charge</td>
</tr>
<tr>
<td>Payment</td>
<td>Payment</td>
</tr>
<tr>
<td>Payment</td>
<td>Returned Check (NSF)</td>
</tr>
<tr>
<td>Revenue</td>
<td>Balance Forward</td>
</tr>
<tr>
<td>Revenue</td>
<td>Field Trip</td>
</tr>
<tr>
<td>Revenue</td>
<td>Late Payment Fee</td>
</tr>
<tr>
<td>Revenue</td>
<td>Late Pick-up Fee</td>
</tr>
<tr>
<td>Revenue</td>
<td>Miscellaneous Debit</td>
</tr>
<tr>
<td>Revenue</td>
<td>Refund</td>
</tr>
<tr>
<td>Revenue</td>
<td>Registration Fee</td>
</tr>
<tr>
<td>Revenue</td>
<td>Returned Check Fee</td>
</tr>
<tr>
<td>Revenue</td>
<td>Tuition</td>
</tr>
</tbody>
</table>

CHECK ALL ITEMS THAT APPLY TO YOUR CENTER.

☐ Separate my categories by program *(So your A/R reports can show more detail.)*

☐ Bill ahead of time  __ Monthly  __ Weekly  __ Bi-Weekly  __Semester  __Other________________

☐ Bill in arrears  __ Monthly  __ Weekly  __ Bi-Weekly  __Semester  __Other________________

☐ Bill for days/times even when we are closed

☐ DISCOUNTS  __Sibling  __Employee  __Payroll Deduction  __Other___________
  __Multiple discounts can apply – If yes, round to next $_____ OR to nearest $______ Cumulate__

☐ Late Payment _____________________

☐ Late Pickup _______________________

☐ Subsidy (We will discuss this in detail.)

☐ Parents can change schedules in advance

☐ Add my logo to the invoice
PLEASE REVIEW SO WE CAN DISCUSS THIS IN YOUR SCREEN APPOINTMENT.

IF APPLICABLE, BE SPECIFIC ABOUT HOW YOU HANDLE SUBSIDIES OR ATTACH A CLEAR EXPLANATION FROM YOUR ENROLLMENT MATERIALS.

PAYMENT PROCESSING SUITE (IF PURCHASED)

☐ I plan on using Payment Processing now and anticipate to start processing by __/__/____. (date)

☐ I do not plan on using Payment Processing at this time.

☐ I anticipate using Payment Processing in the future __/__/____. (date)

☐ Unsure at this time.

Please select the integrated modules below that you want to be set up to allow your staff to process payments directly through your EZ-CARE2 system. Additional Gateway/Merchant Account processing fees apply.

<table>
<thead>
<tr>
<th>EFT (recurring)</th>
<th>Insta-Charge (one-time)</th>
<th>Click-to-Pay</th>
<th>WebLink</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ CC only</td>
<td>☐ CC only</td>
<td>☐ CC only</td>
<td>☐ CC only</td>
</tr>
<tr>
<td>☐ ACH only</td>
<td>☐ ACH only</td>
<td>☐ ACH only</td>
<td>☐ ACH only</td>
</tr>
<tr>
<td>☐ Both CC &amp; ACH</td>
<td>☐ Both CC &amp; ACH</td>
<td>☐ Both CC &amp; ACH</td>
<td>☐ Both CC &amp; ACH</td>
</tr>
<tr>
<td>☐ None</td>
<td>☐ None</td>
<td>☐ None</td>
<td>☐ None</td>
</tr>
</tbody>
</table>

Who will be completing the payment processing applications from your organization?

Name_____________________________________
Email_____________________________________
Phone #_____________________________________
*** THANK YOU! WE LOOK FORWARD TO CUSTOMIZING YOUR SYSTEM! ***

Whom should we contact regarding the screen customization?
Name____________________ ___________________
Email___________________ ____________________
Phone #_________________ ____________________

Whom should we contact regarding Accounts Receivable (tuition and billing)?
Name____________________ ___________________
Email___________________ ____________________
Phone #_________________ ____________________

PLEASE COMPLETE THIS SECTION IF YOU PURCHASED A DATA TRANSFER.

Data transfer from? □ Access Database
□ CCM
□ Excel File
□ KidsCare
□ Office Center
□ ProCare
□ Text/CSV File
□ Other ____________________________

Convert the following Demographic data:
Note: We cannot import into the Immunizations superfield, Schedule tab, or Tuition tab.
□ Family & Child
   □ Include Inactive Records
   □ Emergency Contacts / Authorized Pickups Superfield Data
□ Staff
   □ Include Inactive Records
□ Other _______________
   □ Include Inactive Records

Convert the following Accounts Receivable data:
□ Family Ledger Detail
□ Balance Forward
□ No A/R

Please provide any additional detail regarding your data transfer.

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________
Client’s Signature_________________________________ Date __________________

Organization Name__________________________________

Website Address____________________________________

* Desired Start Date _____________________________