

2023-2024



Application for Enrollment

Child's Name:		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth:
Address:		Home Phone:	
City, Zip:	Physician:		Physician's Phone:
Email Address:			
Mother's Name: (if address if different than child's please note on back of form)		Cell Phone:	
Place of Employment:		Work Phone:	
Father's Name: (if address if different than child's please note on back of form)		Cell Phone:	
Place of Employment:		Work Phone:	
With whom does the child live: Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Please list:			
Church Which family attends:			
Name & Ages of Siblings:			
Medical History: Tubes in Ears <input type="checkbox"/> Prone to ear infections <input type="checkbox"/> Asthma <input type="checkbox"/> Prone to Respiratory Infections <input type="checkbox"/> Eczema <input type="checkbox"/> Other:			
Allergies:			
Child is: Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/> Undetermined <input type="checkbox"/>			
Previous Daycares Attended (for reference purposes):			
Any other comments which might help us better help your child (list only stressful situations your child may have been in):			
Emergency Contacts (other than Parents):			
Name:	Phone Number:	Relationship:	
Name:	Phone Number:	Relationship:	
Other than parents & emergency contacts, who is allowed to pick up child:			

I hereby grant permission for the director or acting director to take whatever steps necessary to obtain emergency medical care for my child. Any expenses incurred will be borne by the child's parent(s). I also understand that the above information may be used to verify past financial obligations at other centers.

Parent Signature

Date

		Fees	
		Registration Fee (Annual)	\$100
Infants	\$165.00/week	Creepers-Crawlers-Climbers	\$155.00/week
3 Year Old Kindergarten (K3), 4 Year Old Kindergarten (K4), 5 Year Old Kindergarten (K5)			\$145.00/week

OFFICE USE ONLY

Class	
	Babies
	Creepers
	Crawlers
	Climbers
	K3 A
	K3 B
	K4
	K5

K3-K5 Only:

Academic Eval Scheduled	Date & Time:	Teacher	
Comments:	_____	Decision:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Registration Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid:		Date Paid:	
Immunization Record Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date R'cvd:			

Enrollment Date	_____
First Day of Attendance	_____
Last Day of Attendance	_____
Withdrawal Reason	_____
Comments/ Notes:	_____ _____ _____ _____ _____

Additional Addresses:

Name:	Relationship to child:
Address:	
City, Zip:	Phone #:

Name:	Relationship to child:
Address:	
City, Zip:	Phone #:

Court Papers on File