

REGISTRATION FORM

SPONSOR'S INFORMATION

Name (Last/first):		Relation to child:	
Driver License #:	SSN:	Home Phone:	
Current address:			
City:	State:	ZIP Code:	
Place of Business:	Occupation:	Cell. Phone:	
Email:	Work Phone:		

CO-SPONSOR'S INFORMATION

Name (Last/first):		Relation to child:	
Driver License #:	SSN:	Main Phone:	
Current address:			
City:	State:	ZIP Code:	
Place of Business:	Occupation:	Alt. Phone:	
Email:			

CHILD'S INFORMATION

Child's Last Name:	First Name:
Enrollment Date:	Date of Birth:
Classroom:	Program:
Family Doctor:	Phone #:
Family Hospital:	Phone #:

EMERGENCY CONTACT

Last Name:	First Name:
Relationship:	Phone #:
Last Name:	First Name:
Relationship:	Phone #:
Last Name:	First Name:
Relationship:	Phone #:

AUTHORIZED PICKUP

Last Name:	First Name:
Relationship:	Phone #:
Last Name:	First Name:
Relationship:	Phone #:

NON-AUTHORIZED PICKUP

Last Name:	First Name:	
Relationship:		
City:	State:	ZIP Code:

SPECIAL NOTES

REGISTRATION FORM

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of Guardian:

Date:]

Signature of Guardian (if applicable):

Date:]

To be completed by The Discovery Center:

Date Care Began: _____ Date Care Ended: _____

Family History

With whom does the child live? _____

Please explain any special circumstances regarding living arrangements and custody:

Is your child's primary language English? ___Yes ___NO if no, please explain,

Languages, other than English, spoken at home: _____

Heritage or Holidays you would like to share: _____

Other information we may find helpful: _____

Developmental History of Child

1. Toileting:

Yes/No my child's toilet trained.

Words she uses for toileting, _____

Does your child require help? _____

2. Eating:

Is your child a vegetarian? ___No ___Yes If yes, please list foods he may not have,

Please list any food allergies: _____

Does your child require help eating? _____

What does your child drink from? _____

Other information we may find helpful:

3. Sleeping:

Does your child nap? ___No ___Yes if yes, please describe napping pattern and comforts,

Other information we may find helpful:

4. Social:

Has your child had group play experience before? ___No ___Yes If yes, please list where and what kind of

When your child is upset, what works to comfort hem/her?

How does your child express anger and /or frustration?

What method of behavior management do you use at home?

What is your child's usual reaction? _____

How would you describe your child's personality?

5. Cognitive & Physical:

What are your child's favorite activities?

Does your child have any special fears?

Does your child require help putting on clothes, shoes or other self-help skills?

Goals you have for your child?

Health History of child

Does your child have any speech or hearing problem? ___No ___Yes If yes, please explain

Please list any allergies and reaction:

Has your child had any serious accidents? Explain

Date of your child's last physical:

Child's physician: Phone:

When did a dentist last see your child?

Dentist name: Phone:

Any known medical problems? Explain

Date of last Tetanus shot:

Other information we may find helpful:

Out of Area Contact

Please list an out of area phone contact to be used only in the event of a natural disaster and extreme emergency.

Contact's Name:

Phone Number: () -

*Please be sure to read the Parent Supplement to the Disaster Plan for complete details.

Tuition Agreement

Child's Name _____ Days in Attendance _____

My child will arrive at ____:____am and be picked up by ____:____pm

Registration Fees

An annual registration fee of \$75 per child or \$125 for multiple children is due at time of enrollment as well as the slot reservation fee. Registration is re-applied every fall thereafter.

Tuition

Tuition is charged on a monthly basis and is payable as follows:

Your tuition rate is: _____

Please indicate which option works best for your family: *Monthly: due by the 1st of each mo: ____ or *Semi-monthly: due by the 1st & the 15th of each mo: _____. You will receive a statement at the end of the month for the following month. A ten percent discount is given to families with more than one child attending full time. Tuition will be reviewed annually. Rate increases will be announced in August for fall enrollment for September. It is important as child care providers to maintain a secure and stable environment for your child. In order to accomplish this, we must offer our staff the security of knowing their employment with The Discovery Center is also secure and stable. Therefore we will require all parents to obligate themselves to their entire tuition on monthly bases.

Late Payments

Payments received after the 1st and 15th of the month will incur a \$25 late charge on 5th and 20th accordingly, and child(ren) will not be provided with care on 6th and 21st accordingly without a payment.

Late pick-up

A late pick-up fee is charged after 6:00pm per the following:

*\$15 for the first 15 minutes and *\$20 for each additional 15 minutes

Payments are to be made directly to the staff member waiting with your child at the time of pick-up.

Vacation Credit

One week of vacation credit is accrued each year for our full time students. Your child must be enrolled for one year prior to taking a vacation credit. Vacation can only be credited in one-week increments. Notification needs to be made to the administrative staff in writing at least two weeks prior to your scheduled vacation. This will enable us to properly credit your account. School Age students must take their vacation credit from September to June. Summer Camp is registered for by the week in May for the end of June through August. Summer Camp enrollees are not charged for time not reserved.

Withdrawal Policy

A two-week advance written notice for any child being withdrawn from the center is required. Failure to give proper notification will result in an additional two-week charge to your account.

General Policy Statements

All fees are non-refundable.

No deductions or make-up days are permitted for absences due to illness, holidays, school closure, or personal reasons.

The Discovery Center reserves the right to deny childcare to any family that is delinquent on their account.

Holidays

The Discovery Center is closed New Year's Day, President's Day, Memorial Day, Fourth of July, The Last 3 days of August (before Public School begins), Labor Day, Thanksgiving and the day after, Christmas Day and the week between Christmas and New Year's Day. Parents pay for holiday as part of the monthly tuition.

I, the parent/legal guardian of, _____ have read the above enrollment agreement, which shall become part of my obligation to The Discovery Center. I fully understand this obligation and the reasons for its implementation.

Guardian Name Printed

Signature

Social Security #

Date

Guardian Name Printed

Signature

Social Security #

Date

Director Signature

Date

KEYLESS ENTRY:

The Discovery Center has a keyless entry system protecting our front doors. Please indicate your 4 digit personal access code below:

Do you need a second code for each guardian of your child(ren). Please let us know and we can help you with that.

OVERALL CONSENT FORM

With prior notifications given, I hereby give my permission for my child _____ to:

1. Participate in field trips arranged by The Discovery Center__May or__May Not
2. Be transported by The Discovery Center Staff for field trips__May or__May Not
3. Be transported by another parent with full insurance coverage for field trips__May or May Not__
4. Be photographed for use in projects, or posted to the web without names being listed__May or__May Not
5. Give address and phone number out on a class roster(to set up play dates with other students)or as a referral to new parents__May or__May Not

Guardian's signature

Date

Consent for Medical Treatment and Transport

I, _____, The legal guardian of _____, hereby give permission that he/she may be given emergency treatment to include first aid and CPR by a qualified child care staff member at The Discovery Center. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Doctor: _____ Doctor's phone number : _____

Hospital of Choice: _____

Allergies: _____

Legal Guardian Signature

Date

PARENT HANDBOOK

The Discovery Center has a Parent Handbook available on line at www.discovery-center.com. This is a valuable tool, and required reading! Please take the time to read through all of the information before signing below. If you do not have web access, we will be happy to give you a copy, just let us know!

I have read The Discovery Center's Parent Handbook and am aware of the policies and procedures.

Signed: _____ Date: _____

PARENT SUPPLEMENT TO THE DISASTER PLAN

The Discovery Center has developed a Supplement just for parents to our Disaster Plan. Every parent must become familiar with this information. The Supplement is available on line at www.discovery-center.com. If you do not have web access, let us know and we will give you a copy. This supplement tells you everything that will happen in a disaster type situation. Another must read!

I have read The Discovery Center's Parent Supplement and am aware of the policies and procedures in a disaster situation.

Signed: _____ Date: _____

This page must be completed before your child begins care at The Discovery Center.