



Cardinal Kids

Learning Center

Application for Enrollment

Child Information

Child's name _____ Nickname _____

Age _____ Date of birth ____/____/____ Sex _____

Child Information

Child's name _____ Nickname _____

Age _____ Date of birth ____/____/____ Sex _____

Child Information

Child's name _____ Nickname _____

Age _____ Date of birth ____/____/____ Sex _____

Mother/Guardian

Name _____ Home Phone _____

Social Security Number **(required)** _____

Home Address _____

Place of Employment _____ Occupation _____

Business Address _____ Business Phone _____

Cell Phone _____ E-Mail _____

Father/Guardian

Name _____ Home Phone _____

Social Security Number **(required)** _____

Home Address (if different) _____

Place of Employment _____ Occupation _____

Business Address _____ Business Phone _____

Cell Phone _____ E-Mail _____

Family Information

Child lives with () Mother () Stepmother () Legal Guardian
() Father () Stepfather () Grandparent

Person(s) having permission to pick up your child(ren):

1. _____ Relationship _____ Tel. _____

Address _____

2. _____ Relationship _____ Tel. _____

Address _____

3. _____ Relationship _____ Tel. _____

Address _____

Please notify us if anyone else will be picking up your child. If they are not listed above, and we have no other instructions in writing from you, we will **NOT** allow them to leave with your child.

Persons to contact in case of an emergency if parents cannot be reached:

1. _____ Relationship _____ Tel. _____

Address _____

2. _____ Relationship _____ Tel. _____

Address _____

3. _____ Relationship _____ Tel. _____

Address _____

Signature _____ Date _____

Consent to Contact Physician in Emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to Cardinal Kids Learning Center to contact:

Doctor _____

Phone # _____ Address _____

And if necessary, take my child(ren) to the following Doctor(s), clinic, or hospital _____

Signature of Parent

Date

Medication Statements

I, _____ have determined
Parent/Guardian Name

Provider/Director
competent to give or
apply medication to my child(ren).

Please circle ALL that apply:

Tylenol

Sunscreen

Hydrogen Peroxide

Signature of Parent

Date

Permission to Use Photographs

This form is for permission to display photos of your child. We would like to take pictures of the children playing and doing activities. The children like to see pictures of themselves and it also shows you a glimpse of what they do throughout the day. We would also like to use them on our website. Please sign below if we may use your child’s photos in the above ways.

Signature of Parent

Date

Hours of Operation will be Monday through Friday 7 am to 6 pm excluding major holidays.

I am applying for: ____Full Time ____Part Time Approximate hours_____

Day of the Week	Time of Day	Total # of Hours	Number of Children
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

If your schedule changes please provide a new one weekly or monthly.

Enrollment Needs (private pay)

Check next to care needed:

Infant Care

(6 weeks to 18 months) ____\$120 for first 30 hrs/\$4.00 per hour after

Toddler Care

(18 months to 3 years) ____\$112.50 for first 30 hrs/ \$3.75 per hour

School Age Care

(3 to 5 years) ____\$112.50 for first 30 hours/ \$3.75 per hour

Additional Child

____\$2.75 per hour except infant

Preschool

____ \$40 per week- 4 hrs per day/3 days
per week

Drop Ins- We will accept drop ins on a daily basis if we have open spots and enough staff. The drop-in rate will be \$5.00 an hour.

All parents will be required to contract a week ahead of time for their child care needs.

We will require a \$50 Registration Fee at the time of the application. It will be one per family. After the first three months of child care, this will be given back to you as credit.

Medical Information

Any health problems/disabilities which caregiver should know:

Medication, if any: _____

Allergies, if any: _____

Special Concerns: (glasses, hearing aid, crutches) _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage:
(optional) _____

Any additional information that we need to know: (fears, communication,
comforting habits, etc.):_____

It is required that you provide
Cardinal Kids Learning Center
a current and updated immunization record for
your child prior to the first day of care.

Parent Agreement

(please initial each section and sign below)

_____ Cardinal Kids Learning Center agrees to provide childcare and developmentally appropriate curriculum for _____, enrolled on _____.

_____ I understand the tuition rates for service and they are due on the Monday of the current week of service by 6:00pm. A \$5.00, per business day, late payment fee will be assessed to all accounts not paid by 6:00pm. If tuition is not paid for (2) consecutive weeks, your child will be unable to return to Cardinal Kids Learning Center until your account is paid in full.

_____ Cardinal Kids Learning Center requires two (2) weeks written notice if you decide to remove your child from care.

_____ Medication is administered only with a medication administration authorization form including the date, name of child, name of medication, and dosage. Medications are kept in the office.

_____ My child will not be permitted to enter or leave the Center without being escorted by an authorized person. The teacher will be notified daily upon the arrival and dismissal of my child.

_____ I acknowledge that it is my responsibility to keep my child's record current to reflect any significant changes as they occur (ie. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records).

_____ The Center agrees to keep me informed of any accidents, injuries, and illnesses and adverse reactions to medications that may occur to my child.

_____ Children must be picked up by 6:00 p.m. or a late fee of \$5.00 for every 15 minutes will be added to your weekly payment.

_____ Cardinal Kids Learning Center agrees to obtain written permission from me before my child can participate in routine field trips, photographs, and special activities that take place away from the Center.

_____ In the event of an emergency that involves my child, and Cardinal Kids Learning Center is unable to contact me, I hereby authorize any medical care.

_____ I have received a copy, read and agree to abide by the policies and procedures as outlined in the Cardinal Kids Learning Center Parent Handbook.

Parent/Guardian Signature

Date

Director Signature

Date