Cardinal Kids Learning Center

Application for Enrollment

Child Information

Child's name _____ Nickname_____

Age_____ Date of birth_____/_____/_____ Sex _____

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

Please circle ALL that apply:

Tylenol

Sunscreen

_____ _____
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 and facebook page.

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	Drop Off Time	Pick Up Time	Number of Children
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

A monthly calendar will be sent home for you to fill out. What is on the calendar is what you will be billed for weekly.

Enrollment Needs (private pay) Check next to care needed:

Infant/Wobbler Care
(6 weeks to 24 months) ____$200 for 0-4 days of care
____ $240 for all 5 days of care

Toddler Care
(2 years to 3 years) ____$190 for 0-4 days of care
____ $230 for all 5 days of care

Preschool Only (4 Days)
(7:50 am-3:50 pm) ____$100 per week

Non Preschool Day (5th day or no school days
or summer days for preschool) ____$37/day

After School Care (after 4:00 PM) _____$ 6 per day
Before School Care (7-7:45 AM) _____ $3 per day

School Age (kindergarten and up) _____$30/day

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 $60 per day

All parents will be required to contract a month ahead for day needed of care. A monthly calendar will be sent home.

We will require a $50 non-refundable enrollment fee at the time of the application. It will be one per family. This will hold your spot for care.

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 <u>prior to the first day of care.</u>

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 Friday 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.

_____ 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. Messages can be sent via the Brightwheel app for any changes in pick up or drop offs.

_____ 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