



## Discovery Point Child Development Centers Student Information Form

**Personal Data**  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Birth Date / / Sex: M\_\_ F\_\_ Soc. Sec. # - -  
Class Code \_\_\_\_\_ Bus Run / \_\_\_\_\_ Enroll Date / / Start Date / /

**Medical**  
Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
Specialist \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency**  
Emergency/Authorized Pickup Persons (other than parent)  
**Contact 1** \_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's License# \_\_\_\_\_ Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_

**Contact 2** \_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's License# \_\_\_\_\_ Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_

**Contact 3** \_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's License# \_\_\_\_\_ Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Special Instructions**  
Food Allergies \_\_\_\_\_  
Special Diet Restrictions: \_\_\_\_\_

(A doctor's statement of medical needs or a written parental statement of religious beliefs is needed.)  
Other Allergies: \_\_\_\_\_

Current Immunization Records Provided? Yes\_\_ No\_\_ Date of Last Physical / /

Any Special Accommodations Required in Caring for Your Child: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Parent/Guardian Information

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## Mother's/Guardian's Information

Last Name

First Name

Guardian: Yes\_\_ No\_\_

Address

City

State

Zip

Home Phone

Driver's License #

Cell Phone

Soc. Sec. #

Email Address

Employer

Phone #

Address

City

State

Zip

Position

## Father's/Guardian's Information

Last Name

First Name

Guardian: Yes\_\_ No\_\_

Address

City

State

Zip

Home Phone

Driver's License #

Cell Phone

Soc. Sec. #

Email Address

Employer

Phone #

Address

City

State

Zip

Position

Identify person with whom child lives:

Address of this person if different from parent(s)/guardian(s):

Notes:

How did you hear about Discovery Point? *Check appropriate answer.*

Referral

Printed Ads

Newspaper

Direct Mail

Other

**PARENTS/GUARDIANS MUST UPDATE ALL ENROLLMENT INFORMATION  
WHENEVER CHANGES OCCUR.**

(Example: Work Phone Numbers, Work Address, Home Address, Home Phone Number, Cell Phone Number, and email)



# Emergency Medical Form

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I, \_\_\_\_\_, hereby authorize Discovery Point Child Development Center, in the event of an emergency, to seek medical treatment for my child \_\_\_\_\_. If I cannot be reached, Discovery Point is authorized to transport my child to the nearest medical facility used by the Center. I agree to assume responsibility for the payment of the emergency treatment. I agree to keep the center informed at all times of any telephone numbers where I or a preferred physician may be reached.

## Emergency procedure will be:

1. Contact parent(s). \_\_\_\_\_

2. Contact person(s) listed as emergency contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Relationship to Parent \_\_\_\_\_

3. Call emergency medical team if necessary. (911)

4. Transport child via emergency medical team to nearest hospital.

5. Transport child to the Center's approved medical provider:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

List any known medical conditions (i.e. diabetes, asthma, drug allergies): \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_

# Parental Agreement



Welcome to Discovery Point. We ask you to familiarize yourself with all the Center's policies and procedures in the Parent's Handbook and in this Parental Agreement.

1. Discovery Point Child Development Center agrees to provide childcare for \_\_\_\_\_ (Child's Name) on a full-time basis from 6:30 A.M. to 6:30 P.M. Monday through Friday on a twelve-month basis, excluding seven holidays and closings due to inclement weather.
2. Parents agree to promptly provide and maintain accurate enrollment information and on-going record information. Immunization forms must be provided within the first 30 days of enrollment.
3. Parents agree to pay a weekly fee of \$\_\_\_\_\_ (or the current published fee) on Friday for the upcoming week. Late payment penalties will be added on Tuesday morning at the current published rate and on Thursday morning at the current published rate. Tuition includes two snacks and a hot lunch (excluding infants). Breakfast is provided at an extra charge. Parents acknowledge they have reviewed all pricing information and agree to pay accordingly. A nonrefundable enrollment fee per child will be charged annually.
4. After 6:30 P.M. late pickup charges will be added in the amount of \$5.00 for the first five-minute period and an additional \$5.00 for each five minutes period thereafter.
5. Checks returned by the bank for ANY reason must be paid in cash, and a returned check charge will be added. Delinquent accounts will result in termination of services and may be referred to a collection agency. Any costs incurred in collection of past due amounts will be paid by the customer.
6. A Two Week Written Notice is required for all withdrawals in order to allow the Center to fill your child's place. You agree to pay regular rates for this two-week period, if proper notice is not given.
7. Parents agree to provide written authorization before any medications can be dispensed to a child.
8. Parents or authorized persons will always escort a child into and out of the center.
9. Parents must inform the Center about any significant changes in telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plan, immunization records, etc. A designated contact must always be available in the event of emergency.
10. Parents agree to label all belongings with the child's first and last names. Bottles and formula must also show the current date. Parents will provide diapers, foods, and supplies on a timely basis.
11. Any field trip or special activity sponsored by Discovery Point must have written parental authorization in order for a child to participate. Parents MUST provide written authorization. Each child must wear a Discovery Point T-shirt on each activity outside the Center.
12. In custody cases, parent must provide the Center with current court documents.
13. Discipline is the training that develops self-control, character, and social competence. Discipline of children is a joint effort involving the child, parents, staff, and management. Good behavior is constantly praised; employees take a positive approach in dealing with each child. "Time Out" with the child facing the group is the ONLY disciplinary method used. Serious problems dictate that management confer with parents.
14. All disputes, controversies, claims, or differences which may arise between the parents/guardians and Discovery Point will be solely and exclusively settled by arbitration in accordance with rules of the American Arbitration Association.
15. The above terms are subject to change from time to time in accordance with the regularly published terms and policies of the Center.

**YOUR SIGNATURE ON THIS FORM IS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED COPIES OF THE PARENT HANDBOOK AND CURRENT PUBLISHED RATE SHEET AND THAT YOU AGREE TO COMPLY WITH DISCOVERY POINT'S POLICIES, PROCEDURES, AND PAYMENT TERMS.**

Child's Name \_\_\_\_\_ Parent's/Guardian's Signature \_\_\_\_\_

Management's Signature \_\_\_\_\_ Date \_\_\_\_\_