



ENROLLMENT FORM

(To be completed and placed in child's file PRIOR to enrollment)

Application Date _____ Enrollment Date _____ Withdrawal Date _____

Enrollment Information					
Class Assignment	Full Time <input type="checkbox"/>	Part Time AM <input type="checkbox"/>	Part Time PM <input type="checkbox"/>	Part Time DAYS <input type="checkbox"/>	M T W Th F
CHILD INFORMATION					
Last Name	First Name		MI	Nickname	
Date of Birth / /	Age	Sex M__ F__			
Child's Address		City		ST	Zip
Doctor	Address			Phone	
Dentist	Address			Phone	
Child's Medical Insurance Carrier			Policy #		
Identify the person with whom child lives :					
Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/> (list) _____	
CHILD - SPECIAL INFORMATION					
Does your child have any known allergies? If so, explain.					
Does your child have any special needs or accommodations required?					
Does your child have any chronic illness/condition (i.e. diabetes, asthma, seizures, drug allergies)? If so, explain.					
Is your child on any medication(s) prescribed for long-term use? If so, what?					
Does your child have any special diet restrictions? <small>(A doctors statement of medical needs or written parental statement of religious beliefs is needed)</small>					
Please provide any information concerning your child which may be helpful in his/her experience at school and in group settings (such as play, eating and sleeping habits, special fears, special likes and dislikes).					

I understand this form must be updated as changes occur. This includes changes in addresses, home and/or cell numbers, emails, medical information or changes in authorized pick-ups and other information.

Parent Signature _____ Date _____

PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Information

Last Name	First Name	Guardian	Yes_____No_____
Address	City	ST	Zip
Home #	Cell #	DL #	
Cell Phone Provider	Email Address		
Employer	Work #	Occupation/Position	
Employer Address	City	ST	Zip

PARENT/GUARDIAN INFORMATION

Father's/Guardian's Information

Last Name	First Name	Guardian	Yes_____No_____
Address	City	ST	Zip
Home #	Cell #	DL #	
Cell Phone Provider	Email Address		
Employer	Work #	Occupation/Position	
Employer Address	City	ST	Zip

EMERGENCY MEDICAL AUTHORIZATION and INFORMATION

I, _____ hereby authorize Discovery Point Child Development Center, in the event of an emergency, to seek medical treatment (or contact 911 if necessary) for my child, _____ (Date of Birth ___/___/___).

If the facility is unable to contact me immediately, the center is authorized to ensure my child is transported to an appropriate medical resource and the center shall be authorized to secure such medical attention and care for my child as may be necessary. I agree to assume responsibility of payment for such services and emergency treatment. I agree to keep the center informed at all times of my child's treatment and any telephone numbers where I, or a preferred physician, may be reached.

In an emergency situation, other children in the facility will be supervised by a responsible adult. The center will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made, if necessary, for adequate and appropriate rest and outdoor play.

Parent/Guardian Signature _____ **Date** _____

Notary (if applicable): _____ **Date:** _____

Center Emergency Procedure will be:

1. Contact Parents.
 2. Contact person(s) listed on this form as emergency contact if parent(s) cannot be reached.
 3. Call emergency medical team if necessary, (911 – first if needed).
 4. Transport child via emergency medical team to nearest hospital.
- Parent Hospital Preference _____ Phone # _____
Address _____ City _____ ST _____ Zip _____

EMERGENCY CONTACT INFORMATION

The child may be released to the person(s) signing this agreement and to the following authorized emergency and/or pick up persons. Please list contacts other than mother and father as they are listed as primary contacts. Contacts listed below should be locally within the state, and who are available immediately in the event of an emergency if parents cannot be reached.

Contact Name		Phone#		
Authorized to "PICK-UP" Yes No		Authorized for "EMERGENCIES" Yes No		
Address		City	ST	Zip
Relationship to Child	Relationship to Parent		DL#	
Contact Name		Phone#		
Authorized to "PICK-UP" Yes No		Authorized for "EMERGENCIES" Yes No		
Address		City	ST	Zip
Relationship to Child	Relationship to Parent		DL#	
Contact Name		Phone#		
Authorized to "PICK-UP" Yes No		Authorized for "EMERGENCIES" Yes No		
Address		City	ST	Zip
Relationship to Child	Relationship to Parent		DL#	
Contact Name		Phone#		
Authorized to "PICK-UP" Yes No		Authorized for "EMERGENCIES" Yes No		
Address		City	ST	Zip
Relationship to Child	Relationship to Parent		DL#	
Contact Name		Phone#		
Authorized to "PICK-UP" Yes No		Authorized for "EMERGENCIES" Yes No		
Address		City	ST	Zip
Relationship to Child	Relationship to Parent		DL#	

Special Comments:

Parental Agreement

1. Discovery Point Child Development Center agrees to provide childcare for my child Monday through Friday per the center's operating hours, excluding closed holidays and closings due to inclement weather.
2. I have received a copy of the center's rate and fee sheet. I have been provided an opportunity to ask any questions regarding the rates and fees.
3. Parent(s)/guardian agree to pay the weekly tuition fee on Friday for the upcoming week. Late payment penalties will be added when payment is not received. Parents and/or guardian acknowledge having received, reviewed and understand all pricing information and agree to pay accordingly. A non-refundable enrollment fee per child will be charged annually.
4. To help the center with staffing requirements, the estimated time of my child's arrival will be _____ and the estimated time of my child's departure will be _____.
5. Parent(s)/guardian 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 and must be kept up to date.
6. Parent(s)/guardian have been notified of the center's operating hours. A late pick up charge will be added when the child is not picked up by closing.
7. Checks returned by the bank for ANY reason must be paid in cash, cashier's check or money order, and a returned check charge will be added. Delinquent accounts may result in termination of services and may be referred to a collection agency, at which time, any and all appropriate fees will be included in the balance. Any costs incurred in collection of past due amounts will be paid by the parent(s)/guardian.
8. A two week WRITTEN notice is required for all withdrawals prior to the withdrawal date. Regular tuition rates apply during this two week period.
9. Parent(s)/guardian agree to provide written authorization before any medication or topical preparations can be dispensed to a child. Medication must be in the original container with my child's name on it.
10. Parent(s)/guardian or authorized persons will always escort the child into and out of the center and confirm arrival and departure with the supervising staff member.
11. Parent(s)/guardian must inform the center about any changes as they occur with telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding, immunization records, and any other information related to the care of your child.
12. A designated person and contact information must always be available in the event of an emergency.
13. Parent(s)/guardian agree to label all belongings with the child's FIRST and LAST name. Bottles, sippy cups, formula, must ALSO show the current date. Parents will provide diapers, foods and other supplies on a timely basis.
14. Center is not responsible for lost or broken personal items brought to the center.
15. Any field trip or special activity must have WRITTEN parental authorization in order for your child to participate. Parents MUST provide WRITTEN authorization. Phone calls, emails and faxes are not acceptable forms of authorization. Each child must wear a Discovery Point shirt on each activity outside of the center.
16. In custody cases, the center must be provided with any current legal court documents.
17. Parent(s)/guardian have been provided a copy of the center's parent handbook which includes the center's operational policies and procedures. I have also been provided an opportunity to ask questions regarding any policies or procedures.
18. 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 consistently praised. Employees take a positive approach to dealing with each child. A copy of the discipline policy has been provided to the parent(s)/guardian.
19. I have received information regarding the child care laws for my state and/or provided with information on these laws and how to obtain such laws.
20. Serious issues and/or issues relating to your child's care or progress will be addressed with the parents. All disputes, controversies, claims, or differences which may arise between the parent(s)/guardian and the center will be solely and exclusively settled by arbitration in accordance with rules of the American Arbitration Association.
21. The above terms are subject to change from time to time in accordance with regularly published terms and policies of the center and the state's requirements.

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

Child's Name -----

Parent(s)/Guardian Signature _____

Date _____

Owner/Director Signature _____

Date _____