

PEARCE 4 KIDS CHILD CARE CENTER

Day Care Enrollment

Please complete all pages of this registration form
A registration fee of \$50 (check or cash) should accompany this form.

Desired Start
Date:

CHILD'S INFORMATION

Full Name: _____ **Gender:** _____ **DOB:** ____/____/____
or due date

Preferred Name/Nickname: _____

Child's home address: _____
Street Address City Zip

PARENT/GUARDIAN INFORMATION

Name: _____ **Relationship to child:** _____

Authorized to pick up child Yes No

Address if different from child: _____
Street Address City Zip

Primary Phone Number: (____) _____ Work Phone Number: (____) _____
 OK to text

Employer: _____ E-Mail Address: _____

PARENT/GUARDIAN INFORMATION

Name: _____ **Relationship to child:** _____

Authorized to pick up child Yes No

Address if different from child: _____
Street Address City Zip

Primary Phone Number: (____) _____ Work Phone Number: (____) _____
 OK to text

Employer: _____ E-Mail Address: _____

Please check if either parent/guardian is a:

Pearce Church Employee Pearce 4 Kids Employee

ATTENDANCE

Desired days for child to attend: (please circle all that apply):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Approximate times for drop off and pick up:(this is for internal scheduling)

Morning Drop Off: _____ a.m. Afternoon Pick-Up: _____ p.m.

Check to indicate whether child only requires **Seasonal Care** (from September through June): Yes No

DAYS WILL ATTEND:	FOR OFFICE USE ONLY				
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Registration Fee: \$ _____		Check No. _____		Date: _____	

ADDITIONAL AUTHORIZED PICKUPS/EMERGENCY CONTACTS

(Do not list parent/guardians from page 1)

Name _____

Relationship _____

Authorized to pick up child Yes No

Primary Phone Number: (_____) _____

Other Phone (_____) _____

OK to text

Name _____

Relationship _____

Authorized to pick up child Yes No

Primary Phone Number: (_____) _____

Other Phone (_____) _____

OK to text

Name _____

Relationship _____

Authorized to pick up child Yes No

Primary Phone Number: (_____) _____

Other Phone (_____) _____

OK to text

MEDICAL INFORMATION

Child's Primary Care Physician: _____

Phone (_____) _____

Preferred Hospital: _____

Phone (_____) _____

Insurance Carrier _____

Policy # _____

Dental Care _____

Phone (_____) _____

- Check boxes to indicate if your child has any special needs/services:** None ADD/ADHD
- Early Intervention/Special Education Occupational Therapy Speech/Language Physical Therapy
- Allergies (please list) _____
- Other _____

AGREEMENTS

- I consent to emergency medical treatment for my child..... Yes No
- I consent for my child to take part in neighborhood trips (i.e., walks on Roberts campus) away from the program..... Yes No
- I understand the program may need additional permission for situations such as transportation, medication, release of information and field trips..... Yes No
- I provided information on my child's special needs to the program to assist in caring for my child..... Yes No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... Yes No
- I agree to review and update this information whenever a change occurs and at least every year..... Yes No

Signature - parent or person(s) legally responsible

Date

TUITION AGREEMENTS

- I agree to pay a non-refundable fee of \$50.00 for each child I am enrolling into the P4K day care program.
- I understand that the registration fee is required to secure my child's place in a class or to be added to the waiting list. (This fee is non-refundable even if you choose to take your child off the waiting list.)
- I agree to pay 2 weeks of tuition as a security deposit prior to my child's first day at Pearce 4 Kids. This deposit will be held throughout the year(s) and will be applied to my last 2 weeks of enrollment in the daycare program.
- I agree to pay the full amount of tuition on or before the due date. I further understand that late payment or non-payment will result in additional fees and revocation of services up to and including termination of care.
- I understand that if I am late picking up my child, fees will be applied at the rate of \$10.00 per child in 10-minute increments with an additional \$2.00 per child for every minute after 6:20 PM.
- I understand that my tuition is a set fee regardless of absences, emergencies, emergency closings and holidays when P4K is not open.
- I understand that if my child care attendance changes from year-round care to seasonal care, I will be required to pay back the second week of vacation (if used) in accordance with the seasonal care guidelines.
- I understand that in order to use my vacation, my tuition must be up to date. Vacation credit will only be issued when out Monday through Friday.
- I understand that increasing or changing the days my child attends will be based on P4K availability and is not a guarantee.
- I agree to provide two weeks' written notice if my child's schedule needs to change or we decide to terminate care at Pearce 4 Kids.

I, _____ have read and agree with the above statements.
Print name

Signature - parent or person(s) legally responsible

Date

PHOTOGRAPH PERMISSION

Please check all that apply:

- I consent for my child's picture to be taken and used in their classroom and posted on bulletin boards in the hallway at Pearce 4 Kids.
- I consent for my child's picture to be taken and used in publicity about Pearce 4 Kids (no full names will be used without additional written consent from a parent/guardian).
- I consent for my child's picture to be taken and used on the official Pearce 4 Kids Facebook public fan page (no names will be published on internet sites without additional written consent from a parent/guardian).
- I consent for my child's picture to be taken and sent via the P4K approved parent portal.

Signature - parent or person(s) legally responsible

Date

Submit completed form and registration fee to:

Pearce 4 Kids Child Care Center
4322 Buffalo Road
North Chili, NY 14514

585-594-1833
www.pearce4kids.org