

PEARCE 4 KIDS CHILD CARE CENTER

Morning Care & After School Registration **2025-2026**

Please complete all 3 pages of this registration form / A \$50 registration fee should accompany this form.

Received:

___/___/___

CHILD'S INFORMATION

Full Name: _____ **Gender:** _____ **DOB:** ___/___/___

Preferred Name/Nickname: _____

Child's home address: _____
Street Address City Zip

Grade starting in fall of 2025: _____ **School:** _____

PARENT/GUARDIAN'S 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'S 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 ☐ Roberts Wesleyan College Faculty/Staff/Employee

ATTENDANCE

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

Morning Care: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**
(6:30 am- 9:00 am)

After School Care: **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**
(3:00 pm - 6:00 pm)

☐ **School Breaks** (Marking this will enable families to sign up for full days. Care is not guaranteed.)

FOR OFFICE USE ONLY

___ **Morning Care** **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

___ **After School** **MONDAY** **TUESDAY** **WEDNESDAY** **THURSDAY** **FRIDAY**

___ **School Breaks** **Registration Fee Paid:** \$ _____ **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: _____

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

Before School Rates		
Days/Week	1 st Child	2 nd Child
5	\$301/month	\$270.90/month
4	\$264/month	\$237.60/month
3	\$216/month	\$194.40/month
2	\$156/month	\$140.40/month
1	\$91/month	\$81.90/month

After School Rates		
Days/Week	1 st Child	2 nd Child
5	\$400/month	\$360/month
4	\$349/month	\$314.10/month
3	\$285/month	\$256.50/month
2	\$210/month	\$189/month
1	\$121/month	\$108.90/month

Full Day Care - \$50/day

Half Day Care - \$30/day

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 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 6:20pm.
- 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 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 the Pearce 4 Kids classrooms and hallways.
- ☐ 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