

# PEARCE 4 KIDS CHILD CARE CENTER

## Morning Care & After School Registration **2026-2027**

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 2026: \_\_\_\_\_ 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** \_\_\_\_\_  
Authorized to pick up child  Yes  No

Relationship \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
 OK to text

Other Phone (\_\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_  
Authorized to pick up child  Yes  No

Relationship \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
 OK to text

Other Phone (\_\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_  
Authorized to pick up child  Yes  No

Relationship \_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
 OK to text

Other Phone (\_\_\_\_\_) \_\_\_\_\_

## 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

<b>Before School Rates</b>		
Days/Week	1 <sup>st</sup> Child	2 <sup>nd</sup> Child
5	\$324/month	\$291.60/month
4	\$284/month	\$255.60/month
3	\$232/month	\$208.80/month
2	\$168/month	\$151.20/month
1	\$98/month	\$88.20/month

<b>After School Rates</b>		
Days/Week	1 <sup>st</sup> Child	2 <sup>nd</sup> Child
5	\$430/month	\$387/month
4	\$375/month	\$337.50/month
3	\$306/month	\$275.60/month
2	\$226/month	\$203.40/month
1	\$130/month	\$117/month

**Full Day Care - \$54/day**

**Half Day Care - \$32/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](http://www.pearce4kids.org)