**Child Enrollment Form**

**Child Information:**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I.\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goes by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s S.S.#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male( ) Female( )

Child’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Care Needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals Needed: Breakfast\_\_\_\_\_ Lunch\_\_\_\_\_\_\_ PM Snack\_\_\_\_\_\_

List any existing medical conditions, medication and/ or specail attention your child may require?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies and or Food Allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pediatrician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child currently attend day care? ( ) Yes ( ) No:

Previours Center/ Current Center :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom does this child live?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If custody papers are invovled please provide Kids Corner Learning Center with documents.

**School Age Pick Up:**

My Child(Childs Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be picked up by Kids Corner Learning Center from (School Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (Time of School Relase)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Siblings at Kids Corner Learning Center**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother Information:**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_ CellPhone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WorkPhone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status:- ( ) Married ( ) Single ( ) Divorced ( ) Seperated ( ) Widowed

Make and Model of Care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father Information**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_ CellPhone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WorkPhone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status:- ( ) Married ( ) Single ( ) Divorced ( ) Seperated ( ) Widowed

Make and Model of Care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Parent Signature: ( Please sign and date each section)**

**In case of an emergency and the PARENTS cannot be reached, contact the following:**

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following people are authorized to pick up my child: ( ID is required upon pick up)**

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permision for Photography/ Video taped/ Facebook**

I do\_\_\_\_\_\_ do not\_\_\_\_\_\_ give Kids Corner Learning Center permission to photograph or video tape ( Child’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I do\_\_\_\_\_\_ do not\_\_\_\_\_\_\_ give Kids Corner Learning Center permission to put my child’s (Childs Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_pictures on the Kids Corner facebook page.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Treatment:**

Kids Corner Learning Center has permission to obtain emergency medical treatment for my child,(Child’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Hospital of choice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent to Kids Corner Learning center director and or management in charge to seek emergency medical treatment for my child (child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be transported to a hospital in a life threatening situation. I do release, acquit, discharge, and covenant to hold blameless Kids Corner Learning Center, LLC, it’s representatives,and or any attending physician, from any and all actions, damages, and liabilities, arising out of treatment of any sickness or accident incurred by my child while with the Kids Corner Learning Center. It is the intent of this relaese to hold blameless the center and any attending physician so that no liability whatsovever is incurred while attending to the responsible and necessary treatment and any medical\*need that may in their sole discretion be needed by my child or children while with Kids Corner Learning

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication:**

Kids Corner Learning Center is a medicine-free center and **will not administer medications such as antibiotics, anti-nausea, benadryl, or fever reducers.** However, we will administer epi-pens, breathing treatments, gas drops, Neosporin, diaper creams, and teething gel as needed. Please do not send medications to the center.

If my child(Child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall need gas drops, diaper cream, or teething gel, I (Parent’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent will supply Kids Corner Learning center with these items.

I give permision \_\_\_\_\_\_\_\_\_\_\_\_\_ I do not give permision\_\_\_\_\_\_\_\_\_\_\_\_ to apply or administer gas drops, teething gel or diaper cream supplied by me (Parents Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent.

I give permison for Kids Corner Learning Center to administer an epi-pen to my child (Child Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ supplied by his or her parent (Parent’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Parent must provide a written order and instructions by child’s physcian. A *medical Authorization* form will be given to fill out every time epi-pen expires or is used and a new one is brought.

I give permison for Kids Corner Learning Center to administer a breathing treatment to my child (Child Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ supplied by his or her parent (Parent’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Parent must provide a written order and instructions by child’s physcian. A *medical Authorization* form will be given to fill out each time the child needs a breathing treatment with instructions for that day.

**If a child is absent due to illness must be symptom free for 24 hours without the use of Tylenol or Ibuprofen (Fever Reducer) before returning to the center.**

**I release Kids Corner Learning Center, LLC from any and all liability resulting from any problems, which might result from giving this medication.**

Parent signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trip Permission**

My child (Child’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does \_\_\_\_\_\_\_\_\_\_ does not\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have permission to participate in field trips with Kids Corner Learning Center. I understand I the parent will still sign a permission slip for each field tirp and that my child will ride the Kids Corner Learning Center van.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dicipline and Biting Policy**

I (the parent)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the discipline and biting policy of Kids Corner Learning Center, LLC and understand that consistent misbehavior may result in my child being removed from the program.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Potty Training**

My child is toilet trained \_\_\_\_\_YES \_\_\_\_\_NO. If no, a consultation between the parent & caregiver is required to be documented prior to toilet training & kept on file.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COVID -19 STATEMENT**

I UNDERSTAND THAT I MUST NOTIFY KIDS CORNER LEARNING CENTER, LLC IF MY CHILD OR MYSELF HAS COME IN CONTACT WITH SOMEONE THAT HAS TESTED POSITIVE FOR COVID-19

Parent signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certificate, Voucher, Tanf**

Co-Pays vary from child to child and even if you have a $0.00 co-pay you will still owe Kids Corner Learning Center money from the difference between what the state pays and what Kids Corner Learning Center charges.

I,(Parent’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am aware that the assistance program that I am enrolled in, may not cover all fees that are charged by Kids Corner Learnong Center, I agree to pay the difference not covered by the program.

Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prior to enrollment, each child must have proof that all immunization are current (form 121)**

**Weekly Tuition:**

**Tuition is paid on a weekly basis and is due each Monday, whether the child will be present or absent. Payments are to be made in money order, checks or direct deposit.**

**Registration:**

**Annual Non- Refundable (due the end of July – August 15th of each year) registration fee per child: $85.00 per child and $150.00 for two or more children.**

**Weekly Tuition Rate:**

Child Care Rates per week:

* Infants $140.00
* 1 year olds and 2 year olds $130.00
* 3 year olds and 4 year olds $120.00
* Drop In rate: $25.00

(Drop-in rates for students not enrolled on a weekly basis ages 1- 12 if space is available.) 2 or more days will result to weekly rate.

A Child must be moved to the next room for rates to change. Rates are not based off age.

**School Age Children**

* School year: $60.00
* Extended full day during the school year: $15.00

**This charge will be added to the weekly $60.00 school year fee.**

* 2 or more Extended full days during the school year will result to full- time weekly tuition:

**(Example: Spring break, Thanksgiving break, Christmas break)** $110.00

* Summer Care: Starting June 1st $110.00

**Family Discount: $10.00 on each additional child after the first child enrolled.**

**Summer & School year Activity Fees**

September:

1 Year olds – Preschool Children ( 4 Year old Classroom) $50.00

January :

1 Year olds – Preschool Children ( 4 Year old Classroom) $50.00

May: (Fees and Charges can change depending on field trip and activity prices)

3 and 4 Year olds- $75.00

School Age Children**-** $100.00

**Late Fee, Returned Check/ ACH Fee and Credit Card Fee:**

Late Fee:

If weekly tuition is not recived by Wednesday (12:00P.M.) $50.00

Returned Check / Returned ACH Fee and Bank Fee: $50.00

Credit Card Fee: TBA

Tuition plus late fee is due Thursday morning and after two weeks of non payment your child will be taken off of the Kids Corner Learning Center roll. (Child Care services will be denied.)

A **two week notice** must be given prior to withdrawal from the center or an equal charge will be added.

**Acknowledgement by Parent**

**Policies and Procedures**

**This is to verify that Kids Corner Learning Center provided me with a copy of the child handbook and I accept the police and regulations of Kids Corner Learning Center. I accept the financial reponsibility for the placement of and the fees for my/ our child/ren and the fees at Kids Corneter Learning Center.**

**All payments are due every Monday by 6:00P.M. for that week or in advance regardless of the absence of the child/ren. I am aware and will provide a TWO WEEKS NOTICE BEFORE REMOVING MY CHILD FROM KIDS CORNER LEARNING CENTER. I am aware that any past due fees may be collected by court or collection agency at cost to me.**

**Parent Signatures:**

**Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**---------------------------------------------------------------------------------**

**For Office Use Only:**

**Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Application \_\_\_\_\_\_\_\_\_
* 121 form \_\_\_\_\_\_\_\_\_
* Signed Handbook \_\_\_\_\_\_\_\_\_
* Registration fee \_\_\_\_\_\_\_\_\_
* Supply fee \_\_\_\_\_\_\_\_\_
* 1st week tuiton \_\_\_\_\_\_\_\_\_

**Withdrawal Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Management Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Emergency Card** | | |
| Childs Name: | | DOB: |
| Parent’s Name: | | Phone#: |
| Address: | | City/zip: |
| Mother’s Employment: | | Work#: |
| Father’s Employment: | | Work#: |
| Mother’s Cell: | | Father’s Cell: |
| **List any other person to be contacted in case of an emergency:** | | |
| Name/ Relationship | Phone #: | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| **Allergies/ Food Allergies:** | | |
|  | | |
| **Physician to be called in case of emergency:** | | |
| Name: | | |
| Address/ City/ Phone#: | | |

**-------------------------------------------------------------------------------------------------**

**For office use only (cut on line)**

**Must print this page on cardstock**

**Automatic Payment Agreement**

**Electronic Funds Transfer / Electronic Credit Card Charge**

Child/(ren) Name(s):

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parents Name) authorize Kids Corner Learning Center, LLC to automatically deduct tuition for the child(ren) listed above from my account with the financial instituion named below. I understand that I have the right to stop these automatic payments upon 2 weeks written notice to Kids Corner Learning Center, LLC prior to the time my account is charged. I also understand that transactions returned insufficient funds by my financial instituiton will result in a $50 return payment fee being added to my Kids Corner Learning Center tuition.**

**I authorize these electronic funds transfer to begin on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Transactions will be ran every Tuesday by 12:00p.m.

|  |  |
| --- | --- |
| Payment Plan 1 | Automatic Bank Draft (Attach VOIDED CHECK) |
| Checking  Savings |  |
| Print Account Holder Name |  |
| Address, City, State, Zip |  |
| Name of Bank |  |
| Routing/ Transit # |  |
| Bank Account # |  |
| Authorized Signature: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment Plan 2 | Credit Card Debit Card  (TBA additional fee) | | | |
| Type of Card | Mastercard  Visa | | | |
| Credit Card # |  | | | |
| Expiration Date: | |  | CVV Security Code |  |

|  |  |
| --- | --- |
| Print Card Holder Name |  |
| Address, City, State, Zip |  |
| Authorized Signature: |  |