



# ENROLLMENT FORM

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

Application Date \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

## CHILD INFORMATION

Last Name		First Name		MI	Nickname	
Date of Birth / /		Age	Sex M___ F___			
Child's Address			City		ST	Zip

## PARENT/GUARDIAN 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

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	

## Identify the person with whom child lives with:

Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/> (list) _____
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## MEDICAL INFORMATION

Doctor	Address	Phone
Dentist	Address	Phone
Specialist	Address	Phone
Child's Medical Insurance Carrier		Policy #

**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? *(A doctors statement of medical needs or written parental statement of religious beliefs is needed)*

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).

**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, \_\_\_\_\_.

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.

Hospital \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

We would love to know how you heard about Discovery Point					
<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Printed Ads	<input type="checkbox"/> Friend	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Referral (who) _____
<input type="checkbox"/> Employer	<input type="checkbox"/> School	<input type="checkbox"/> Internet	<input type="checkbox"/> Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Other(list) _____

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 \_\_\_\_\_

**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 parents as they are listed as primary contacts. Contacts listed below should be local within the state and available immediately in the event of an emergency if parents cannot be reached.

<b>CONTACT NAME:</b>		<b>PHONE NUMBER:</b>		
<b>Authorized to "PICK-UP"</b> Yes _____ No _____		<b>Authorized for "EMERGENCIES"</b> Yes _____ No _____		
Address		City	ST	Zip
Relationship to Child		Relationship to Parent		DL #
Email Address				
Employer		Work #	Occupation/Position	
<b>CONTACT NAME:</b>		<b>PHONE NUMBER:</b>		
<b>Authorized to "PICK-UP"</b> Yes _____ No _____		<b>Authorized for "EMERGENCIES"</b> Yes _____ No _____		
Address		City	ST	Zip
Relationship to Child		Relationship to Parent		DL #
Email Address				
Employer		Work #	Occupation/Position	
<b>CONTACT NAME:</b>		<b>PHONE NUMBER:</b>		
<b>Authorized to "PICK-UP"</b> Yes _____ No _____		<b>Authorized for "EMERGENCIES"</b> Yes _____ No _____		
Address		City	ST	Zip
Relationship to Child		Relationship to Parent		DL #
Email Address				
Employer		Work #	Occupation/Position	

Special Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## Parental Agreement

1. Discovery Point Child Development Center agrees to provide care 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 sheet. I have been provided an opportunity to ask any questions regarding the rates and fees.
3. I 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. I 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. I 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. Frequent late pick ups may result in termination of services.
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. I 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. I 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. I 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. I 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. 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. I 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 my child's care or progress will be addressed with me. 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 \_\_\_\_\_