

ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every January and July.

Parent updates _____ Date of Registration: _____
(Initial) (Date)

Parent Updates _____ Date of Termination: _____
(Initial) (Date)

Parent Updates _____
(Initial) (Date)

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Home e-mail address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Legal Guardian Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Primary Residence: _____ Mother _____ Father _____ Both _____ Legal Guardian

Circle Days Attending: MON TUES WED THU FRI

SCHOOL-AGE INFORMATION

Does your child attend school? ___ Yes ___ No Grade in School: _____

Circle Days to Attend: AM MON TUES WED THU FRI

PM MON TUES WED THU FRI

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Legal Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number/State _____ Home Email Address: _____

Home address: _____ City: _____ Zip _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Legal Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Driver's License Number/State: _____ Home Email Address: _____

Home address: _____ City: _____ Zip _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Signature of Parent/Legal Guardian: _____ Date: _____

ENROLLMENT REGISTRATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 Gov Issue Photo ID Type: _____
 Employer: _____ Employer's Address: _____
 Work Phone/Extension: _____

Name #2: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 Gov Issue Photo ID Type: _____
 Employer: _____ Employer's Address: _____
 Work Phone/Extension: _____

Name #3: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____
 Home Address: _____
 Gov Issue Photo ID Type: _____
 Employer: _____ Employer's Address: _____
 Work Phone/Extension: _____

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.

- School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance. Your child will not be released without prior authorization.
- Please notify emergency contacts that they must bring government-issued identification when they pick up your child.

Name of Child: _____ Date: _____

Parent/Legal Guardian initial _____

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child(Last, First, Middle)_____ Date of Birth_____

Parent/Legal Guardian Name:_____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **REGISTRATION FEE:** I understand that a, non-refundable, Registration Fee of \$50.00 shall be paid in advance to enroll my child.

_____ **TUITION and MODIFICATIONS CONDITIONS:** \$_____ per week is the current tuition rate I understand that rates are subject to change with reasonable notice as conditions require.

Days: (check all that apply) M T W TH F

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

_____ **LATE OR UNPAID TUITION:** Payments MUST be received by Tuesday morning for that week’s tuition. If payment is not received by Tuesday morning there is a \$25.00 late fee. If payment is still not received by Friday morning there is an ADDITIONAL \$40.00 late fee, resulting in a total of \$65.00 late fees for the week. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child’s spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** Happy Time is open from 6 am to 6 pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 for the first 15 minutes and \$1 per minute after, until the child is picked up.

_____ **ADDITIONAL FEES:** Additional charges for latchkey program when school is closed due to inclement weather or a scheduled school-closing day.

- \$10.00 per day/per child in addition to the regular fee for a full day off school.
- \$5.00 per day/per child in addition to the regular fee for early dismissals. Happy Time will provide lunch also.
- \$20.00 per day/per child if you child is not enrolled in our before/after program.
- The summer day camp rate will apply when latchkey children are here for 3 or more consecutive full days due to scheduled or unscheduled school closings.
- Additional activity fees

_____ **RETURNED CHECKS:** I understand that a \$30 processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned, cash only payments will be required thereafter.

SECTION 2: DAILY PROCEDURE

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

_____ **Food Allergies or Religious Beliefs:** I understand that if my child is allergic or my religion doesn't believe in eating certain foods then I will provide my child food for that day.

_____ **ILLNESS:** I understand if my child is sent home with a fever he/she cannot return to Happy Time until their fever free for 24 hours. This means they **CANNOT** return to school the next day after having a fever. I understand that Happy Time **MUST** enforce this policy in order to keep illness at a minimum. Children are to be kept home when they show any signs of the following: sore throat, fever (100 degrees or more), rash, vomiting, or any other communicable disease or sickness. If my child is exposed to or contracts a contagious disease, I agree to notify the school.

_____ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, Happy Time is allowed to photograph, videotape or audio record my child on company property to use on our website or special DVD's for special occasions.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

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SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

_____ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving & the Friday after Thanksgiving Day, Christmas Day, Martin Luther King Day, President's Day and Good Friday. We may also close all day or early Christmas Eve and New Years Eve. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

_____ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that it is the company’s intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather. Also you can go to our website at www.peopleschurcharnold.net and click on Happy Time and then click on “The Happenings” and that’s where it will be posted if we our closed.

_____ **Vacation Vouchers:** A maximum of two weeks of vacation per fulltime child/ per year is allotted. If your child is enrolled part time they allotted one week vacation. Children enrolled in summer program **ONLY** will not receive vacation vouchers. Any child enrolled after July 31st will not be entitled to vacation time until January 1st of the next year. **NO** single vacation days are allowed.

SECTION 4: OUR POLICIES

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change/ rate change or court order to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

_____ **CHILD DISMISSAL:** Happy Time reserves the right to dismiss any child for any reason at Happy Time’s discretion. NO refund of tuition will be made. ALL children must be potty trained by age 3. If a child is enrolled in the 2 year old class they must be completely potty trained by their 3rd birthday or they could be dismissed. ALL children are enrolled on a 60 day trial basis.

_____ **BELIEFS:** I acknowledge that Happy Time is an integral part of the People’s Church of Arnold, MO. The expressed intent of this ministry is the development of young children. I know that at each session the following will be taught: Bible reading and teaching, character building lessons, patriotism, and the teachings of Christ. Each meal will also start in prayer.

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MEDICAL INFORMATION

Special Dietary Needs: _____

Allergies (please check and list all that apply)

Medications Reaction: _____

Food _____ Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

I hereby give permission to Happy Time staff member to administer (Tylenol/Motrin) to my child as needed. Y N

Parent Signature _____ Date _____

MEDICAL CARE PROVIDER/FACILITY

I hereby give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to arrange for emergency medical care, I authorize the Happy Time staff to take my child and seek medical attention.

Parent/Legal Guardian Signature: _____ Date: _____

Primary Care Physician Name: _____ Phone: _____

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

AUTHORIZATION FOR TRANSPORTATION, FIELD TRIP OR EMERGENCY

We may plan special field trips for the children away from the school. These trips are carefully arranged and shall be supervised by the number of adults per ratio of the children. You will always receive advanced notice of **ALL** field trips. We have your permission to take your child, _____, on these field trips.

For emergency purposes, we have permission to evacuate the premises. Our emergency evacuation site is posted in every room.

Parent/Legal Guardian Signature: _____ Date: _____

Witness: _____ Date: _____