THE CATHANCE CHILDREN'S CENTER APPLICATION FOR ENROLLMENT

Child's Name:_____ Age:_____ Date of Application:_____

Mother's Name:_____ Home Phone:_____
Address:_____ Cell Phone:_____
Employer & Location:_____ Work Phone:_____

Father's Name:_____ Home Phone:_____
Address:_____ Cell Phone:_____
Employer & Location:_____ Work Phone:_____

Emergency Contact:_____

Are there any custodial arrangements/issues to be aware of (shared custody, restraining orders, etc.):_____
_____
_____

Child's nickname:_____ Date of Birth:_____

Describe child's general nature_____
_____
_____

Has child been in childcare before?_____ What was that experience like?_____
_____
_____

Please provide names and ages of siblings_____
_____

The Cathance Children's Center does not deny admittance to children based on culture, nationality, faith, general health, or developmental ability, but does reserve the right to evaluate and assess each child's individual needs to ensure a placement at the center will serve the best interest of that child and is within the scope of resources available at the center.

List all medical/psychological/emotional/developmental conditions or concerns (include food and environmental allergies, Diabetes, Asthma, Autism, Anxiety, etc.:_____
_____
_____
_____

Detail needed interventions:_____
_____
_____
_____

Has your child been evaluated for developmental status?_____
If so, by whom_____ What were the findings?_____
_____
_____

May we contact the practitioner? □ Yes □ No Initial here_____
Contact Information:_____
Pediatrician Name:_____ Phone:_____
Dentist:_____ Phone:_____
_____

ENROLLMENT AGREEMENT

By signing below, I acknowledge that I have received, read, and understand the policies in the Parent's Handbook and agree to the terms and conditions for payment for the below described enrollment.

□ Infant (6 weeks – 18/24 mos) / Toddler* (18/24 – 36 mos)
□ Preschool (3 yrs – 5 yrs.)
□ School Age (K-5th Grade)
□ Full-time M T W TH F Hours:_____ to _____ (Maximum of 9.5 hrs/day)
□ Part-time M T W TH F Hours:_____ to _____**

□ Morning Preschool Program Only (3 yrs – 5 yrs)
□ M-W-F 9:00-11:30
□T-TH 9:00-11:30

**** Toddlers who are fully toilet trained pay Preschool-age rate.***
***** Part-time enrollments are limited and subject to pre-approval and availability.***

Weekly rate:_____ Deposit paid:_____ Reg. Fee paid:_____ Date:_____

Start Date:_____

In order to keep down cost we would like to issue one security card per family. If needed, we will issue one additional card at no charge.

Number of cards requested:_____ Name(s) _____

_____

We would like to have the capability of emailing notices and announcements to parents who have regular access to email. If you have an email address where we may contact you please provide your address(es) on the lines below.

_____
_____

I understand the weekly rate established for my child's enrollment is due in full on the first attendance day of each week regardless of attendance, sick day, holiday, staff development day, or snow day. I understand that a minimum 14-day advance notice of intended withdrawal is required in order to receive credit for my enrollment deposit that is otherwise completely non-refundable under any circumstances beyond completion of the probationary period.

I agree to hold harmless and free from liability the staff of the children's center for any accident or injury involving my child-ren) that could occur in the routine, good-faith operation of the child care center and its programs.

This agreement is valid for a maximum 1-year term and is subject to review / renewal/ alteration / termination by either party at anytime with 14-day advance notice.

Parent/Gaurdian Signature:_____ Date:_____

The following persons have permission to remove my child(ren) from the Cathance Children's Center:
Name:_____Relationship:_____Phone:_____
Name:_____Relationship:_____Phone:_____
Name:_____Relationship:_____Phone:_____