

Central Early Learning Center

Admit Date _____

ID Codes _____

Tchr notified _____

Registering For: Child Care Before &/or After Sch Summer

Grade _____ School _____

Child's Name _____ Sex _____ Birthdate _____
Last First Middle

	Mother	Father
Name		
Address		
Employer		
Home Phone #		
Work Phone #		
Cell # & Carrier		
E-mail		
Social Security #		
Drivers License #		

If parents are separated or divorced, with whom does the child live? _____

Has your child ever attended daycare? _____ If so, where _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here: _____

Individuals to contact in case of an emergency:

NAME	PHONE #	RELATIONSHIP

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above. (Individuals will be asked to show proof of identity).

NAME	RELATIONSHIP

Child's Doctor: _____ Doctor's Phone# _____

Child's Dentist: _____ Dentist's Phone# _____

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

BACK SIDE OF THIS FORM MUST BE COMPLETED

Central Early Learning Center

Statement of Cooperation

I hereby agree to abide by the rules and policies of Central Academy & Child Care, Inc. (dba Central Early Learning Center) regarding fees, attendance, health, etc., as stated in the Parent/Student Handbook and will cooperate with the administration in the enforcement of the childcare policies.

I have received and read the schedule of payments due for the child care program in which I am enrolling my child. I understand the weekly tuition is due each MONDAY for the week in advance. **If the weekly tuition is not paid by close of business on TUESDAY of each week, late charge of \$25 is added to any balance owing on the account.** I further understand that by enrolling my child in the center, I am required to pay the full weekly tuition for his place in the center regardless of absences or center closures during any given week. I understand that by signing this form I am assuming financial responsibility for this account.

I hereby agree to notify the Center IN WRITING, TWO WEEKS IN ADVANCE OF WITHDRAWAL should I withdraw my child from the Center, or I will pay for 2 weeks as a non-notice withdrawal fee. I understand that no refund of registration or tuition will be made should I withdraw my child from Central Academy & Child Care, Inc. (dba Central Early Learning Center).

ACCOUNTS 2 WEEKS (14 DAYS) PAST DUE WILL RESULT IN IMMEDIATE DISMISSAL.

I also believe that discipline is necessary for the welfare of each student, as well as the entire center. I give permission for my child's teacher and/or other agent of the child care to make and enforce classroom regulations as stated in the Handbook and in a manner consistent with Christian principles.

I understand that should my employment, address, phone numbers, or marital status change that it is my responsibility to notify the office, in writing, with the updated information so it can be added to my child's file.

_____ I give Central Academy & Child Care, Inc. (dba Central Early Learning Center) permission to
initial release/display photographs and video of my child for the purposes of display within the center,
programs and/or advertising.

_____ I have received the Student/Parent Handbook.
initial

_____ I have received a tour and community resources packet.
initial

I have included a copy of:

**Child's Birth Certificate
Child's Social Security Card
Current Immunization Record (must be original – no copies)
Parent's/Guardian's Current Drivers' License
A check for registration and the first week's tuition.**

Mother's Signature

Father's Signature

Date _____

Date _____