

Do not write in this Box

Room _____ Program _____ Weekly Rate _____ USDA _____

Creative Wonders Learning Center

Registration Form

Expected Enrollment Date _____

Child's Name _____ Nickname _____ DOB ____ - ____ - ____ Sex _____

Mother's Name _____ Occupation _____ SSN ____ - ____ - ____

Mother's Home Phone (____) ____ - ____

Mother's Home Address _____
Street Address Physical Address

_____ City _____ State _____ Zip Code _____
 Mother's Employer _____ Work Phone (____) ____ - ____

Mother's Work Address _____
Street Address Physical Address

_____ City _____ State _____ Zip Code _____

Father's Name _____ Occupation _____ SSN ____ - ____ - ____

Father Home Phone (____) ____ - ____

Father's Home Address _____
Street Address Physical Address

_____ City _____ State _____ Zip Code _____

Father's Employer _____ Work Phone (____) ____ - ____

Father's Work Address _____
Street Address Physical Address

_____ City _____ State _____ Zip Code _____

Person(s) responsible for tuition account: _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

	<i>Permitted to pick up child?</i>	<i>Has Legal Custody?</i>
Mother:	_____ Yes _____ No	_____ Yes _____ No
Father:	_____ Yes _____ No	_____ Yes _____ No
Guardian:	_____ Yes _____ No	_____ Yes _____ No

Persons authorized to pick up the child daily: _____

Persons to be contacted in case of illness, accident or emergency and authorized to pick up the child if the parents or guardians cannot be reached (Minimum of two required).

 Name (Relationship) _____ Address _____ Phone _____

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Child's Profile

Family

Other family members (brothers, sisters, grandparents, etc.) living at home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

Health

What communicable diseases has the child had? Measles (Big Red)___ Measles (3 day) ___

Mumps ___ Chicken Pox ___ Whooping Cough ___ Other ___

Any chronic physical problems?_____

Accommodations needed _____

*Please note that a Medication Authorization form must be filled out in order for Creative Wonders Learning Center, Inc. to administer medication of any kind.

Any allergies? _____ Type of allergy and actions to take in an emergency situation: _____

Any developmental or learning needs? _____

Type of needs and/or accommodations requested _____

Child's Speech: Rapid ___ Slow ___ Moderate ___ Clear ___ Uses Many Words ___

Seldom Speaks ___ Talks Constantly ___ Talks Often at Home ___

Other Characteristics _____

Does your child have any special toileting needs? ___ If so, please explain _____

Does he/she take naps? ___ Usual time of nap? ___ Does he/she take anything to bed with him/her? ___ What is his/her mood upon awakening? _____

Schooling

Has your child had any previous school experience? _____

If yes, what was the reason for leaving?_____

Name of school _____ Length of experience _____

Is your child attending another school concurrently with our program? _____

Name of School _____ Grade or Class Level _____

Comments

In what particular ways can we help your child this year? _____

Describe your child briefly (personality, abilities, etc.) _____

Interests

Has he/she had experience playing with other children? _____

With what age child does he/she prefer to play? _____

What are his/her favorite activities at home? _____

Does he/she like to be read to? _____ Listen to music? _____ Play outdoors? _____
Can he/she ride a trike? _____ Has he/she had experience with clay? _____ Blocks _____
Scissors? _____ Easel Painting? _____ Finger Painting? _____ Puzzles? _____

Parent/Guardian Statement of Understanding

Financial

1. I understand that my tuition is based upon my child's program, not his or her age.
2. I understand that my child's tuition rate accounts for scheduled closings due to holidays, and that no adjustment to tuition will be made due to these closings.
3. I understand that no adjustment to tuition will be made for any absences less than three consecutive days.
4. I understand that I have three vacation weeks that I may use during the period of January through December during which my child's registration will be maintained. Half-tuition is charged for these weeks and must be paid in advance to avoid accruing a late fee.
5. I agree to pay for each week my child is registered. Tuition is paid weekly, in advance. Weekly payments are due on Monday of each week. A late fee of \$10.00 will be assessed if payment is not received by 5:00 p.m. on Tuesday, and will continue to accrue weekly until my account is current.
6. I understand that services will be terminated when my account is two weeks in arrears. A registration fee will be required to re-enroll.
7. I agree to pay late pick-up fees at the rate of \$5.00 for the first 15 minutes or portion of 15 minutes whenever my child is cared for after center hours. I agree to pay an additional \$1.00 per minute for each minute over the first 15 minute interval. I understand that the Department of Social Services or the Police Department will be called when children are left at the center after 8:00 p.m.
8. I understand that no fees will be refunded, even in the case of extended absence. I understand that I am required to give a one-week written notice prior to the withdrawal of my child. I understand that without this notice, I am liable for two week's tuition payment.
9. I understand that if I receive daycare assistance from the Department of Social Services, I am required to follow the guidelines set forth by DSS and CWLC. I also understand and give permission for CWLC administrative staff to speak with any person responsible for my social services eligibility or daycare services in regards to my employment, co-pay, or custody. CWLC reserves the right to contact my employer regarding my working hours.

Health and Safety

1. I agree to walk my child(ren) into the center each morning and release my child to a teacher before leaving my child. I will sign my child in and out each day.
2. I understand that all forms required must be completed and on file before my child(ren) may attend. I agree to update all forms as requested by Creative Wonders Learning Center.
3. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that we will release children to either parent unless a court order indicating sole custody is provided to the school director. I agree to give to the school a list of all persons authorized to pick up my child(ren).
4. I understand that no medication will be administered without a doctor's consent
5. I understand that Creative Wonders Learning Center has supplementary accident insurance for children participating in the program that will pay customary charges to a maximum of \$5,000. This insurance is intended to cover accidents that cannot be covered by family insurance. The center administrator will provide claim information and forms.
6. I authorize my child to participate in walking and transported field trips scheduled by the school. I also understand that a separate permission form will be provided for each trip.
7. I agree to support and reinforce Creative Wonders Learning Center's rules and procedures that concern the health and safety of my child(ren) and other children.
8. I understand that child care services may be terminated if my child(ren)'s behavior patterns threaten his/her own health and safety or those of other children and staff.
9. I understand that I will be notified whenever my child becomes ill and I agree to pick-up my child thereafter as soon as possible.
10. I understand that my child cannot attend the school if he/she has any illness that threatens the health of other children. I understand that Health Department regulations concerning

periods of infection will be enforced. I understand that my child must be fever free for 24 hours before returning to school after an illness.

11. According to the Division of Licensing, parents or guardians of children enrolled in our program, must notify CWLC within 24 hours or the next business day after his/ her child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
12. If my child is enrolled in the before/ after school program, I agree for CWLC to transport my child to & from school in the CWLC van. I understand that traveling rout to school(s) may vary depending on school arrival & departure times.

Authorization for Emergency Medical Care

Please Note: This authorization must be notarized.

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child _____

Parent/Guardian Signature _____ Date _____

Subscribed and Sworn to before me this _____ day of _____, 20____.

(Seal)

My commission expires _____

Notary Public

Please read and sign:

I have received a copy of the Creative Wonders Learning Center Handbook. I have read the policies and understand their application to my child. I understand that this is a legal and binding contract.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

Administrator Signature

Date