

Grace Child Development Center

Enrollment 2011 - 2012

Date received (office use only): _____

Enrollment fees: \$75.00 non-refundable per child, amount paid _____ (cash / check)

Child's Name _____ Age _____ Gender: _____ Birthdate _____

Parent/Guardian _____ Occupation _____ Work# _____ Cell _____

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Child's Home Address _____ City _____ Zip _____

Home Phone Number _____ Email address: _____

Other siblings in the program (names & ages) _____

Child lives with _____

If legal guardianship has been established by the court, please provide documentation to be kept in office.

Medical Information: All areas **must** be completed.

Doctor's Name _____ Phone _____

Preferred Hospital (in case of emergency) _____

Are all Immunizations current? Yes _____ No _____ **A copy must be attached before your child can be placed in a class.**

Does your child have any allergies, asthma or any other health problems we need to know about?

Food allergies _____

Dietary Restrictions _____ Physical or emotional needs _____

Emergency Contact Information: Please fill out each area completely. List those who can be contacted if we cannot reach you.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Please list below any person(s) who will be picking up your child. If someone different will be picking them up, you will need to let the office know, as we will only allow your child to leave with those listed.

Name _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Is there any person who should **never** be allowed to have contact with your child: _____

If so, what are their names? _____

*****Please sign and date the consent and release forms on the back of this sheet.*****

PROMOTIONAL RELEASE I hereby consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child may appear by Grace United Methodist Church. I understand that these materials are being used for promotion of the ministry of this church, which includes recruitment and fund-raising efforts. I release Grace United Methodist Church from any liability connected with the use of the picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Parent Signature _____ Date _____

I hereby give permission for you to share my contact information with other parents in the program.
_____yes _____no

Parent Signature _____ Date _____

GRACE CHILD DEVELOPMENT CENTER POLICIES

1. We reserve the right to raise the tuition and registration fees due to operational costs.
2. Payment is due by the 10th of each month unless other arrangements have been made. After the 10th of the month, a late fee of \$15.00 is assessed.
3. **Please notify the office by the 15th of the month if you plan to drop our program. You will be responsible for the current month's tuition. Notification after the 15th of the month will result in being required to pay the next month's tuition as well.**
4. There is a charge of \$25.00 for a returned check. Returned checks must be paid in full by the end of the month or else the child can not attend the following month until the returned check is paid in full.
5. We will follow the Putnam City School District's school and weather policy.
6. Children 3 years and under will have to bring a nap pad, mat, and blanket for resting.
7. Please leave sick children at home. This is for your child's welfare as well as others. If a child is brought to the center with a fever of 100 degrees or over, a parent will be called to come and pick up the child.
8. **THERE IS NO CREDIT GIVEN DUE TO ABSENCES.**
9. **A \$1.00 per minute late fee will be assessed if your child is picked up later than 2:05. Payment must be rendered at the time you pick up your child.**

Parent's signature _____ Date _____