

Park Place Children's Center Application - Educare

Child's Name _____ Birth Date (Month/Year/Day) _____

Home Address _____ Zip _____ Telephone _____

Family Information

Child resides with _____

Mother's Name _____ Occupation _____

Employer _____ Daytime Telephone _____ Marital Status _____

Father's Name _____ Occupation _____

Employer _____ Daytime Telephone _____ Marital Status _____

Guardian's Name _____ Occupation _____

Employer _____ Daytime Telephone _____ Marital Status _____

Other Children in the Family

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

Name _____ Sex _____ Date of Birth _____

General Information

Family's Church Affiliation _____

When do you wish to enroll your child in our center? _____

Child's previous group experience: Where? _____ When? _____

How long? _____ Child's adjustment to experience? _____

Please describe your child's personality _____

OVER

Is your child potty trained? Yes _____ No _____ Comments _____

Do you have any specific concerns about your child's development? _____

What would you like your child to gain from his or her experience at our center? _____

What additional information or considerations regarding your child can you provide that will help his or her teacher(s)? _____

Parent Permission/Acknowledgements

I understand that a current physical examination and an up-to-date record of my child's immunization records must be submitted no earlier than 30 days before, and no later than 30 days after, my child's entrance to the center. I understand that care will be discontinued if these forms are not received within these time frames.

Parent Signature _____ Date _____

I give permission or my child to be photographed/videotaped by organizations and/or university classes approved by the Children's Center Administrative Team, provided that my child is in no way identified.

Parent Signature _____ Date _____

Tuition Fees/Payment Policy Information

A \$35 registration fee along with a two-week deposit (which will be applied to the last two weeks of your child's day care provided you give the mandatory two-week notice before withdrawing your child) must accompany this application.

Tuition payment is due each Monday in advance of care. Each Tuesday at 6:00pm accounts with a balance will be assessed a 10% late fee. Care will be discontinued effective Friday at 6:00pm for any family whose account carries a two-week balance.

A \$25 fee will be incurred for any check returned by the bank due to non-sufficient funds. Bi-monthly or monthly payment arrangements must be made in writing and payments made in advance of care.

A \$25 supply fee per child will be applied to your account each semester. Supply fees are charged in January, June, and September.

Children are expected to be picked up by closing time. A charge of \$10 every 15 minutes or increment thereof will assessed per child to any family picking up a child after 6:00pm. If any child is not picked up 30 minutes after closing time, Child Protective Services will be contacted to pick up the child.

I have read and understand the Tuition Fees and Payment Policy information above, and agree to adhere to the policies as stated

Parent Signature _____ Date _____