



2023-2024 APPLICATION FORM

Child's Full Name: _____ Nickname: _____

Sex: _____ Date of Birth: _____ Age as of September 7, 2023: _____

Child's Address: _____

City

State

Zip code

Is your child potty-trained? _____

Is your child able to walk well without assistance? _____

PRIMARY LEGAL GUARDIAN

Name: _____ Relation to Child: _____

Cell Phone Number: _____ Work Phone Number: _____

Occupation: _____ Employer: _____

Email Address: _____

Address (if different from child's): _____

City

State

Zip code

SECONDARY LEGAL GUARDIAN

Name: _____ Relation to Child: _____

Cell Phone Number: _____ Work Phone Number: _____

Occupation: _____ Employer: _____

Email Address: _____

Address (if different from child's): _____

City

State

Zip code

HOUSEHOLD

Do you have a church home? **Yes** **No** Name of Church You Attend: _____

Primary Language Spoken at Home: _____

Secondary Language Spoken at Home: _____

Does the child have any siblings? If so, list names and ages: _____

CUSTODY INFORMATION

Who has primary custody? (circle one): **Both Parents** **Mother** **Father** **Other:** _____

[If only one parent has custody, we need a copy of the court order stating this.]

Please list any contact restrictions: _____

EMERGENCY CONTACTS

List in order of preferred contact if primary or secondary contacts cannot be reached.

The following people are authorized to pick up my child from school and receive information in case of an emergency:

Name: _____ Relation to Child: _____

Phone Number #1: _____ Phone Number #2: _____

Address: _____

City

State

Zip code

Name: _____ Relation to Child: _____

Phone Number #1: _____ Phone Number #2: _____

Address : _____

City

State

Zip code

CONSENT AND ACKNOWLEDGMENT FORM

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Physician's Name: _____ Phone Number: _____

Address: _____

Hospital: _____ Phone Number: _____

Address: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.



Parent/Legal Guardian | **Signature** Date

CONSENT FOR ACTIVITIES AND POLICIES

Check all that apply:

1. Water Activities

I hereby **GIVE** **DO NOT GIVE** consent for my child to participate in the following water activities:
 sprinkler play splashing/wading pools water table play

Parent's Comments: _____

2. Receipt of written Operational Policies in Parent Handbook

I acknowledge receipt of the facility's operational policies including those for discipline and guidance in the Parent Handbook.

3. I understand that the following meals will be served to my child while in care:

AM Snack **LUNCH** (provided by the parent)

4. I hereby **GIVE** **DO NOT GIVE** consent for my child to be photographed and for those photos be utilized for the purpose of advertisement and enrollment promotion.

My child will normally be in care on the following days and hours:

- Tuesdays from: 9:00am to 2:00pm
- Wednesdays from: 9:00am to 2:00pm
- Thursdays from: 9:00am to 2:00pm



Parent/Legal Guardian | **Signature** Date

WELLNESS FORM

ALLERGIES

Does your child have any allergies? (circle one): **Yes** **No**

If **YES**, please provide details: _____

MEDICAL DETAILS

Does your child have any medical issues? (circle one): **Yes** **No**

If **YES**, please provide details (include special problems that your child may have, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medications prescribed for long term continuous use, and any other information which caregivers should be aware of): _____

DIETARY REQUIREMENTS

Does your child have any special dietary requirements? (circle one): **Yes** **No**

If **YES**, please provide details: _____

HEALTH PROFESSIONAL'S WELLNESS VERIFICATION

One of the following must be presented when your child is admitted:

1. Health Care Professional's Verification:

I have examined the above-named child within the past year and find that he/she is able to take part in the day care program.

Physician's Name: _____ Phone Number: _____

Address: _____

Physician | **Signature**

Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

IMMUNIZATION RECORD

I have provided ct|day school with a copy of my child's most current immunization record.

HEARING & VISION SCREENING

All children four years of age or older are **required** to have a hearing and vision screening. Please have your physician complete the following chart or attach a copy of your child's most recent screening to this form.

VISION	R 20/_____	L 20/_____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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Physician | **Signature**

Date

HEARING	1000Hz	2000Hz	4000Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				

Physician | **Signature**

Date

If your child's illness requires an action plan or EpiPen, please provide documentation along with this slip.



Parent/Legal Guardian | **Signature**

Date

TUITION CONTRACT & POLICY STATEMENT | 2023 - 2024

REGISTRATION

A non-refundable registration fee of \$50.00 is required at time of registration. Additional siblings may be registered for \$35.00 each.

TUITION

Tuition is based on 34 weeks during the school year divided equally into 9 monthly payments and remains the same regardless of absence or holidays.

Tuition is to be paid on the 1st of each month.

ct|day school accepts cash, checks, and credit card as a form of payment. There is a \$35.00 non-sufficient funds fee.

If enrollment is terminated, a withdrawal form is required 2 weeks prior.

SUPPLY FEE

A supply fee of \$50.00 is due twice a year (on the 1st day of school in September and again in February).

WITHDRAWALS AND REFUNDS

A two-week notice is required to discontinue any enrollment. Withdrawal must be done in writing and will not be accepted over the phone. Withdrawal must be received by the Director.

To withdrawal from classes a parent must:

1. Inform the Director in person, and
2. Complete and sign a withdrawal form provided in the office.

ct|day school reserves the right to withdraw any student without notice. In such a case a refund for classes will be given.

I understand and accept these policies and procedures for payment.



Parent/Legal Guardian | **Signature**

Date

(Office Use Only)

Registration Fee Paid (circle one): **Cash** **Card** **Check**

Date Paid: _____

Monthly Tuition: \$ _____



AUTHORIZATION TO RELEASE

Please list below all persons authorized to pick up your child from ct|day school. If there is ever a change in this list, please inform us immediately.

When any of these persons come to pick up your child, they will be required to check in at the office and provide us with an ID that matches the information you've provided us with.

Name: _____ Relation to Child: _____

Address: _____

Phone Number #1: _____ Phone Number #2: _____

Name: _____ Relation to Child: _____

Address: _____

Phone Number #1: _____ Phone Number #2: _____

Name: _____ Relation to Child: _____

Address: _____

Phone Number #1: _____ Phone Number #2: _____

Name: _____ Relation to Child: _____

Address: _____

Phone Number #1: _____ Phone Number #2: _____



Parent/Legal Guardian | **Signature**

Date