Bestday Camp

**Enrollment Application for Child Care**

**Student Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Last Nickname

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elementary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days of Week in Care (please circle):

Monday Tuesday Wednesday Thursday Friday

**Family Information**

Child Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who has custody of child?

Mother Father Both Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**

*(You will always be contacted first.)*

Child will be released only to the custodial parent or legal guardian and the people listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

We will need a copy of each parent/legal guardian’s Driver’s License. We will check any emergency contact or approved pickups Driver’s License when they enter the facility, before leaving with the child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Cell Phone # Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Cell Phone # Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Cell Phone # Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Cell Phone # Relationship to Child

Tuition Policy

Tuition is due on Monday. If not received by Wednesday morning, a $25 late fee will be added to your account. If no tuition is received by Thursday morning your child will not be able to attend. Please make checks payable to Bestday Camp.

* No credit is given for absences of any kind.
* A $35.00 fee will be charged to accounts on all returned checks.
* If your child is picked up after closing time, 6:00 PM, a flat rate of $25 and an additional late pick-up fee of $1.00 per minute will be charged. This fee must be paid in cash when your child is picked up.
* **Repeated incidents of late pickups may result in your child being disenrolled.**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Holiday Closures**\*Please refer to the attached School Closure document.

These 13 **days of closure are built into tuition; therefore, tuition is still due as normal. The dates we are closed are as follows:**

**New Years Day**

**Day After New Years Day**

**MLK Jr. Day**

**Good Friday**

**Easter Monday**

**4th Of July**

**Day Before Thanksgiving**

**Thanksgiving**

**Day After Thanksgiving**

**Christmas Eve**

**Christmas Day**

**Day After Christmas**

**New Years Eve**

* Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
* Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure entitled, “Know Your Child Care Facility” (CF/PI 175-24).
* Section 65C-22.006(3)02., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the childcare facility.
* F.S. requires that parents receive a copy of the brochure entitled, “Influenza Virus, The Flu A Guide to Parents”, and that the facility must retain a signature that each parent received this form.

By signing below, you verify that you have received the above items, acknowledge receipt of the tuition rates and that all information on this enrollment form is complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Legal Guardian Date

**Health History and Allergies**

Please list below a brief health history (if any) that would be beneficial for teachers and staff to know about your child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all known allergies and any medications and for which purpose your child takes these medications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**Authorization For Emergency Treatment**

I give permission for the Director, Acting Director, Office Manager, or Staff Counselor from Bestday Camp to take whatever steps may be necessary for medical care of my child in case of an emergency.

I understand the order of actions taken will follow the outline below unless there is a need for immediate action but will not be limited to these actions.

1. Parent or Guardian will be called.
2. Emergency contacts parents have listed will be called.
3. Child’s physician will be called.
4. If none of these efforts are successful:
	1. Another physician will be called.
	2. An ambulance will be called.
	3. The child will be taken to the emergency room of the nearest hospital accompanied by a staff member.
5. In order for the school to assume responsibility for my child, I understand that I must sign the child in at arrival and out at departure time.

Child’s Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**Bestday Camp Discipline Policy**

Bestday Camp staff uses positive methods of discipline which encourages self-control, self-direction, and self-esteem.

The staff may use redirection methods according to the age of the child. Staff will encourage children who are able to use effective means of communication to solve problems independently with other children.

Bestday Camp staff are prohibited from using the following as means of punishment:

* Hitting, shaking, biting, pinching, or inflicting any form of corporal punishment.
* Restricting a child’s movement by binding or tying them.
* Mental or emotional cruelty such as humiliating, shaming, or frightening a child.
* Depriving a child of meats, snacks, rest or necessary toilet use.
* Confining a child in an enclosed area such as a closet, locker room, box or similar cubicle.

Child’s Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**Bestday Camp Sick Policy**

* In the event a child develops a fever while at Bestday Camp of 99.9 degrees or higher, the parents will be notified as soon as possible, and it is expected that the child will be picked up as soon as possible. The child will be able to return to camp when fever free without symptoms and medications for 24 hours. A doctor’s note will allow the child to return to school camp than 24 hours.
* In the event a child throws up more than two times, after the third time the parents will be notified. The child will be expected to be picked up as soon as possible. The child can return to camp after 24 hours of no vomiting.
* In the event the child has diarrhea more than two times, after the third time the parents will be notified, and the child will be expected to be picked up as soon as possible. The child can return to camp after 24 hours without having any diarrhea.
* If a child develops a rash while at Bestday Camp, parents will be notified as soon as possible.
* Any discharge and/or redness of the eyes the parents will be notified. It is expected that the child will be picked up as soon as possible. In order to return to camp, we will ask for a doctor’s note.
* In the event a child has lice eggs and/or lice they will be sent home as soon as possible. They cannot return until all eggs and lice are gone.

Child’s Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**Bestday Camp Attendance Policy**

* You are responsible for weekly tuition if your child is enrolled within Bestday Camp, regardless of if they attend or not.
* One-week vacation (yearly) is granted after your child has been in attendance for one year.
* If you are withdrawing your child, for any reason, two weeks written notice is required. If you withdraw your child without two weeks written notice, you are required to pay the full two weeks tuition.

Child’s Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**Permission for Bug Spray and/or Sunscreen**

I give permission for my child’s teachers to apply: (please circle)

Bug Spray Sunscreen

That I have purchased and brought to the facility. I have labeled the sunscreen and/or bug spray with my child/s first and last name prior to bringing it to Bestday Camp. If at any time I would like the teachers to stop applying bug spray and/or sunscreen to my child, I will let the Director know in writing. I also understand that I should apply sunscreen and/or bug spray prior to bringing my child to Bestday Camp.

Child’s Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**Permission for Food – Related Activities and Special Occasion Food**

Pursuant GSC-22.005(1) F.A.C., licensed childcare must obtain written permission from parents/guardians regarding a child’s participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give or decline permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in food related activities and special occasions wherein food is consumed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Please initial the following information that applies to your child:

\_\_\_\_\_\_ my child DOES NOT have a food allergy or dietary restriction. They may participate in activities.

\_\_\_\_\_\_ my child DOES NOT have a food allergy or dietary restriction. They may NOT participate in activities.

\_\_\_\_\_\_ my child DOES have a food allergy or dietary restriction. They may participate in activities, but may not eat or handle the following items:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ my child DOES have a food allergy or dietary restriction. They may NOT participate in activities that involve food.

I understand it is my responsibility to update this form if my decision for permission changes. I agree that this form will remain in effect during the term of my child’s enrollment.

**Permission for Photography**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give or decline permission for Bestday Camp to photograph my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following purposes:

Please initial the following information that applies to your child.

*Photographs*

|  |  |  |
| --- | --- | --- |
| **Type of Use** | **Grant Permission** | **Decline Permission** |
| Display on facility’s bulletin boards, shown to current and prospective families. |  |  |
| Display photos on facility’s website. |  |  |
| Display photos on facility’s Facebook page. |  |  |
| Use photos in promotional materials. |  |  |

*Videos*

|  |  |  |
| --- | --- | --- |
| **Type of Use** | **Grant Permission** | **Decline Permission** |
| Give video to current parents, other than self. |  |  |
| Display video on facility’s website.  |  |  |
| Display video on facility’s Facebook page. |  |  |

\*First names only may be displayed on artwork or in background of photos on the facility’s Facebook page.

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain during the term of my child’s enrollment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**Live Animal Permission**

**Please read this form in its entirety before signing.**

**By signing this form you are giving permission for your child to participate in supervised activities that involve live animals. The children will have the opportunity to learn with hands on activities, and observational discovery. The children will immediately wash his/her hands after each interaction with animals.**

**My child MAY participate in activities that invlove hands on experiences with live animals.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Date**

**My child MAY NOT participate in activities that invlove hands on experiences with live animals.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Date**

**Waitlist Policy and Procedures**

To be on our waitlist, you must pay the last two week’s tuition upfront in full. This will ensure that your child’s spot is ready on the next available start date. On your child’s first day you will be responsible for paying the one-time, non-refundable registration fee and the first week’s tution. If you decide to withdraw from the waitlist you will only receive a 50% refund.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Child’s Name Start Date/Classroom

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Registration Fee First Week’s Tuition

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent’s Name Parent’s Signature

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Rate 2025-2026**

**Non- Refundable Registration Fee $200**

**\*Part time must commit to 2 days a week**

**Twos**

Full Time ………………. $285 Weekly

Part Time …………. $180 Weekly

**Threes**

Full Time ……………. $255 Weekly

Part Time ……………. $160 Weekly

**Kinder Prep & Wrap Around Care**

Kinder Prep (8am-2pm Mon-Thurs) ……. $145 Weekly

Wrap Around Care (6:00am-6pm Mon-Fri)

AND

Kinder Prep (8am-2pm Mon-Thurs) … $195 Weekly