

Magnificent Day Care Center, Inc. Enrollment Application

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address _____ City _____ State _____ Zip _____
(Street)

Home Phone Number _____ Parent Cell Phone Number _____

Email address: _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

Name _____ Address _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____ Other identifying information (if any):

Name _____ Address _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____ Other identifying information (if any):

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____
Name _____ Telephone Number _____
Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name: _____

Doctor/clinic phone #: _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of Magnificent Day Care Center, Inc. and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____ Date: _____
Signature

Facility Administrator/Person-In-Charge: _____
Signature

Date: _____

Tuition: All tuition payments are due every Monday

<p>_____ GA CAPS Certificate Dates: Begin _____ End _____ _____</p> <p>_____ Private Pay _____ Infant Rate _____ Toddler Rate _____ Preschool Rate _____ Before and After Care Rate: _____ _____ Registration Fee Rate: _____ _____ Summer Camp Rate _____</p>	<p>Parent/Guardian Initials: _____ Tuition and Assessment Payments are due every Monday. _____ All Children must be picked up by 6pm. A \$2.00 per minute/per child – Late fee will be added to your account after 6:10p.</p>
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Parent/Guardian hereby acknowledges and agrees to the following:

Please initial each statement:

_____ I understand and acknowledge that I have been informed by Magnificent Day Care Center, In.c that this facility does not carry liability insurance sufficient to protect my child in the event of injury, accident, including death.

_____ Magnificent Day Care Center strongly discourages its staff from providing any childcare services that are not a part of the child care program offered by Magnificent to its' customers. While we cannot prohibit our staff from engaging in such outside activities, we want you to understand that if such outside services are performed for you or on your behalf by a Magnificent staff member, Magnificent shall NOT be responsible for any acts or omissions of a Magnificent staff member while providing such services to you.

_____ With the intent to be legally bound, I give permission to Magnificent Day Care to photograph my son/daughter (photo's will be used for students portfolio, website and school's media page) and use the resulting photographs for any purpose Magnificent deems proper in accordance to the law and I relinquish all rights, title and interest in finished photographs and negatives.

_____ All fees and tuition for childcare will be paid on Monday by the end of the day, for the upcoming week. I understand that if fees and tuition for child care are not paid for on Monday a late fee maybe incurred. I will notify the director if any arrangements will need to be accommodated for tuition payments.

_____ Non-payment is considered theft of services. Magnificent will aggressively pursue collection of debts through appropriate legal action. Parents are responsible for full tuition. I understand the registration in non-refundable.

_____ I understand that if my child is absent more than two days I must notify the center. I understand that three days or more of attendance in a week is considered a week and full weekly tuition is required. A daily/drop-in rate is only applicable if my child attends less than three days per week.

_____ I understand that my child must be at Magnificent Day Care Center no later than 9am every day. If for any reason I will be later than 9am I will notify the center.

_____ I understand that Magnificent Day Care Center does not give medication to any student for any reason. We will I only provide first aid if necessary such as: Neosporin and/or peroxide. If my child has an asthma pump or EpiPen, it may be kept in the front office with the director.

_____ I understand that Magnificent Day Care Center cannot permit children with communicable diseases to attend or remain in care. A child with a fever over 100 degrees, diarrhea, vomiting or nausea must not remain in school. I understand that if my child is il, including but not limited to a severe cough, sore throat; undetermined rash or spots; boils; congestion; non-clear, runny nose; pink eye; head lice; severe headaches, he/she cannot be accepted into the school until symptoms have been absent for 24 hours.

Parent/Guardian Signature: _____

Date: _____

Parental Agreement with Magnificent Day Care Center, Inc

Magnificent Day Care Center, Inc. agrees to provide child care for _____ on
M T W TH F, _____ a.m. to _____ p.m. from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Lunch
Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes:

Date _____;
Name of child _____;
Name of medication _____;
Prescription number; if any _____;
Dosages _____;
Date and time of day medication is to be given _____

Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

Magnificent Day Care Center agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Magnificent Day Care Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Magnificent Day Care Center, Inc.

I understand that Magnificent Day Care Center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs.

I also understand that my participation is encouraged in Magnificent Day Care Center activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)