

2026-2027 Registration and Emergency Contact Info

CHILD'S NAME

Date of Birth _____ Age _____ Phone # _____
Address _____
Allergies _____ Medications _____

DOCTOR'S NAME

Phone # _____
Address _____

HEALTH INSURANCE**POLICY #****Parent/Guardian Name**

Phone # _____
Address _____
Employer _____ Work Phone # _____
Work Address _____
Email _____

Parent/Guardian Name

Phone # _____
Address _____
Employer _____ Work Phone # _____
Work Address _____
Email _____

PRIMARY EMERGENCY CONTACT INFORMATION IN ORDER OF PREFERENCE:

Name _____	Phone # _____
Address _____	Relation To Child _____
Name _____	Phone # _____
Address _____	Relation To Child _____
Name _____	Phone # _____
Address _____	Relation To Child _____
Name _____	Phone # _____
Address _____	Relation To Child _____

MY CHILD CAN BE PICKED UP BY THE FOLLOWING PEOPLE:

Name _____	Phone # _____
Address _____	Relation To Child _____
Name _____	Phone # _____
Address _____	Relation To Child _____

PARENT SIGNATURE, NOT INITIALS, REQUIRED FOR EACH ITEM BELOW:

Obtaining Emergency Medical Care _____	Admin. Of First-Aid Procedures _____
Walks and Trips _____	Swimming _____
Transportation by Facility _____	Wading _____

Parent Signature _____**Date** _____

Annual registration fee is \$50.00 per child and is non-refundable.

TUITION AGREEMENT

CHILD'S NAME _____ DOB _____

I would like to enroll my child (Infant-Pre-k) for the following schedule:

☐ 5 Full Days	☐ 5 Half Days	☐ Monday
☐ 4 Full Days	☐ 4 Half Days	☐ Tuesday
☐ 3 Full Days	☐ 3 Half Days	☐ Wednesday
☐ 2 Full Days	☐ 2 Half Days	☐ Thursday
☐ 1 Full Day	☐ 1 Half Day	☐ Friday

**Or my School Age child for: Before only, After only, or Before and After
(circle one and check the days of the week above).**

Arrival Time _____ **Departure Time** _____

Your contracted tuition fee is \$_____ weekly/bi-weekly/monthly from **August 24, 2026 through Friday, June 4, 2027**. This fee is due on Monday of each new week for weekly billing, every other Monday for bi-weekly billing, or the 1st of the month for monthly billing. A late fee of \$10.00 will be added if weekly tuition is not paid by Thursday of each new week. Additional days may be added only with advance notice and if space allows, at a rate of \$35/half day and \$50/full day. **Your weekly rate will not be adjusted due to absence, illness, holidays or vacations. You may use a vacation credit for 1 week per calendar year after being enrolled for 6 months. Please request the Vacation Credit form, complete prior to the requested vacation week, and submit to Director for approval.**

*****Enrollment for the summer months will be sent out in February/March 2027 for our Summer Camp eligible children (3-12 year olds) and is on a first come/first serve basis. Those enrolled in the Infant and Toddler rooms will continue year round.*****

There is a late pick-up fee of \$10.00/child for every 10 minutes past 6:00 PM. Please note that we staff according to ratios. We must approve schedule changes in advance for your child to assure we have adequate staffing to provide quality care for every child. Please be cognizant of your drop off and pick up times, as these are used to staff the classrooms!

There is a two week notice required for withdrawing your child. **Your child will not be admitted to class if you fail to pay for two consecutive weeks.** To be readmitted, you must meet with the Director and make payment in full or other satisfactory arrangements. If your check is returned due to insufficient funds, a \$45 surcharge will be added to your bill.

I have read the regulations regarding tuition payment procedures and agree to abide by them.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

Date of Child's Admission	Periodic Review Parent/Guardian Signature	Date
Date of Withdrawal	Periodic Review Parent/Guardian Signature	Date

****Designated pick up people located on Emergency Contact Sheet****