

All Info Must Be Provided;
It is Required By State Regs

Adventure Point Early Learning Center

APPLICATION FOR ADMISSION

Today's date: _____

Child's first name: _____ Last name: _____ M. I. _____
Address: _____ City: _____ State: _____ Zip: _____
Date of birth: _____ (copy of birth certificate is required, please attach to page 4)
Names of siblings: _____ Age: _____ Names of siblings: _____ Age: _____

Father's first name: _____ Last name: _____ M. I. _____
Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Hrs Worked: _____
Employer's Address: _____
Home phone: _____ Work phone: _____
Cell number: _____ Social Security # _____
E-mail address: _____ Special Contact Instructions: _____

Mother's first name: _____ Last name: _____ M. I. _____
Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Hrs Worked: _____
Employer's Address: _____
Home phone: _____ Work phone: _____
Cell number: _____ Social Security # _____
E-mail address: _____ Special Contact Instructions: _____

FAMILY STATUS

_____ Married, living together
_____ Single parent
_____ Father and stepmother
_____ Child living with grandparents
_____ Separated, child with _____
_____ Divorced, child with _____
_____ Mother and stepfather

LEGAL STATUS / UNAUTHORIZED PICK UP ALERT

Indicate "none" if none exist.

If divorced or separated, who has legal custody: _____

List the full names of any persons who are ***SPECIFICALLY DENIED*** permission to pick up your child:

Name Reason

Name Reason

EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

The following persons may be contacted at our discretion should we be unable to reach you in an emergency or in case you are unable to arrive to pick up your child by closing time (6:00 PM). *These persons are hereby granted permission to pick up my child - I WILL call the center to let the staff know when one of these persons will be taking my child, but you may release my child to these:*

1. Name: _____ Address: _____

Work phone: _____ Cell phone: _____

2. Name: _____ Address: _____

Work phone: _____ Cell phone: _____

3. Name: _____ Address: _____

Work phone: _____ Cell phone: _____

4. Name: _____ Address: _____

Work phone: _____ Cell phone: _____

MEDICAL INFORMATION

Physician: _____ Phone number: _____

Address: _____

Dentist: _____ Phone number: _____

Address: _____

Insurance provider: _____

Policy Number: _____ Claims Phone Number: _____

Preferred Hospital: _____

MEDICAL PERMISSION / SUNSCREEN PERMISSION

I HEREBY AUTHORIZE the staff of APELC to take whatever emergency medical measures are deemed necessary for the protection of my child while he/she is in their care. I understand that this includes calling the physician named above, implementing his instructions, and/or transporting my child to a hospital or clinic without obtaining any further consent. I further agree, and by my signature, give my consent, that in case of accident or illness of a serious nature, my child will be given emergency medical treatment and care, as deemed necessary by the EMS staff or emergency personnel of a hospital or medical clinic. I understand that I will be contacted immediately or as soon as possible should I be away from the phone numbers listed with my application for enrollment, but that the first consideration in the event of an emergency will be the proper aid for my child. I understand that the center will contact 911 in any situation that may be an emergency.

I HEREBY GIVE PERMISSION for sunscreen to be administered to my child(ren).

Parent/Guardian signature: _____

Date: _____ Preferred Hospital & Address: _____

ALLERGIES & SPECIAL NEEDS

Please provide information regarding special needs your child may have. Please write "NONE" if conditions do not exist.

Allergic To: _____

Treatment: _____

Other Medical Conditions: _____

Treatment: _____

Please provide information regarding situations that may create a problem for your child:

Course of action: _____

PREVIOUS CARE/ MARKETING SURVEY

Our family's previous care situation is (or was):

_____ Family home daycare _____ Licensed Center: _____
name of center

_____ Stay at home _____ None or Other: _____

Please indicate how you heard about my family care home:

_____ Referral from friend _____ Flyer (where?) _____
_____ Church _____ Saw Center Vehicle
_____ Yellow Pages _____ Internet
_____ Newspaper _____ Other: _____

FIELD TRIP / ACTIVITY PERMISSION

No child shall be permitted to participate in field trip activities without written parental permission. For your convenience, please sign this "blanket" permission form, which we will keep in your child's file in the office. You will be given advance notice of all fieldtrips, without exception. Transportation will be provided by the center with certified drivers and by parent volunteers. Each child will be required to wear a seat belt at all times. Children under age 8 years of age and under 4 foot 9 inches will be required to have a car seat. Walking field trips may also be undertaken, and permission is hereby extended for walking excursions.

All children will participate in all activities planned by the center, unless you instruct us to exclude your child from certain types of activities. From time to time, this includes watching videos (G/PG rated). The children will be able to use our computers on a frequent basis, with both, learning games and fun games. Activities include swimming, outdoor play and rec center visits.

The center uses Christian based curriculum for some activities and participates in Vacation Bible School for 1 week each summer.

I hereby give my permission to APELC/parent volunteers to transport my child during school field trips, and for my children to participate in all activities sponsored by the center.

Parent(s) signature: _____

Please exclude my child from the following activities: _____

REQUEST FOR ENROLLMENT & ACCEPTANCE OF Adventure Point POLICIES & PROCEDURES

I hereby request that my child(ren) be enrolled in Adventure Point. The information contained in this statement is provided to enable my child to attend APELC and participate in all activities provided. I acknowledge that Adventure Point will rely on the information provided herein to base decisions about accepting my child for enrollment and as the basis for providing proper care for my child. I authorize the center to make all inquiries necessary to verify the accuracy of the information contained in this application. I understand that all childcare fees are due in advance, and that my child may be disenrolled should I fail to pay fees in a timely manner.

Parent/Guardian Signature #1 (Father or Other)

Date

Parent/Guardian Signature #2 (Mother or Other)

Date

Please read each paragraph and line carefully. Initial each paragraph to

ADMISSION/FINANCIAL AGREEMENT - ADVENTURE POINT EARLY LEARNING CENTER

The rates charged by the center are determined by the projected costs of operation for the fiscal year. Since the overhead and salary expenses of the center cannot be reduced when children are absent, the charges each week are based on the space that you reserve, thus enabling the school to maintain a sound financial status. I understand that by enrolling my children, I am

reserving a space for them every day as listed below AND that I will be charged for the space I am reserving. I hereby agree to pay for the space I am reserving by the due day (Monday) each week.

_____ **Enrollment Agreement**

I hereby request enrollment for my children in Adventure Point and by so doing I understand that I am asking the center to reserve a space for my children as I have indicated below. The application for enrollment is a part of this agreement. This agreement becomes binding upon acceptance by the Center Director.

Description of Services Offered: Adventure Point offers full day child care for children ages 6 weeks through 5 years old. Within this full day program, we provide an excellent developmental/educational learning program for all children enrolled. We include breakfast, snacks and lunch during the times children are present, the cost of which is included with our Tuition Fees. We do not offer additional services outside of ancillary options for various activities such as gymnastics, all of which are provided by outside vendors.

_____ **1st Day of Attendance**

The first day of attendance will be: _____ Should this date change, I will call and notify the director immediately.

_____ **Please Reserve This Space, I Will Pay This Tuition Fee**

Please reserve space for my child as I request within this Financial Agreement:

Ages Infant through Pre-Kindergarten:

_____ Full Time, 5 Days Per Week, in this Classroom (to start): _____

_____ Part Time, these Days: M T W Th F in Classroom: _____

_____ Initial Here: I understand that the charge for reserving this space is posted to my account each week on Monday, and the amount listed below is due to be paid automatically each week, on Mondays using the center's Tuition Express program. The due is always on Monday every week. A LATE FEE will be assessed to my account on Tuesdays every week that my balance due is \$30.01 or more.

I understand that the cost for the space I am reserving for my child (ren) will be:

1st Child Name: _____ \$ _____ / week

2nd Child Name: _____ \$ _____ / week

3rd Child Name: _____ \$ _____ / week

TOTAL: \$ _____ / week for each week

For Toddlers Only!

_____ **Permission For Placement (Toddler Authorized Representative)**

I hereby give permission for my toddler age child to be placed in a classroom in Adventure Point Early Learning Center.

_____ Parent Signature

_____ **Permission For Placement (Toddler Authorized Representative)**

I hereby give permission for my toddler age child to be placed in a classroom in Adventure Point Early Learning Center.

_____ **Reserved Space & Vacation Days**

I understand that I am reserving space for my child's enrollment and that I may keep my space reserved during family vacations or other absences for a maximum of 6 calendar weeks per year (prorated) at $\frac{1}{2}$ charge. This is the equivalent of 3 free vacation weeks. I agree that I will pay for the space I have reserved even when my child is absent from ADVENTURE POINT, including for the vacation days provided herein at $\frac{1}{2}$ charge. I understand that I will not be permitted to disenroll my child, then re-enroll later, as a means of avoiding payment for space reserved; my space will be immediately available to the next family on the waiting list. Vacation days may not be used in lieu of payment for single day absences.

Note: If you do not understand this policy, please ask for clarification before entering your initials.

_____ **Registration Fee / Sunscreen Fee / 1st Week Tuition**

The \$100.00 per child (Max of \$150.00 per family) non-refundable registration fee covers the remaining school year. I understand that I must pay a registration fee on September 1st of each year that my child(ren) is (are) enrolled. Registration fees paid for new enrollees in June, July and August will cover the following school year. I also agree to pay the Sunscreen Fee of \$15.00 per child per year to cover the cost of sunscreen for my child(ren), to be billed with this enrollment and again each April 1st, thereby avoiding the need for me to supply sunscreen products. I will also pay the first week's tuition with the Registration fee to reserve my child's space. These fees are not refundable.

_____ **Release (Hold Harmless)**

I agree to release the center and its owners and staff from liability for accidents and injuries except for clear negligence. I understand that minor injuries may occur in a manner similar to those that may occur in any other setting, including the home. The center maintains insurance to cover medical costs due to accidental injury.

_____ **Returned Check Fee**

I understand that I will be charged \$28.00 for each check that is returned to the center or Tuition Express payment that is declined for any reason, except for bank error. I also understand if I have more than two checks returned to the center or two declines that all future payments must be made by cash or money order.

_____ **Late Pick-Up Fee**

I understand that I will be charged a fee of \$1.00 per minute or part thereof that I leave my child at the center past closing time. The center clock is set with cell phone time and is the official time for determining late pickup time.

I understand that the center will make reasonable attempts to contact me or the emergency contacts provided in the application for enrollment. If no arrangements can be made within one hour after closing, I understand and agree that the center will contact the Family & Protective Services Agency as well as local police to make arrangements for my child to be cared for until I am found and can pick up my child (ren).

_____ **Method and Time of Payment**

All payments are due on a weekly basis, by closing time Monday's by automatic debit to a checking or credit card account via our secure Tuition Express process. I may pay for more than 1 week at a time if I so choose, but all payments are due in advance. Thus, if I wish to pay monthly, I must pay for 4 or 5 weeks (depending on how many Mondays are in each month) by the first Monday of each month. The late fee will be applied to each account, including mine, for each week that a balance in excess of \$30.01 is past due. (We establish a \$30.00 threshold for late fees so that incidental charges, like additional charges for an In Service day, will not incur late fees if paid the following week.)

_____ **Late Payment Fees & Delinquent Accounts**

I understand that payments are due and payable as indicated in this agreement and that I will be charged a \$25.00 late payment fee per week for every week my payment is not made on or before the due date as indicated on this form. I understand that these fees will be added to my account each week my account remains overdue. All payments apply to the oldest charges first, therefore a payment received during any week will be applied first to any past due charges, then to current week's charges. If current week charges are not paid by the due date, late fees will be incurred for that week even though I make a payment during that week. Any discounts that are normally applied to my account will also be voided, thus full charges will be applied along with the Late Pay Fee.

I understand that the center will not permit my account to be delinquent for more than one week. If in the event that this happens with my account, I hereby agree that the center will disenroll my child(ren). Should collection procedures become necessary I agree to pay for costs of collection, including collection agency fees, attorney and court fees that may be incurred by the center in collecting any balance due. I understand that the center will report all late payments or collection accounts to the 3 credit bureaus, and which may have a negative effect my credit scores and rating.

_____ **Refunds**

All payments are non-refundable with the exception being a mistake on the part of our administrative people, such as collecting tuition fees twice through our Tuition Express system. Should this occur, we will refund the amount taken through this system immediately.

_____ **Fee Adjustments**

I understand that the center managers review rates being charged along with cost of operation, including cost of staff wages, on a regular basis and adjustments will be made as necessary. I understand that I have the option to continue care for my child at the adjusted rate, or withdraw my child at that time, without further

obligation, under this agreement. Rate adjustments will be preceded by written notification at least two weeks prior to effective date. A 30 day notice will be given prior to any fee adjustments.

_____ **Rights of Licensing Agency**

The licensing authorities have the right to enter the center at any time, to review any records related to the center or to any child who is enrolled.

_____ **Disenrollment By Center**

I understand and agree that the center will disenroll my child (ren) if I fail to make payments as stated in this agreement. I also understand and agree that the center reserves the right to disenroll my child (ren) due to disruptive and/or uncontrollable behavior following the disenrollment process defined in the Parent Handbook. I understand and agree that children who cause or have the potential to cause harm to other children or staff will be disenrolled for the protection of others. I agree that my child may be disenrolled if for any reason the center management believes that the center cannot meet the needs of my child or is unable to satisfy my needs or desires as a parent. I agree to work with the center management to resolve legitimate complaints in a productive manner, and otherwise agree to the disenrollment of my child (ren) under the circumstances mentioned above. I further agree to arbitration as the ONLY venue for final resolution of any disagreement or complaint should resolution of my disagreement or complaint fail through other efforts within the center.

I understand that the center will disenroll my child (ren) immediately, without notice, if my behavior, as a parent, toward any teaching staff or manager of the center becomes threatening and/or abusive in any manner. This includes raising my voice in a negative manner, using profane language that is in any way directed toward any staff person or manager of the center, or physically threatening or acting in a manner that may be construed as threatening. I agree that any credit balance on my account will be forfeited under this circumstance.

I agree to resolve any and all disputes and complaints by reasonable discussion with the staff and management of the center, and if I fail to be satisfied at this level, I agree to contact the consulting manager, Nelson Eagle, for an appointment to discuss the problem, in accordance with information provided in the parent handbook.

_____ **Withdrawal**

I hereby agree to pay for the space I have reserved, as stated within this agreement until one of the following conditions are met:

1. I give 1 week's written notice that I intend to withdraw my child (ren) from the center (telephone calls do not meet this requirement).
2. I sign a new agreement due to a change in my enrollment or due to a change in the fees charged for my reservation.

I understand that should I stop bringing my child (ren) to the center without providing at least 1 week's written notice, I will be charged, and I agree to pay, the normal weekly rate until such time as I do provide a written notification. By my signature, I indicate that the center staff has reviewed this entire agreement with me, that it is a legal document, that I have read and do understand the provisions of this agreement, and that I agree to abide by such provisions.

_____/_____
Signature of Both Parents

Date

Signature of Center Director

Date

OFFICE USE ONLY:

Date paper work was received (enrollment): _____ Date registration fee paid: _____

Amount: _____ First day of attendance: _____

Person receiving fee: _____

Date withdrawal notification received: _____

Reason: _____

Additional information: _____