

COUNTRY PLACE PRESCHOOL KIDS UNLIMITED

Child's Name _____ Sex _____ Date of Birth _____

Name you wish your child to be called: _____ Date of Admission _____

Person with whom child lives _____

Father _____ Address _____ Phone No. _____

Mother _____ Address _____ Phone No. _____

Mother's Place of Employment _____ Tel No. _____

Mother's Social Security Number: _____

Father's Place of Employment _____ Tel No. _____

Father's Social Security Number: _____

Emergency Contact: _____ Tel No. _____

Child's Doctor _____ Doctor's Phone # _____

Child's Dentist _____ Dentist's Phone # _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here:

Special Medical Conditions? *Place a check mark next to the one that applies.*

ADD ADHD Asthma Autism Speech Delay Vision Impairment

Any Behavioral Issue?

Biting Hitting Kicking Oppositional

Has your child ever been asked to leave any other center? Yes No

Previous Center for Reference? _____

Self-Pay or State Assistance for Tuition

My child has permission to be released to the following individuals, childcare facilities, or transportation services, in addition to emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity).

Name	Relationship	Phone No.

Parent agrees to pay all tuitions, fees, and other charges *in advance*, to be responsible for maintaining his/her account with the facility, and to pay interest in the amount of ten per cent per month on any unpaid balance. Parent specifically agrees to pay reasonable attorney fees and/or court costs in the event it should become necessary to place this account in the hands of an attorney.

Parent further agrees tuition must be paid even if the child does not attend any or all the days for which the child is enrolled. Tuition becomes due and payable promptly on the Monday of each week in advance.

The parent may cancel this agreement with a two-week notice of withdrawal. Parent understands all fees and tuitions are payable throughout the two weeks of notification.

_____ (For Facility) _____ (Parent)
_____ (Date)

I authorize Country Place Preschool to care for my child during the time he/she is in the facility, sponsored field trip and to administer and/or obtain emergency medical treatment for my child if I cannot be reached.

Parent Signature _____ Date: _____

I have received a written description of Country Place Preschool's program and policies.

Parent Signature _____ Date: _____

I authorize Country Place Preschool to transport my child to/from school.

Parent Signature _____ Date: _____

I give permission for Country Place Preschool to release a Photograph of my child to Facebook.

Parent Signature _____ Date: _____

Father's E-Mail Address: _____

Mother's E-Mail Address: _____

Note: Fill in all lines on both sides of card with required information or write N/A (Not Applicable). DO NOT leave any blank lines.

FOR OFFICE USE ONLY:

Reg. Fee _____, Shot Records _____, In Computer _____