

1ST CLASS LEARNING CENTER

REGISTRATION FORM

Please **print** clearly.

Date of Enrollment _____

Name of Child _____ Date of Birth _____ Age _____

Name of Child _____ Date of Birth _____ Age _____

Name of Child _____ Date of Birth _____ Age _____

Name of Child _____ Date of Birth _____ Age _____

Mother's Name _____

Mother's Home Address _____

Mother's Home Telephone Number _____ Cell Number _____

Mother's Employer and Address _____

Mother's Work Telephone Number _____

E-Mail Address _____

Father's Name _____

Father's Home Address _____

Father's Home Telephone Number _____ Cell Number _____

Father's Employer and Address _____

Father's Work Telephone Number _____

IMMUNIZATION ON FILE ON DATE OF ENROLLMENT _____

EMERGENCY INFORMATION

DOCTOR _____ PHONE NUMBER _____
ADDRESS _____

DENTIST _____ PHONE NUMBER _____
ADDRESS _____

HOSPITAL _____ PHONE NUMBER _____
ADDRESS _____

LIST THE NAMES OF TWO (2) RELATIVES OR FRIENDS (Please print clearly.)

1. Name _____

Address _____

Home Telephone No. _____ Work Telephone No. _____

2. Name _____

Address _____

Home Telephone No. _____ Work Telephone No. _____

LIST THE NAMES OF PEOPLE WHO HAVE YOUR PERMISSION TO PICK UP
YOUR CHILD

1. Name _____

Address _____

Home Telephone No. _____ Work Telephone No. _____

2. Name _____

Address _____

Home Telephone No. _____ Work Telephone No. _____

LIST ANY ALLERGIES OR OTHER MEDICAL CONDITIONS YOUR CHILD MAY
HAVE.

IN CASE OF SUDDEN ILLNESS OR ACCIDENT, I GIVE MY PERMISSION TO 1ST
CLASS LEARNING CENTER STAFF TO TAKE MY CHILD TO THE HOSPITAL
EMERGENCY ROOM WHERE MY CHILD MAY BE TREATED AT MY EXPENSE.

I HAVE BEEN PROVIDED WITH THE RULES, REGULATIONS, SERVICES,
TUITION, AND POLICIES OF 1ST CLASS LEARNING CENTER. I HAVE READ
THEM AND AGREE TO ABIDE BY THEM.

Signature of Parent or Guardian

Date Signed

Date of Disenrollment

**1ST CLASS LEARNING CENTER
AGREEMENT**

Name of Child _____ Date of Birth _____ Age _____

Name of Child _____ Date of Birth _____ Age _____

Name of Child _____ Date of Birth _____ Age _____

Name of Child _____ Date of Birth _____ Age _____

Daily Schedule: Full-Time _____ Part-Time _____ Drop-In _____

Hours child/children will attend: From _____ to _____ Tuition \$ _____

Payment Terms: Weekly _____ Monthly _____ Bi-Weekly _____

Program Designation _____

PAYMENT TERMS: All tuition is due in advance and can be paid weekly, bi-weekly, or monthly. A late payment fee of \$20.00 will be imposed on any payments received after Tuesday of each week. . Payments that run into the following week will be charged \$10.00 per day thereafter.

DISENROLLMENT: 1st Class Learning Center reserves the right to disenroll any child due to non-payment or any other appropriate reason.

REFUNDS OR CREDIT FOR DAYS MISSED: For full time enrollment, we do not give credit for days missed since basic expenses remain the same whether your child is in attendance or not.

PART TIME OR DROP-IN FEES: The half-day rate is based on up to five (5) hours per day. The full-day rate is based on more than five (5) hours per day.

MULTIPLE CHILD DISCOUNT: A 10 percent discount on oldest child is given to families with multiple children attending based on full-time enrollment.

REGISTRATION FEE: Parents have a choice to pay the annual registration fee of \$50.00 or bring supplies from the supply list on the first day of attendance.

HOURS OF OPERATION: Center hours are from 6:30 a.m. to 6:00 p.m. Monday through Friday. If your child is not picked up by closing time, we will assess a \$5.00 charge per family for every five minutes after closing until the child is picked up. Please note that we must make staff available after closing.

SCHOOL BREAKS: For children enrolled in our before and after school program, we will charge by the week for the time attended during Christmas and Spring break.

HOLIDAYS: The center will be closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the Friday after Thanksgiving, and Christmas. Note: Should Christmas fall on Saturday, we will be closed on Friday. Should Christmas fall on Sunday, we will be closed on that Monday.

VACATIONS/ILLNESSES: children enrolled full time on a regular basis are charged one-half their regular in advance tuition when they are out on vacation or sick one or two full calendar weeks. (Please refer to Parent Handbook regarding this policy.)

FOOD AND PERSONAL ITEMS (TOYS): We ask that children not bring personal items from home. Your child's teacher will designate a day for "Show & Tell." We provide breakfast, lunch, and afternoon snack at no extra charge. Food exceptions should be documented for medical reasons only. The only personal items that are required are a change of clothing labeled with your child's name, a small light blanket and small pillow. **According to State Regulations, heavy blankets and pillows are not allowed in cribs.**

SIGNING CHILDREN IN AND OUT: Parents/Guardians are expected to bring their children into the center to see that they are under supervision before leaving them. Children must be signed in with the person in charge. Parents/Guardians are also expected to sign each child out in the evening. Children will **only be released to adults listed in the child's file.**

ILLNESS: If your child becomes sick during the day, parents will be called to pick up your child. We cannot accept a sick child in the morning if he or she is known to be sick. Children absent from the center with contagious diseases will not be readmitted without a signed statement from a physician indicating that the child is no longer contagious. An authorization to administer medication must be filled out and signed by the parent/guardian before any medication can be administered by center staff.

A Parent Handbook with more detailed information is also provided and made a part of this Agreement.

I/we have read the Parent Handbook and understand the services and policies provided.

I/we have read, understand, and hereby agree to the above Agreement for Child Care services.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Director's Signature

Date

Please indicate in the space below the name, address, and telephone number of the parent/guardian responsible for tuition costs.

Name

Address

Zip Code

Home Telephone Number

Cell Number

Work Telephone Number