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| **STUDENT INFORMATION** |
| **CHILD’S NAME** (LAST, FIRST): **DATE OF BIRTH:** |
| **CHILD’S PHYSICAL ADDRESS:** |
| **SEX:** **DATE OF ENROLLMENT: HOURS OF CARE:** |
| **DAYS OF THE WEEK IN CARE** (CHECK ALL THAT APPLY): **M ⎕ T ⎕ W ⎕ TH ⎕ F ⎕** |
| **MEALS SERVED WHILE IN CARE**(CHECK ALL THE APPLY): **BREAKFAST ⎕ LUNCH⎕ PM SNACK** **⎕** |
| **CUSTODY: CHILD LIVES WITH:** |

*The parent/guardian is accountable for notifying the administration of any changes in address, telephone numbers, authorized emergency contacts or transportation needs.*

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| ***Image result for ALERT CLIPART*** | **NO CHANGES WILL BE MADE TO PARENT/GUARDIAN OR CUSTODY WITHOUT A COURT ORDER**  (STRICTLY ENFORCED) **PARENT INITIAL: \_\_\_\_\_\_\_\_\_** | **Image result for ALERT CLIPART** |
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| **MOTHER’S INFORMATION** (OR PRIMARY GUARDIAN) | | |
| **NAME: LAST FOUR OF SSN# PHONE NUMBER:** | | |
| **ADDRESS: DRIVERS LICENSE #:** | | |
| **EMPLOYER: WORK NUMBER: TYPICAL WORK HOURS:** | | |
| **EMPLOYER ADDRESS: EMAIL:** | | |
| **AUTHORIZED TO PICK UP CHILD FROM WISH UPON A STAR?** **YES ⎕ NO** **⎕**  (IF NO, A COURT ORDER MUST BE ON FILE) | | |
| **FATHER’S INFORMATION** (OR SECONDARY GUARDIAN) | | |
| **NAME: LAST FOUR OF SSN# PHONE NUMBER:** | | |
| **ADDRESS: DRIVERS LICENSE #:** | | |
| **EMPLOYER: WORK NUMBER: TYPICAL WORK HOURS:** | | |
| **EMPLOYER ADDRESS: EMAIL:** | | |
| **AUTHORIZED TO PICK UP CHILD FROM WISH UPON A STAR?** **YES ⎕ NO** **⎕**  (IF NO, A COURT ORDER MUST BE ON FILE) | | |
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| **MEDICAL INFORMATION** I hereby give my consent and authorize **WISH UPON A STAR** to perform First Aid and or seek Emergency Treatment for my child. I give permission for the staff of this facility to contact the following medical personnel and obtain medical information. In the event of an emergency, I authorize **ANY** physician to provide necessary medical treatment to my child and to transport my child by ambulance if the situation warrants it. | | |
| **CHILD’S PHYSICIAN: ADDRESS: PHONE:** | | |
| **DENTIST: ADDRESS: PHONE:** | | |
| **HOSPITAL PREFERENCE:** | | |
| **LIST ANY ALLERGIES, SPECIAL MEDICAL OR DIETARY NEEDS, OR ANY OTHER AREAS OF CONCERN:**  **EMERGENCY PLAN ON FILE: ⎕** | | |

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| ***Image result for ALERT CLIPART*** | **I WILL TAKE FULL RESPONSIBILITY FOR PAYMENT OF ALL MEDICAL SERVICES RENDERERED**  **DUE TO AN EMERGENCY SITUATION** (NO EXCEPTIONS) **PARENT INITIAL: \_\_\_\_\_\_\_\_\_** | **Image result for ALERT CLIPART** |

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| **DROP OFF PROCEDURES** When children arrive at the center, it is the responsibility of the parent/guardian to accompany the child into the building, sign them in at the front desk, and escort them safely to their assigned teacher. |
| C:\Users\Nikki\AppData\Local\Microsoft\Windows\INetCache\Content.Word\IMG_E3521.jpg C:\Users\Nikki\AppData\Local\Microsoft\Windows\INetCache\Content.Word\IMG_E3520.jpg  **DOUBLE-CHECK YOUR CAR! LEAVING A CHILD IN A CAR OR OUTSIDE UNATTENDED FOR ANY PERIOD OF TIME IS A VIOLATION OF W.U.A.S. POLICIES AND IS STRICTLY ENFORCED. PARKING AREAS ARE MONITORED.**  Image result for ALERT CLIPART **PARENT INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Image result for ALERT CLIPART** |
| **EMERGENCY CONTACTS/ AUTHORIZED PICK-UP** Child will be released only to the custodial parent/guardian and the persons listed below. The following people may also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency. |
| **NAME: CONTACT #:** **RELATIONSHIP:** |
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| **NAME: CONTACT #:** **RELATIONSHIP:** |
| * Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. * Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure “Know Your Child Care Facility” (CF/PI 175-28) * Section 2.8 of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. * House Bill 1079 requires child care facilities to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention. |
| **YOUR SIGNATURE BELOW CERTIFIES THAT YOU:**  •Have received our enrollment packet which includes; our **PARENT HANDBOOK**, “**KNOW YOUR CHILD CARE FACILITY**” Brochure, our **DISCIPLINE/EXPULSION POLICY**, and Information pertaining to the **DANGERS OF LEAVING A CHILD IN A VEHICLE**.  • Verify all information on this enrollment form is **COMPLETE** and **ACCURATE**.  • Herby **GRANT** permission for **ALL STAFF** of this facility to have access to your child’s records.  Image result for ALERT CLIPART **PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_ Image result for ALERT CLIPART  *……………………………………………………………..…………..…. SUBSEQUENT YEARS ……………………………………………………………………………………..*  **PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_  **PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **PHOTOGRAPHY AUTHORIZATION:**  WISH UPON A STAR WILL OCCASIONALLY TAKE PHOTOGRAPHS AND/OR VIDEOS THROUGHOUT OUR FACILITY DURING SPECIAL EVENTS, ENGAGING ACTIVITIES, AND FOR GENERAL CLASSROOM USE. THESE PHOTOGRAPHS MAY BE DISPLAYED AROUND THE SCHOOL, IN THE CLASSROOM, IN NEWSLETTERS OR ON OUR WEBSITE. |
| **PHOTOGRAPHY PERMISSION IS GRANTED** ⎕  **PHOTOGRAPHY PERMISSION IS DENIED** ⎕  PLEASE DO NOT TAKE OR DISPLAY MY CHILD’S PHOTO |
| **Image result for ALERT CLIPART PARENT/GUARDIAN SIGNATURE: DATE: Image result for ALERT CLIPART** |

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| **TRANSPORTATION AGREEMENT**  IF YOUR CHILD REQUIRES A CAR SEAT OR BOOSTER, IT MUST BE PROVIDED BY THE PARENT/GUARDIAN |
| **I AUTHORIZE WISH UPON A STAR TO TRANSPORT MY CHILD:**  **PERMISSION GRANTED ON FIELD TRIPS** ⎕  **PERMISSION GRANTED TO AND/OR FROM SCHOOL** ⎕  SCHOOL NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PERMISSION DENIED** ⎕  PLEASE DO NOT TRANSPORT MY CHILD |
| **Image result for ALERT CLIPART PARENT/GUARDIAN SIGNATURE: DATE:**  **Image result for ALERT CLIPART** |

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| **ALTERNATE NUTRITION PLAN AGREEMENT**  ALL SPECIAL DIETARY REQUIREMENTS MUST BE GIVEN IN WRITING FROM A PHYSICIAN. WISH UPON A STAR WILL SUPPLY AN ALTERNATE MEAL AND/OR SNACK TO MEET YOUR CHILD’S NUTRITIONAL DIETARY NEED ONCE A PHYSICIAN NOTE IS PROVIDED. IN THE EVENT YOUR CHILD HAS AN AVERSION TO A MEAL AND/OR SNACK WISH UPON A STAR SUPPLIES, THE PARENT/GUARDIAN MAY PROVIDE A SUBSTITUE FROM HOME.  PLEASE UNDERSTAND, WITHOUT A PHYSICIAN’S NOTE, WISH UPON A STAR IS REQUIRED BY THE FOOD PROGRAM TO PROVIDE ALL CHILDREN WITH EACH COMPONENT OF OUR MENU (INCLUDING MILK). |
| **ALLERGY/DIETARY NEEDS: PHYSICIAN NOTE ON FILE** ⎕ |
| **Image result for ALERT CLIPART PARENT/GUARDIAN SIGNATURE: DATE:**  **Image result for ALERT CLIPART** |
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| **WISH UPON A STAR POLICIES AND PROCEDURE ACKNOWLEDGEMENT** |
| I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE WISH UPON A STAR **PARENT** **HANDBOOK**, **DISCIPLINE/EXPULSION POLICY**, **AND “KNOW YOUR CHILD CARE FACILITY” BROCHURE.** I AGREE TO COMPLY WITH ALL WRITTEN POLICIES AND PROCEDURES OF WISH UPON A STAR AND WILL FULFULL MY RESPONSIBILITIES AS A PARENT/GUARDIAN. I UNDERSTAND THAT FAILURE TO COMPLY MAY RESULT IN DISMISSAL OF MY CHILD.  **Image result for ALERT CLIPARTPARENT INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  I AGREE TO SUPPLY WISH UPON A STAR WITH THE MATERIALS NEEDED TO PROVIDE MY CHILD WITH ADEQUATE CARE. THIS INCLUDE DIAPERS, WIPES, DIAPER RASH CREAM AND EXTRA CLOTHES. I UNDERSTAND IF I FAIL TO SUPPLY THESE ITEMS AS NECESSARY, WISH UPON A STAR WILL PURCHASE THEM ON MY CHILD’S BEHALF AND ADD THE COST TO MY ACCOUNT.  **Image result for ALERT CLIPARTPARENT INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  I HAVE READ AND AGREE TO WISH UPON A STAR’S FEE POLICY. THIS INCLUDES A NON-REFUNDABLE ANNUAL REGISTRATION FEE OF $50 PER FAMILY AND A LATE FEE OF $15 IF WEEKLY TUITION PAYMENT IS NOT RECEIVED BY **TUESDAY** OF THE WEEK. IF YOU DECIDE TO WITHDRAW YOUR CHILD FROM WISH UPON A STAR, PLEASE PROVIDE THE ADMINISTRATION WITH A TWO WEEK NOTICE OF INTENT OR A TWO WEEK PAYMENT WILL BE DUE AT THE TIME OF WITHDRAW.  **Image result for ALERT CLIPARTPARENT INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  CLASSROOM PROMOTIONS ARE ESSENTIAL TO ENSURE EACH CHILD REACHES THEIR MAXIMUM POTENTIAL BOTH ACADEMICALLY AND PHYSICALLY. THROUGHOUT THE YEAR, CAREFUL CONSIDERATION IS MADE BETWEEN OUR TEACHERS, ADMINISTRATION AND PARENTS WHEN DETERMINING PROMOTIONS BASED NOT ONLY ON YOUR CHILD’S AGE, BUT ALSO DEVELOPMENT. TUITION ADJUSTMENTS WILL BE DETERMINED BY BOTH YOUR CHILD’S AGE AND ASSIGNED CLASSROOM.  **Image result for ALERT CLIPARTPARENT INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  W.U.A.S IS A CONSCIOUS DISCIPLINE ENVIRONMENT. WE EXPECT OUR PARENTS AND VISIORS TO MODEL THE SAME POSITIVE BEHAVIORS AND SELF CONTROL WE INSTIL IN OUR CHILDREN. **WE HAVE A ZERO TOLERANCE POLICY FOR CURSING, AGGRESSIVE BEHAVIOR AND THREATS OF ANY KIND.** ANY VIOLATORS OF THIS POLICY WILL BE ASKED TO IMMEDIATELY VACATE THE PREMISES AND MAY RISK CONTINUE PARTONAGE WITH OUR FACILITY.  **Image result for ALERT CLIPARTPARENT INITIAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**WELCOME TO OUR WISH UPON A STAR FAMILY!**

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