

DREAMLAND CHILD CARE CENTERS

Dreamland Education Center
 875 W. Franklin Rd.
 Meridian, ID 83642
 Phone:(208)288-2282
 Fax:(208)288-2998



Dreamland Learning Center
 2501 N. Stokesberry Pl.
 Meridian, ID 83646
 Phone:(208)288-2205
 Fax:(208)288-1015

Registration Information:

| | | | |
|-------------------------------------|-------|------------------|------------|
| Child's name: | | Date of Birth: | |
| Any previous child care experience: | | | |
| Mother's name: | | Soc. Security #: | |
| Mother's Address: | City: | State: | Zip: |
| Mother's E-Mail: | | | |
| Home Phone #: | | Cell Phone #: | |
| Place of Employment: | | Work Phone #: | Extension: |
| Work Address: | City: | State: | Zip: |

| | | | |
|----------------------|-------|------------------|------------|
| Father's name: | | Soc. Security #: | |
| Father's Address: | City: | State: | Zip: |
| Father's E-Mail: | | | |
| Home Phone #: | | Cell Phone #: | |
| Place of Employment: | | Work Phone #: | Extension: |
| Work Address: | City: | State: | Zip: |

| | | | |
|--|--------------|--------|---------------|
| Child's Start Date: | | | |
| (Please circle selections) | | | |
| Days Attending: Monday Tuesday Wednesday Thursday Friday | | | |
| Type of Care: All Day Care KG Before School After School Before and After School | | | |
| School Age | School Name: | Grade: | KG: AM PM |

Health:

| |
|--------------------------|
| Food Allergies: |
| Medication Allergies: |
| Special Health Concerns: |

Pick up Authorization:

Please list family or friends who are authorized to pick up your child from the center. The center will still require written or verbal notification each time there is a change in pick up. Additional persons may be authorized to pick up your child with verbal or written consent from one or both parents listed above. In the event of a medical emergency, this list will be used if a parent is unreachable. This list will also be used if your child remains in our care after business hours and you are not able to be reached for pick up.

| | | |
|-------|---------------|---------|
| Name: | Relationship: | Phone # |
| Name: | Relationship: | Phone # |
| Name: | Relationship: | Phone # |

Acknowledgment of Receipt & Financial Agreement:

I agree to take full responsibility for all financial fees including tuition, registration, supply fees, field trip costs and etc. I will familiarize myself with the center's policies listed on the tuition schedule and in the parent handbook. I agree to follow the terms listed within this information and will be aware of updates to policies that may occur throughout the course of my child's enrollment.

I understand and acknowledge that if I fail to fulfill the terms fo my financial agreement, a negetive credit report reflecting my credit may be submitted to a credit-reporting agency. In the event that I become delinquent and payment is not made on amounts owing under the terms of financial agreement, and the balance is placed with either a court or a collection agency, I agree to pay the fees of the court and/or collection agency, which amount is heretofore agreed to be 50% of the outstanding balance, but no less than minimum of \$250.00 will be charged at the time the account is placed with the court or collections.

I acknowledge that tuitions are charged weekly (except ICCP participants) and they are due by end of each week. I understand that Dreamland will charge a \$20 late fee per week for any outstanding balance not paid by due dates plus an annual interest rate of 18% charged monthly.

I agree that it is my obligation to familiarize myself with the policies of Dreamland. I understand that it is my responsibility to abide by the terms and conditions of the Dreamland handbook which I have read. I acknowledge the fact that I have been given a copy of the handbook.

If I receive ICCP, I understand that I am responsible for making payments for my co-pay portion of the monthly tuition fees before the end of each month (due dates) and for notifying the state and Dreamland of any and all changes in writing.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Medical / Dental / Hospital Release:

In the event of an emergency, Dreamland has my permission to seek medical / dental attention for my child, _____ . I understand that if

I am unable to be reached, the center has my permission to take my child to a hospital / dentist for emergency treatment or to be transported by EMT's to a local hospital.

Mother's Signature _____

Father's Signature _____

Field Trip Release:

I authorize Dreamland to transport my child, _____ on field trips away from the center while my child is enrolled at Dreamland.

Mother's Signature _____

Father's Signature _____

Authorization Agreement for Automated Payments:

I/we hereby authorize DREAMLAND ["COMPANY"], to initiate debit entries to my/our account on Fridays as indicated below, and the financial institution named below ["BANK"], to debit same to such account.

Type of Account Checking Savings (Select one)
Account # _____
Routing # _____
Name(s) on Account _____
Bank Name _____
Bank Address _____
Bank City State Zip _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Printed Name _____
Identification # _____
Signature _____
Date of Signature _____

The following Emergency Card will be kept in the child's classroom:

Child Emergency Card:

Childs Name: _____ Birthdate: _____

Mother's Info: Father's Info:

Name: _____ Name: _____

Phone #1: _____ Phone #1: _____

Phone #2: _____ Phone #2: _____

Other Contact Names/Numbers:

1. Name/Relationship to child: _____ Phone#: _____

2. Name/Relationship to child: _____ Phone#: _____

Allergies/Health Concerns:

In the event of an emergency, Dreamland has my permission to seek medical/dental attention for my child. In the event that parents, guardians, or other persons named on this card cannot be reached, Dreamland staff is hereby authorized to take whatever action is deemed necessary in the judgment for the health of my child. I have read this card and agree to the statement as is written.

Signature of Parent/Guardian: Date: _____