

Majestic Learning Center

Mailing: 221 Trumbull Street
#604

Hartford CT 06103

Tel: 610 739 8690

Email: Info@blossomllc.com



Child's Legal First & Last Name: _____ Date of Birth: _____

School Location: _____ Date of Registration: _____ Tentative/Start Date: _____

Information of the Child Being Enrolled

| Gender | Height | Weight | Eye Color | Hair | Preferred Name | Primary Language | Special Interest |
|-------------|-------------|----------|-----------|------|----------------|------------------|------------------|
| Male/Female | ___Ft ___in | _____lbs | | | | | |

| | |
|--|--|
| Does the child have a diagnosis for any allergies or known Condition/s | Circle one: "Yes" or "N"o |
| If Yes, What? | Is this a NEW diagnosis: "Yes" of "No" |

PLEASE NOTE: If your child has a diagnosed allergy of condition, you and your child's Physician will need to complete and individual health care plan(IHCP) in order for your child to attend Majestic Learning Center.

PARENT/GUARDIAN INFORMATION-

All Non-Parent Legal guardians registering a child will be required to show proof of legal guardian Status.

Parent #1

| | |
|--------------------|--|
| *Full Name: | |
| *Home Address: | |
| *City, State: | |
| *Zip Code: | |
| *Relation to Child | |

Parent #2

| | |
|--------------------|--|
| *Full Name: | |
| *Home Address: | |
| *City, State: | |
| *Zip Code: | |
| *Relation to Child | |

Contact Information (list at least 2 phone numbers)

| | |
|--------------|--|
| *Cell Phone: | |
| Home Phone | |
| Work Phone | |

Contact Information (list at least 2 phone numbers)

| | |
|--------------|--|
| *Cell Phone: | |
| Home Phone | |
| Work Phone | |

Employment information

| | |
|--------------------|--|
| *Employer Name: | |
| *Adress: | |
| *City, State, Zip: | |

Employment information

| | |
|--------------------|--|
| *Employer Name: | |
| *Adress: | |
| *City, State, Zip: | |

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|
| P a r e n t # 1 E M A I L | | | | | | | | | | P a r e n t # 2 E M A I L | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Parent/Guardian's Signature _____

Date: _____

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Parent Designated as Primary Contact During the School Day _____

Emergency Contact people can make decision about your child's care in an emergency when parents cannot be reached. **Please list contacts other than parental/legal guardians in order to be contacted.** This information is only valid for one year from date form is signed by parents/guardian. At least **TWO** of the contacts are required to have permission for us to release your child into their care and these contacts should be able to pick up your child within an hour of contact. Persons authorized to pick up your child must be 16 years of age or older.

PLEASE NOTE: You are financially responsible for any late pick-up fees incurred by the people listed below. We will not release your child to anyone who is not on the list without verifiable written instructions from the child's legal guardian. Upon a child's pickup, Picture ID will be required for verification

Required Contact #1 (Different from parent/Guardian)

| | |
|---|--|
| *Full Name: | |
| *Home Address: | |
| *City, State: | |
| *Zip Code: | |
| *Relation to Child | |
| Authorized to Pick up child? Yes or No | |
| *Cell Phone: | |
| Home Phone | |

Required Contact #2 (Different from parent/Guardian)

| | |
|---|--|
| *Full Name: | |
| *Home Address: | |
| *City, State: | |
| *Zip Code: | |
| *Relation to Child | |
| Authorized to Pick up child? Yes or No | |
| *Cell Phone: | |
| Home Phone | |

Required Contact #3 (Different from parent/Guardian)

| | |
|---|--|
| *Full Name: | |
| *Home Address: | |
| *City, State: | |
| *Zip Code: | |
| *Relation to Child | |
| Authorized to Pick up child? Yes or No | |
| *Cell Phone: | |
| Home Phone | |

Required Contact #4 (Different from parent/Guardian)

| | |
|---|--|
| *Full Name: | |
| *Home Address: | |
| *City, State: | |
| *Zip Code: | |
| *Relation to Child | |
| Authorized to Pick up child? Yes or No | |
| *Cell Phone: | |
| Home Phone | |

Parent/Guardian's Signature _____

Date: _____

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Parent Designated as Primary Contact During the School Day _____

| | |
|----------------------------------|-----------|
| Initial Child Registration fee | \$ |
| Weekly Tuition | \$ |
| Discount (if applicable) | \$ |
| Weekly Tuition rate | \$ |
| Total Due | \$ |
| Total due at Registration | \$ |

Additional Notes:

*Annual Registration fee due per family

Parent/ Guardian Signature _____

Parent/Guardian Printed Name _____ Date _____

Director's Signature: _____ Date _____

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Child's Legal First & Last Name: _____.

Date of Registration: _____ Anticipated Start date: _____

Has your family attended the Center previously: Yes _____ No _____ When?: _____

| Contracted Schedule: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----------------------|--------|---------|-----------|----------|--------|----------|--------|
| Drop off Time | | | | | | | |
| Pick Up Time | | | | | | | |

TERMS OF AGREEMENT *Parent/Guardian Must Initial Each Item*

_____ A one week, **non-refundable, non-transferable** prepayment is required at the time of registration. This is a non-interest bearing prepayment. This Prepayment amount may increase with a schedule change as required by Majestic center in the future, This Prepayment will be applied to the first week of child care.

_____ When it comes time to dis-enroll your child, Majestic Learning center requires a minimum two-week written notice before termination process can be put into effect

_____ Majestic Learning Center offers an automatic tuition payment system for family tuition payments, an on-line payment processing system that allows payment directly from your bank account or credit card. Cash is not accepted.

_____ Tuition is due by every Monday for the current weeks service. If payments late, a \$20,000 late payment fee may be assessed weekly until payment is received. Returned payments will incur a \$35.00 fee.

_____ You have contracted for a guaranteed slot for your child to the exclusion of all others and tuition is due and payable whether your child is out due to sickness, vacation, holiday closing, weather emergency, or if the center is mandated close by the CT OEC because of circumstances beyond our control, such as loss of power.

_____ A nonrefundable initial registration fee is due at the time of enrollment and an annual registration fee payable each year. If your child withdraws from the program and subsequently re-enrolls, a new registration fee is due at that time.

_____ To guarantee your child's enrollment, your start date may not be changed beyond the contracted date provided on the face sheet completed upon registration.

_____ Majestic Learning Center reserves the right to change tuition rates at any time.

_____ Majestic Learning Center reserves the right to apply restrictions to special promotions at any time.

_____ Parents agree to notify Majestic Learning Center about any contact or household changes in a timely manner to ensure records are accurate.

_____ Refer to the parent handbook for information regarding fees for additional hours or days, schedule changes and late pick up.

• **FOR NEW REGISTRATIONS ONLY: Referral Information-** This section must be completed at time of registration for qualifying referring Majestic Learning Center employee or parent to receive credit (if applicable).

- Complete if you were referred by another Majestic Learning Center parent as a part of our **"Parent referral"** incentive program.

Referred by (Family Name) _____

Parent Name (Print) _____ Parent Signature _____ Date: _____

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_____ Transportation

I am responsible for the the transportation of my child and from Majestic Learning Center with written authorization to release my child .

_____ Topical Cream Permission

I gve permission to the staff of Majestic Learning Center to apply non-medicated, topical cream for my child. Topical creams are defined as diaper rash ointments, bug spray, and sunscreen. I understand that I am to provide the creams as they are needed for my child.

_____ Field Trips Permission

I give permission for my child to take nature walk and buggy rides while under the supervision of the staff of Majestic Learning Center understand that these field trips will be restricted to the Majestic Learning Center parking lot and grounds.

_____ Bike and Helmet Permission

I give permission for my child to ride age appropriate riding toys provided by Majestic Learning Center. I understand that / majestic Learning center does not provide helmets. If I want my child to wear a helmet I will provide a helmet, labeled with my child's name to my child's teachers.

_____ Tooth Brushing

I request the opportunity for my child to brush teeth while in the care of Majestic Learning Center. I understand that I am responsible for providing toothbrush, travel cover, and toothpaste for my child, all labels with my childs first and last name.

_____ Parent Visitation

As a parent, I understand that I may visit my child at school unannounced at any time during the hours my child's in care. I also understand that other relatives (other than mother/father/legal guardian) visiting would require parental authorization or be accompanied by a parent.

_____ Photo posting- Child allergies

I understand that Majestic Learning Center will make photos of my child for allergy alert posting in classrooms, if applicable. This posting is a requirement for OEC and is used in the interest of identifying my child with Majestic Learning Center to prevent possible allergic reactions.

_____ Picture Taking

I understand that periodically Majestic Learning Center will take photos of my child or my child's classroom for documentation, display purposes, and also for kid reports and daily notes. These photos can be displayed in the school for project or documentation of classroom activities. I understand that these photos may contain my child and possibly other children in their classroom. These photos will not be used for any marketing activities (such as advertisements or newsletters) without my express, written consent.

Photos for Facebook page and promotional displays - Check one I Do I Don't

Give permission for Majestic Learning Center to display photos of my child taken at school during events or activities on Majestic learning center face book page an website. I understand that the Majestic learning Center will not use my child's name on photos and they are posted a public page

_____ Parent Photo taking

I understand that other Majestic Learning center parents may want to take pictures of their child at special events in the center. Majestic Learning center will do its best in asking other parents to respect the privacy of our families but Majestic Learning Center cannot guarantee that NO photographs will be taken of my child.

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Name of : _____ Anticipated Start date: _____

Has your family attended the Center previously: Yes _____ No _____ When?: _____