



ENROLLMENT FORM

Current Date ___/___/___ When Would you like your child to begin? _____

Child's Name: _____
LAST FIRST MIDDLE

___/___/___ Date of Birth Social Security # _____

Childhood Illnesses? _____
Any Learning Disabilities, or Medical Problems YES / NO
Please Explain: _____
Allergies? _____
Special Medications to be taken daily? _____

I give my permission for the use of peroxide, first aide cream/ointment, sunscreen, and/or diaper rash cream to be applied to my child if needed. _____

Family Doctor/Pediatrician Phone Number _____

In the event that I cannot be reached at a time of illness or of an accident or if the emergency is such that time does not permit such contact, you are hereby authorized to contact the above listed physician and, or the city/county emergency medical service.

PARENT'S SIGNATURE _____ DATE _____

Has your child ever been in a childcare setting before? _____ Where _____
Which parent does the child reside with? _____

MOTHER:
NAME _____
LAST FIRST M.I. SSN D.O.B.
ADDRESS: _____ CITY _____ ZIP CODE _____
HOME #: _____ WORK # _____ MOBILE # _____
PLACE OF EMPLOYMENT _____ EMAIL: _____

FATHER:
NAME _____
LAST FIRST M.I. SSN D.O.B.
ADDRESS: _____ CITY _____ ZIP CODE _____
HOME #: _____ WORK # _____ MOBILE # _____
PLACE OF EMPLOYMENT _____ EMAIL: _____

DESIGNATED PERSON ALLOWED TO PICK UP YOUR CHILD(REN) EMERGENCY CONTACT LIST
NAME _____ RELATION _____ PHONE # _____
NAME _____ RELATION _____ PHONE # _____
NAME _____ RELATION _____ PHONE # _____
NAME _____ RELATION _____ PHONE # _____

DAYS AND HOURS YOUR CHILD WILL BE IN THE CENTER:
(FOR STAFFING PURPOSES)
_____/_____/_____/_____/_____
Monday Tuesday Wednesday Thursday Friday

FIELD TRIPS: I give my permission for my child to attend field trips away from the center with a member of the Bluegrass Academy staff. YES / NO Signature: _____

FINANCIAL AGREEMENT

I AGREE TO:

Pay in advance each week a tuition fee of \$ _____ with no deductions for absences or Holidays. A late fee of \$20.00 will be added to your account if payment is not received in full by Monday or the first day of the week that your child attends. If your tuition is not paid per this agreement your child's enrollment will be discontinued. Fees are based on the days and hours that you have indicated on the front page of this contract. In the event that your child attends more than the days indicated, you will be charged for those extra days. If the hours that you need child care changes please make a note of this for the director. Fees are designated to hold your child's spot in the center, and not based on attendance. Parents are responsible for all childcare fees that are not paid by an outside subsidy source. All fees not paid by subsidy will be the parents' responsibility. This includes but not limited to expired contracts, co-payments, overage and fees that subsidy does not cover. 4c's subsidy will no longer pay for the days that children are out of the center if it exceeds over 5 days in a single month. Parents will be responsible for these charges. It will be the parents' responsibility to keep up with expiration dates on their children's subsidy contracts. The center will not assume any responsibility for expired contracts that result in charges added to your account.

Pay an enrollment fee of \$35.00 per child, which is not refundable.

Pay a recurring annual registration fee of \$35.00 per child each August 1st, which is not refundable.

In the event you withdraw your child from the center, a two weeks written notice is to be given to the director prior to withdraw. If proper notice is not given, you will be responsible for paying two week's tuition fee for the week that your child did not attend.

Pay all costs of the process of collections including agency fees and court costs in the event that your account is turned over for collections for non-payment.

Pay a check return fee of \$35.00 for each check returned with insufficient funds in addition to late fees and the amount of the check. This payment must be made in cash and all future payments will then be subject to be paid in cash.

This agreement is subject to change with two weeks notice.

I have read the parent handbook, understand it and will comply with the centers policies. I also understand that the parent handbook and its contents are a part of this agreement.

This is a contract, sign only if all terms are completely understood and agreed upon.

Parent _____ Date: _____

Parent _____ Date: _____

OFFICE USE ONLY

DATE OF ENROLLMENT _____ DATE OF WITHDRAW _____

TWO WEEKS NOTICE GIVEN? _____ BALANCE LEFT OWING \$ _____

DATE PLACED IN COLLECTION ACCOUNT: _____