

The child may be released to the people on this application and the following persons:

Name _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Child's Physician: _____

Any Allergies or Special Needs: _____

Hospital Preference: _____

Emergency Contact (Other than Parents):

Name: _____ Phone: _____

Type of Health Insurance: _____

Ethnicity: _____ Race: _____

Child Potty Trained? Yes _____ No _____ What does child say to use the toilet? _____

Does your child need help with? Dressing _____ Eating _____ Potty _____ Hand Washing _____

Does your child have any special fear or problems? _____

Has your child been cared for by anyone other than the parents? _____

If yes, by whom? _____

Favorite Book: _____

Favorite Toy / Game: _____

We provide care for children at various academic levels.

Does your child currently have an IEP / IFSP? Yes _____ No _____

If "Yes", Would you be willing to share that information with our staff? Yes _____ No _____

Where did you hear about us? () Internet () Star Democrat () Talbot Guide () Attraction

() Radio () Referral Name: _____

() Other: _____

The Kinder Garden will be open from 7:00 am until 6:00 pm for children ages: fourteen months (14 months) through eight (8) years old.

- * I agree that I am enrolling for _____ days a week at a cost of _____.
- * I agree to pay a Registration / Supply Fee at the time of enrollment to be renewed on my Child's Anniversary Date. This fee is non-refundable.
- * I agree to pay in advance each month's tuition.
- * I am aware that I will be charged a fee for payments received after the 10th day of each month.
- * I am aware that I will be charged a late fee for late pickups.
- * **I agree to provide a 30 Day Written Notice upon the withdrawal of my child from The Kinder Garden Center.**
- * **I have received my Parent Handbook, containing additional policies and procedures.**
- * This center is an equal opportunity provider.

By submitting your check for payment, you are authorizing the payee, or its agent, upon receipt of your check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to your account, in accordance with the same terms and conditions as your check. In the event that your check is returned for non-payment, Tele Check will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The parent/guardian is responsible for the principal amount plus all collection fees.

Parent / Guardian (Name Printed): _____

Parent/ Guardian Signature: _____

The Kinder Garden Director's Initials: _____ **Date:** _____