

## Skyridge Preschool & Daycare Lab Child Care Services Application for Enrollment

**Select One Of The Following Options**

- Full-time Daycare** (over 5 hours per day or more than 3 days per week) -- M T W T F (circle all that apply)
- Part-time Daycare** (2 days a week – days must be consistent each week) -- M T W T F (circle all that apply)
- Part-time Daycare** (3 days a week or less than 5 hours per day - days must be consistent each week) -- M T W T F (circle all that apply) **(Over 5 hours per day or more than 3 days per week is considered full-time)**
- Part-time Daycare** (A-days or B-days only) -- A or B (which days?)
- Part-time Daycare** (Kindergarten only – More than 4 hours and less than 5½ hours per day) -- M T W T F (which days?)
- Two Day Preschool** (2 days a week: 9:30am-noon) Tuesday/Thursday or Wednesday/Friday (which days?)
- Four Day Preschool** (4 days a week: 9:30am-noon) Tuesday, Wednesday, Thursday, Friday

**Child's Information**

Child's Name:		Sex:	Birthday:
Address:			
City:	Zip Code:	T-shirt Size:	

**Parent or Guardian's Information**

<b>Father or Guardian's Name:</b>	
Home Address <i>(if different)</i> :	
Employer:	Cell Phone:
Work Address:	Work Phone:
Home Phone:	Email:
<b>Mother or Guardian's Name:</b>	
Home Address <i>(if different)</i> :	
Employer:	Cell Phone:
Work Address:	Work Phone:
Home Phone:	Email:

**Meals**

What meals will your child be eating with us?

Breakfast  
(7:30am)

Morning Snack  
(10am)

Lunch  
(11:30am)

Afternoon Snack  
(2:30pm)

**Persons to call in case of emergency, if neither parent nor guardian can be reached:**

Name	Relationship	Address	Home/Cell Phone
1.			
2.			
3.			

**Persons designated to pick up your child: (Other than Parents)**

Name	Relationship	Address	Home/Cell Phone
1.			
2.			
3.			

**Medical Information**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does your child have any physical problems? (seizures, asthma, diabetes, allergies, drug reactions, etc...) If so please describe and give instructions for the care of the above-mentioned problem.

In case of serious emergency or illness, when the parents cannot be reached immediately, I hereby authorize the childcare provider to obtain emergency medical care and to obtain or provide emergency medical transportation. Further, I understand that is a training program for students attending Skyridge High School. I realize that the high school students will have experiences in teaching and caring for my child under the supervision of the adult coordinator, director and assistants.

**Signature of Father or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Mother or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Childcare Services will be provided between the hours of \_\_\_\_\_ AM and \_\_\_\_\_ PM on the following days \_\_\_\_\_ or on the following varied schedule:

**Payments & Contract Agreement**

I agree to pay \$ \_\_\_\_\_ a month. I understand that over 5 hours per day or more than 3 days per week is considered full-time. I agree to pay any late pick-up fees of \$5.00 for up to 10 minutes and \$1.00 per minute thereafter for each child. Payment will be paid monthly by the 15<sup>th</sup> day of each month. Payment will automatically be deducted from your checking or saving account on file. If payment doesn't go through there will be a \$50 penalty. The fees and tuition will need to be paid before the child can return. The second time this happens the child will be removed from the program and all tuition fees will be due or you will be sent to collections.

Either party for any reason may terminate this contract at any time during the first two weeks. **The \$50.00 enrollment fee will be forfeited if termination does occur during this time period for any reason.**

By signing below, I agree to all terms of this contract and acknowledge that I have received a copy of all policies and procedures. This contract is subject to renewal. The provider may amend the policies by giving the parents/guardians a new copy of the policies at least two weeks before they go into effect. **If only one parent/guardian signs, the one signing is responsible to make the payment.**

**Signature of Father or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Mother or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_