

WHIZ KIDS LEARNING CENTER

ENROLLMENT PACKET

FOR

2012 - 2013

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE ENROLLMENT FORM

Program Name: Whiz Kids Group Child Care: _____ School Age Care: _____

CHILD INFORMATION:

Date of Admission: _____ Age at Admission: _____

Child's Name: _____ Date of Birth: _____
nickname (if any) _____
Home Address: _____ Place of Birth: _____
_____ Primary Language: _____
Telephone #: _____

Child's Identifying Information (required by Department of Early Education and Care)

Eye Color: _____ Hair Color: _____ Sex: _____
Height: _____ Weight: _____ Skin Color: _____
Identifying marks: _____
Allergies/ Special Diets: _____
Chronic Health Conditions: _____
Special Limitations or Concerns: _____

School age only: Current school: _____ Grade: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poison screening in accordance with public health requirements are on file at my child's school. Parent/guardian initials _____

PARENT/GUARDIAN INFORMATION:

Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Telephone #: _____	Home Telephone #: _____
Cell Phone #: _____	Cell Phone #: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Business Phone #: _____	Business Phone #: _____
Hours at work: from _____ AM to _____ PM	Hours at work: from _____ AM to _____ PM

If parents cannot be contacted, notify (include names on emergency card)

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to Child: _____	Relationship to Child: _____
Daytime telephone #: _____	Daytime telephone #: _____

Child's Physician/Clinic _____ Telephone #: _____

Parent/Guardian signature

Date

MEDICAL AUTHORIZATION AND CONSENT

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If, however, I cannot be reached, I hereby authorize Whiz Kids Learning Center to arrange transport for my child to the Cape Cod or nearest Hospital and secure for my child the necessary medical treatment. I understand that the teachers at Whiz Kids are trained in the basics of First Aid and CPR and I authorize them to give my child first aid when appropriate. I hereby release Whiz Kids Inc., and its staff, from all claims, demands, actions, and damages whatsoever arising out of or resulting from said medical care.

HEALTH INSURANCE INFORMATION

Name of Insurance Plan: _____ Subscriber #: _____

Date: _____ Parent/Guardian signature: _____

PHOTOGRAPH CONSENT

I hereby grant permission for my child to be photographed by the staff of Whiz Kids Learning Center for purposes of school activities and publications. I understand that no photographs of my child will be released to the media without my written consent.

Date: _____ Parent/Guardian signature: _____

FIELD TRIP CONSENT

I hereby grant permission for my child to attend class field trips and/or weekly summer trips. I grant Whiz Kids permission to transport my child via Whiz Kids school bus to the trip location and back to the center. I understand that I must sign a "field trip permission sheet" for each trip in order for this permission to be valid. In the case of summer program trips I will receive a list of all trips planned and will be asked to sign my permission for them.

Date: _____ Parent/Guardian signature: _____

Occasionally we go on quick trips (less than one hour) to Burgess Park, local playgrounds or nearby beaches. Your child does not have to go on these trips as there will always be other children and staff remaining at the center. Please let us know below whether or not you are comfortable to let your child attend such "spur of the moment" trips.

YES, my child may attend these trips

NO, my child may not attend any field trips without my prior consent.

(parent signature)

(date)

(parent signature)

(date)

SWIMMING / PLAYGROUND TRIPS

Our summer program schedule includes 1/2 day trips to local beaches for swimming and water play, or, if it is not warm enough, we go to local playgrounds during the time allotted for swimming. I hereby grant permission for my child to be transported to local beaches and/or playgrounds during swimming times indicated on the summer camp schedule, and to participate in water activities.

Date: _____ Parent/Guardian signature: _____

WHIZ KIDS LEARNING CENTER
CONTRACT OF ENROLLMENT

WHIZ KIDS LEARNING CENTER agrees to provide educational and/or day care

services to _____,
during the school year starting on September 4, 2012
and ending about June 18, 2013 (depending on amount of snowdays),

according to the following schedule _____;
(days) from _____ to _____
(hours)

I agree to make tuition payments of \$ _____ per week.

The following are additions to the payment policies as stated in the Parent handbook :

- Tuition is due in advance by Friday for the following week. Any account with a balance on Monday @ 12 noon, will be charged a \$10 late payment fee.
- Tuition may be paid by check, money order, or cash. There is a \$25 charge for returned checks.
- Tuition is due for all time reserved for your child.
- If your tuition payment is behind for two weeks we will suspend your child from attending Whiz Kids until payment arrangements have been made in writing and/or we will have to request the services of our collection agency. You will be responsible for all collection and legal fees.
- Whiz Kids closes at 5:30 PM. There is a \$1 per minute late-pick-up fee, to be paid to the teacher who has to stay with your child.
- If you need to withdraw your child from Whiz Kids we require a two week written notice

I have read and agree to abide by all of the above and the policies in the Whiz Kids Learning Center Parent Handbook.

signature of parent or guardian

date