



# Enrollment Application 2009 - 2010

## Small World Child Care Centers

\* A non-refundable registration fee of \$25.00 must accompany this registration form. Note: This registration fee is per family. If other family members are registered, please advise the Center Director.

### Student Information

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Mother's Name \_\_\_\_\_ SSN \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ SSN \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Work Phone # \_\_\_\_\_

### Person responsible for payment of tuition (weekly tuition is due on Monday one week in advance)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Schedules:</b> Please indicate below the schedule your child will attend.			
<input type="checkbox"/> 5 Full days per week	<input type="checkbox"/> 5 Half days per week	<input type="checkbox"/> School Age Care	<input type="checkbox"/> Track
<input type="checkbox"/> 4 Full days per week	<input type="checkbox"/> 4 Half days per week	<input type="checkbox"/> Private Kindergarten	
<input type="checkbox"/> 3 Full days per week	<input type="checkbox"/> 3 Half days per week	<input type="checkbox"/> Public Kindergarten	

### How did you hear about Small World?(Please check all that apply):

Drove by school                       Mailed Advertisement                       Other (Specify) \_\_\_\_\_  
 Internet                                       Referred by a Small World Customer  
 Yellow Pages Advertisement            Referred by a Small World Employee

<b>For Office Use Only:</b>			
Class Assignment _____	Start Date _____	Term. Date _____	Paid Registration fee:
Weekly/Monthly _____	Current Fee _____	Estimated Start Date _____	<input type="checkbox"/> \$25 _____
Private/DWS _____	Grade School _____	Today's Date _____	<input type="checkbox"/> Exempt _____



# Tuition Agreement

## Small World Child Care Centers

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Children's Name \_\_\_\_\_

Date \_\_\_\_\_

**Parent: Please read carefully, clarify any questions you may have and acknowledge your understanding and compliance by signing below.**

1. It is understood and agreed that I may choose to pay my tuition by any one of the following schedules;
  - **Weekly** - tuition is due each Monday in advance of the week that services are rendered.
  - **Bi-Monthly** – tuition is due every other week in advance of the week that services are rendered.
  - **Monthly** - tuition is due by the 5<sup>th</sup> of each month in advance of the month that services are rendered.

**Weekly** and **Bi-Monthly** accounts not paid by Tuesday at 12:00pm (noon) of the week tuition is due, will be assessed a \$30.00 late fee. If the balance is still outstanding by Wednesday of the same week, services may be terminated by Small World Child Care. For those parents paying on a **Monthly** schedule, tuition will be considered late by the 12:00 pm (noon) on the 6<sup>th</sup> of the month and assessed a \$30.00 late fee at this time. Termination of enrollment shall begin on the 7<sup>th</sup> of the month that tuition is late. To re-enroll after suspension, I understand that enrollment will be based on availability in the classroom, the balance being paid in full and a \$25.00 re-enrollment fee being paid. For those parents on **State Assistance**, tuition shall be paid on the Monthly schedule. All fees and conditions listed above shall also apply.
2. I understand and agree to the terms and conditions outlined in the Tuition Express Payment Processing enrollment forms. I acknowledge that all Tuition Express forms must be completed and submitted to Small World Child Care before my child can attend his/her class.
3. I have chosen a schedule of attendance offered by Small World that best suits my child care needs. I understand that Small World must arrange for staff to meet that schedule even when my child is absent. Therefore, it is understood and agreed that vacation and/or sick leave credits are given only AFTER the 5<sup>th</sup> CONSECUTIVE day of absence with notice. For families that have attended Small World for at least ONE year; five unpaid days of vacation will be granted as credit with at least a week's notice and only after the fifth consecutive day of absence as referenced above. These credits are only available to FULL TIME enrollments. Part time students receive no tuition credits. No credit will be given for holidays observed by Small World.
4. It is understood and agreed that schedule changes must be made in advance and in writing. Each family will be given a one time schedule change without charge. Additional schedule changes are subject to a \$25.00 processing fee.
5. Full day enrollments are limited to 10 hours per day. Part time enrollments are limited to 5 hours per day. I understand and agree to pay additional charges of \$4.00 per hour should I need extended care.
6. Small World closes at 7:00pm; with a 5 minute grace period without penalties. However, when the closing staff is required to stay, the after hour fees after the grace period will be \$1.00 per every minute thereafter. A release form for acknowledgement of tardiness will be required to be signed by responsible party; to which late fees will be accessed to your account.
7. Small World does not accept "post dated" payments. It is understood and agreed that any form of payment declined by the bank for any reason will be assessed a \$30.00 charge. An alternate form of payment must be submitted within 24 hours of notice to avoid suspension of service.
8. It is understood and agreed that in the event my account should be sent to collections, I will be assessed fees at 40% of the outstanding balance with monthly interest of 1 ½ %. I also agree to pay all court costs and reasonable attorney's fees.
9. If you are receiving child care assistance through the Department of Workforce Services, you have been provided a copy of, understand and agree to the DWS Payment Guidelines.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Small World Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Parental Agreement

### Small World Child Care Centers

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Child(ren) Name \_\_\_\_\_

Date \_\_\_\_\_

#### **Compliance with Policies and Procedures:**

By signing below, I acknowledge having read and received a copy of the Parent's Partner (Small World's Parent Handbook). I clearly understand and agree to comply with the policies and procedures outlined within said handbook.

\_\_\_\_\_  
Signature of Parent/Guardian

#### **Complete and Accurate Information/Drop Off & Pick Up:**

I have fully completed all necessary enrollment forms. To safeguard my child, I will promptly inform Small World of changes in addresses, phone numbers, employment, emergency information or any pertinent family situations. I understand that upon arrival each day, my child must be clocked in and given to his/her teacher. I also understand that upon pick up, the designated person must inform the teacher that the child is leaving.

\_\_\_\_\_  
Signature of Parent/Guardian

#### **Use of Photographs:**

I give permission for my child to be photographed within the Center and on Center activities. These photographs may be use in the media, advertising, or within the Center.

\_\_\_\_\_  
Signature of Parent/Guardian

#### **Transportation:**

If my child is now or becomes of Grade School age, I give my permission for my child to be transported daily to and from the Elementary Schools serviced by Small World. I also give permission to Small World to transport my child to a relocation site in case of an emergency. I understand that:

- a. Small World is not liable for the actions of my child once he/she has been dropped off for school or while waiting after school for the arrival of the van/bus.
- b. I must notify Small World before 10:00am if my child will NOT need to be picked up after school. I agree to pay a \$10.00 fee for failure to notify.
- c. Small World has the right to suspend transportation privileges immediately should my child put the safety of the other children or the driver in danger.

\_\_\_\_\_  
Signature of Parent/Guardian

#### **Right to Refuse Services:**

Small World reserves the right to refuse child care services when care for the child or others in the Center fundamentally alters the nature of the service we provide. We recognize the uniqueness of each child and cannot meet the needs of ALL children or provide one-on-one care on a continual basis. Respect and protection of children, parents, staff and property is expected.

\_\_\_\_\_  
Signature of Parent/Guardian





## Scheduling And Child Health Assessment

### Small World Child Care Centers

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Child's Name

Date of Birth

Date of Enrollment

#### **SCHEDULING**

This information is used by the USDA Food Program, Small World participates in. Please specify all applicable to your situation. **If your schedule changes, please notify the center.**

Attendance	From	To
Monday	am/pm	am/pm
Tuesday	am/pm	am/pm
Wednesday	am/pm	am/pm
Thursday	am/pm	am/pm
Friday	am/pm	am/pm
Shift Care – Yes / No	am/pm	am/pm

Normal meals child is to receive: (circle all that apply)      Breakfast / Lunch / P.M. Snack

#### **HEALTH HISTORY / ASSESSMENT**

Please list any health information Small World will need in providing care for your child.

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Allergies / Sensitivities to Food (Must be documented by a physician's statement on file at Small World)

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Allergies / Sensitivities to Medication

Allergies / Sensitivities to Other Items

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Chronic Illness or Medical Condition

Disabilities (please specify)

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Medications your child takes

Additional Health Information not listed above

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Instructions for your child's daily care

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Physician

Address

Phone

Last Physical Exam

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Emergency Hospital Preference

Instructions for Child's Emergency Care

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Signature of Parent/Guardian

Date