

# PEARCE 4 KIDS CHILD CARE CENTER

## Day Care Enrollment

Please complete all 4 pages of this registration form  
A registration fee of \$40 should accompany this form.

### CHILD'S INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

### MOTHER'S INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (if different from above): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Addresses: \_\_\_\_\_  
(The email address provided above will be included in our group email contacts and electronic newsletter contact list unless you note it not be included)

### FATHER'S INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (if different from above): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Addresses: \_\_\_\_\_  
(The email address provided above will be included in our group email contacts and electronic newsletter contact list unless you note it not be included)

Please check if you are a:

Pearce Church Employee     Pearce 4 Kids Employee     Roberts Wesleyan College Faculty/Staff Employee

#### FOR OFFICE USE ONLY

**DAYS ATTENDING:**    **MONDAY**                      **TUESDAY**                      **WEDNESDAY**                      **THURSDAY**                      **FRIDAY**

Registration Fee: \$ \_\_\_\_\_                      Check No. \_\_\_\_\_                      Date: \_\_\_\_\_

**RELEASE INFORMATION**

My child may be released to the following people (please do not list parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

ADD/ADHD: \_\_\_ Yes \_\_\_ No Other behavioral issues \_\_\_\_\_

Special food/activity instructions \_\_\_\_\_

**EMERGENCY INFORMATION**

In the event that we cannot reach either mother/father (or guardian), please list the persons we may call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## PARENT AGREEMENT

I, the undersigned, hereby wish to enroll my child in the Pearce 4 Kids Child Care Center as soon as an opening is available. It is understood that Pearce 4 Kids assumes the responsibility for my child's well-being during the hours of care and will make every effort to contact the parent should any type of emergency arise. I agree that in case of accident or injury, emergency medical care may be given in the event that I (or designated persons) cannot be reached.

I agree to pay the full amount of tuition on Friday of each week for the upcoming week. If payment is not received by Friday at 6:00 p.m. there will be an automatic \$5.00 late fee billed to me by the center. If tuition has not been paid one week from the due date, my child may be dismissed from the center without advanced notice.

I understand that if I am late picking up my child, fees will be applied at the rate of \$10.00 per child in 10 minute increments with an additional \$2.00 per child for every minute after 6:20pm.

While in attendance at P4K, my child has my permission to leave Pearce 4 Kids Child Care Center with their class to go on walks in the neighborhood with their teacher.

I, \_\_\_\_\_ have read and am in agreement with the above information.  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## TUITION AGREEMENT

### REGISTRATION FEES:

A registration fee must be paid in full at the time the registration forms are submitted in order to guarantee my child's space or for my child to be placed on the waiting list. I agree to pay a non-refundable fee of \$40.00 for each child I am enrolling into the P4K day care program.

My child will be attending Pearce 4 Kids Child Care Center on the following Days (please circle all that apply):

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY

It will be helpful for staffing purposes for you to give us an approximate time that you anticipate drop off and pick up:

Morning Drop Off: \_\_\_\_\_ a.m.      Afternoon Pick-Up: \_\_\_\_\_ p.m.

Tuition Advance (Security Deposit):

I agree to pay \$\_\_\_\_\_ (2 weeks of tuition) prior to my child beginning at Pearce 4 Kids. This tuition will be held throughout the year and will be applied to my last 2 weeks of enrollment in the program. If tuition changes, I agree to maintain a correct balance for my security deposit.

### SEASONAL CARE:

My child WILL NOT attend Pearce 4 Kids for the full year. The dates my child will be attending are:

From: \_\_\_\_\_ To: \_\_\_\_\_

I understand the fees to secure my child's place in the program will be discussed with me prior to my beginning at Pearce 4 Kids.

**ADDITIONAL TUITION AGREEMENT (APPLIES TO ALL):**

- My tuition is a set fee regardless of absences, emergencies, emergency closings and holidays when P4K is not open.
- If my child care needs to change from full time care to seasonal care, I understand that I will be required to pay back the second week of vacation (if used) in accordance with the seasonal care guidelines.
- I understand that in order to use my vacation, my tuition must be up to date. Vacation credit will only be issued when out Monday through Friday.
- I understand that if my child’s schedule needs to change, I must give a two week notice in writing.
- I understand that if my child is enrolled part-time and I need to increase days attending it is not guaranteed, but based on availability.
- I understand that the registration fee is non-refundable and is required to secure my child’s place in P4K or to put on the waiting list. (This fee is non-refundable even if you choose to take your child off the waiting list.)

I understand and agree to all of the above tuition agreement information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTOGRAPH PERMISSION**

Please check all that apply:

I give my permission for my child’s picture to be taken and used in the classroom and on bulletin boards in the hallway at Pearce 4 Kids.

I give my permission for my child’s picture to be taken and used in publicity about Pearce 4 Kids (no full names will be used without written consent by a parent).

I give my permission for my child’s picture to be taken and used on the official Pearce 4 Kids Facebook public fan page (no names will be published on internet sites without written consent by a parent).

I give my permission for my child’s picture to be taken and used on P4K blogs and/or P4K electronic newsletters (these will be accessible to P4K families only and no names will be published without written consent by a parent).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pearce 4 Kids Child Care Center  
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North Chili, NY 14514  
585-594-1833  
[www.pearcechurch.org/pearce4kids](http://www.pearcechurch.org/pearce4kids)