



Elementary Summers/Breaks 6:30 am- 6:00 pm

REGISTRATION APPLICATION

License C HC 433056

FEI 46-5713233

Registration Fee: \$100.00 Individual \$125.00 Family (Non-Refundable)

PLEASE PRINT CHILD'S INFORMATION

Child's Last Name _____ Child's First Name _____ Birthdate ____/____/____ Boy or Girl _____

Number & Street _____ City _____ Zip Code _____

PARENT INFORMATION	FATHER'S INFORMATION	MOTHER'S INFORMATION
Name		
Home #	()	()
Cell #	()	()
Work #	()	()
Place of Employment		
E-mail address		

Elementary Summers/Breaks

6:30 am - 6:00 pm

Do you attend Morningstar Church? (not a prerequisite for admission) YES NO
If no, _____ We attend _____
_____ We do not have a church home at this time.

May your address and phone number be released to other parents? YES NO
May your email be released to other parents? YES NO

Photos of your child will be taken during classroom activities, BUT
May these photos/videos be used to promote the Day School on our website or through the news media, and brochures? YES NO

AUTHORIZED INDIVIDUALS ALLOWED TO PICK-UP YOUR CHILD

Please list individuals, other than Mom or Dad, who are allowed to pick-up your child and/or may be contacted in case of emergency if parent is unable to be reached. Please remember to give us first and last name as it would appear on their picture ID. No nicknames, please.

Please Print Information

AUTHORIZED TO PICK-UP	Contact	Contact	Contact
Name			
Home #	()	()	()
Cell #	()	()	()
Relationship			

Additional Authorized Individuals permitted to remove your child from school.

Does your child speak *and* understand English? YES NO
 If not, what language does your child speak? _____

Has your child attended preschool before? _____ How long? _____

Name of previous school _____

Are you concerned about any of the following developmental areas?					
			Is your child currently receiving:		
Social Skills	Yes	No	Speech/Language Therapy?	Yes	No
Behavior	Yes	No	Occupational Therapy?	Yes	No
Speech/Language	Yes	No	Physical Therapy?	Yes	No
Are any classroom modifications necessary? _____					

- Copies of the following will be given to you**
- .. Parent Handbook including our disciplinary Policy, AND
 - .. "Know Your Child Care Facility," AND
 - .. Influenza Virus and Flu Brochure

My signature verifies the following:

- .. The above documents have been provided to me.
- ... I agree to supply my child a nutritious, healthy lunch including multiple food groups, and
- .. I give my permission for my preschool child's teacher to complete observation tools which will be reviewed on conference day, AND
- .. I give my permission for my child to participate in food-related activities in the classroom, unless the activity is a known food allergy to my child, AND
- .. that all information contained in this application is true and correct, as of this date.

§

 Signature of Parent or Legal Guardian

 Date

CHILD'S MEDICAL INFORMATION

ALLERGIES	Food Allergies		Medication Allergies	Bug Bite Allergies	Other Allergies
	EPIPEN? Yes No				
Medical Conditions				ASTHMATIC ? Yes No	

	Pediatrician	Hospital
Doctor's Name		
Doctor's Phone		

.....
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at Hope Effect Day School, I understand that the facility will:

- 1) Contact me immediately, and then will
- 2) Contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

§ Signature _____
Date

Relationship _____

.....
CUSTODY OF CHILD: (circle one) **BOTH PARENTS** **FATHER ONLY** **MOTHER ONLY**

If parents are divorced or separated and have joint custody, please provide address information on spouse not living at child's address: _____

Phone (____) _____

ENROLLMENT FORM (SUPPLEMENT)

DISCIPLINARY PRACTICE OF HOPE EFFECT DAY SCHOOL

Section 10M-12.013 requires that parents are notified in writing of the disciplinary practices used by the child care facility. The parent's or legal guardian's signature on the previous page verifies the parents or guardians have been notified in writing of the disciplinary practices of the child care facility. Children at Hope Effect Day School are guided and directed in a positive, gentle manner. There is to be no severe, humiliating, or frightening disciplinary action taken with children. When dealing with a disruptive child, a teacher will always try to talk and RE-DIRECT that child. When exhibiting harmful behavior, a child may be asked to sit next to the teacher or in a designated space until he/she has gained control of him/herself. Upon rejoining the group, the teacher will discuss with the child his/her behavior and why it is unacceptable. Discipline will not be associated with food, rest, or toileting. Under NO circumstances will there be any form of physical punishment.

.....

Alternative Nutrition Agreement (lunch to be provided by parent)

I understand that lunch is not provided by the center and I agree to provide the noon meal to meet my child's nutritional and dietary needs. A nutritional lunch consists of one item from each of the 4 major food groups. The center will provide a morning and afternoon snack.

**Financial Agreement:
Elementary Care**

TIMELY PAYMENTS: Elementary Care (6:30-6:00) is a pre-paid expense and should be paid before Wednesday noon of each week. A late charge of \$10/child will be added to your account if payment has not been received by Wednesday noon.

PAST DUE ACCOUNTS: Part-time preschool payments must be paid within the current month. A child cannot come to school the following month until payment is made in full, including penalty charges.

RETURNED CHECKS: The charge for a returned check is \$25. The second time we receive a returned check, for any reason, all subsequent payments must be made with a money order or cash.

VACATION POLICY: Vacation weeks are not applicable to children attending part-time or Summers.

WITHDRAWING YOUR CHILD: Hope Effect Day School requests a **2-week written notice** when you plan to withdraw your child. If a 2-week notice is not given, you will be required to pay for the 2 weeks, whether your child is in attendance or not. Withdrawing a child from the Day School removes your child from all enrollment lists, including the next school year if registration has already taken place.