

Precious Treasures Christian Learning Center Enrollment Form

Child's Name _____ Sex _____ Age _____ Birthdate _____

Home Address _____ Home Telephone Number _____

Father's Name / Home Address / Telephone Number, if different from child's _____

Place of Employment / Address of Employment / Business Number / Hours of Employment _____

Mother's Name / Home Address / Telephone Number, if different from child's _____

Place of Employment / Address of Employment / Business Number / Hours of Employment _____

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardian (s) Both Parents Mother Father Other

Parental Agreement with Precious Treasures

Precious Treasures agrees to provide daycare for _____ on
_____ from _____ a.m to _____ p.m
(Days of the Week)

The child may be released to the person(s) signing this agreement or to the following:

NAME	RELATIONSHIP	ADDRESS	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Should my child become ill during the time that he/she is in the care of Precious Treasures Christian Learning Center or suffer an accident of any nature, the center shall undertake to contact me immediately. It shall be authorized to secure such medical attention and care for the child as may be necessary (the parents shall assume responsibility for payment). I agree to keep the center informed as to changes in telephone number(s), physician name, change in living arrangements, and locations where I may be reached, etc.

Person to contact in case of an emergency when parents cannot be reached:

Name Telephone Number

Name of public or private school child attends, if any

Child's Physician or Clinic's Name (Child's Primary Health Source) Telephone Number

Child's Medical Information

My child has the following special need(s):

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Parent / Guardian Signature _____ Date _____

Witness _____ Date _____

Parental Agreement With Child Care Facility

1. **Precious Treasures** agrees to provide daycare for _____ (Name of Child) on _____ (Days of the week) from _____ (a.m.) to _____ (p.m.) from _____ (month) to _____ (month).

My child will participate in the following meal plan (Circle all that apply): Morning Snack; Lunch; Afternoon Snack

2. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

3. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

4. The facility agrees to keep me informed of any incidents, including: illnesses, injuries, adverse reactions to medications, etc. which include my child.

5. Precious Treasures agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

6. I understand that if there is a loss of electricity or water at the Center that cannot be corrected in a reasonable period of time, I will be contacted by the Center advising me that I will have to pick up my child from the Center immediately. In case of fire or structural damage, my child will be removed to a place of safety until it is safe to return to the Center. If the Center cannot be made safe. I will be contacted to pick up my child. In case of a serious injury, the Center will immediately contact the parent(s), if they cannot be reached the emergency contact person will be contacted, if they cannot be reached the paramedics from SGMC will be contacted.

7. I have received a copy and agree to abide by the policies and procedures for **Precious Treasures Christian Learning Center**.

Parent/Guardian Signature: _____

Date _____

Witness Signature _____

Date _____

Parental/Guardian Media Publication Consent Form

Precious Treasures uses many tools to promote our business to the surrounding community. In an effort to increase accessibility to our facility we will be using many different types of publications. When utilizing these publications there are times that pictures, images and/or videos will be required. We are sending you this parental consent form to both inform you and to request your permission for the use of our child's photo/image in any future Precious Treasures publication. Your child's names or other personal information will not be used (name, address, phone number, etc)

If you, as the parent or guardian, wish to void this agreement, you may do so at any time in writing by sending a letter to the director of Precious Treasures and action will take effect upon receipt by the daycare.

Check one of the following choices:

I/We GRANT permission for Precious Treasures to use my child's photo/image

I/We DO NOT GRANT Precious Treasures to use my child's photo/image

Child's Name: (please print) _____

Parent/Guardian Name: (please print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Student: _____

Date: _____

Payment Policy

Tuition is due each Monday for the upcoming week. Monthly payments are welcome, but must be paid on the first business day (Monday) of the month for the current month. A \$25 late payment fee will be charged to all accounts not paid for the current week by Friday at 6pm and each week thereafter until full tuition payment is made. Payments can be made via cash, check, or money order at the Center. All Debit, Credit Card, and/or ACH payments must be made through our BrightWheel App. Credit and Debit Card payments are subject to a transaction fee in Brightwheel. ACH Payments are currently free in Brightwheel.

If tuition is more than 2 weeks past due your child(ren) will **NOT** be allowed to return to the Center until full payment has been made and/or other arrangements have been made with management. ***If your child qualifies for any tuition discounts, you will forfeit your discount after 3 late payments. If tuition has not been paid for the month, you will forfeit your child's spot at the center.***

Tuition MUST be paid whether your child attends the center or not for reasons not limited to vacation, illness, weather conditions, holidays, etc. Since Precious Treasures is a Full-Time childcare facility, we are unable to fill the space in your child's absence.

Our operating hours are Monday - Friday, 6:30am - 6:00pm. If your child has not been picked up by 6:00pm, you will be charged a \$25 late pickup fee.

If you choose to unenroll your child(ren) from the Center, a 2 week written notice is required.

Please read and sign below acknowledging receipt of the Precious Treasures Payment Policy.

Child's Name

Date

Parent 1 Name (Printed)

Parent 1 Name (Signature)

Parent 2 Name (Printed)

Parent 2 Name (Signature)