



Office Use

INOW _____
 Admission date _____
 Infant – 2 yrs. _____
 3years _____
 Registration _____
 Tuition _____
 Supply fee _____
 Nap Mat _____
 Withdrawal date _____
 School Cast _____

Please Print

Child's information Full name _____ Goes by _____
 Male/Female _____ Race _____ Date of birth _____ Social Security # _____
 Address _____ City _____ State _____ Zip Code _____
No Post Office Boxes
Phone Numbers: Home _____ Mom Cell _____ Mom Work _____
 Dad Cell _____ Dad Work _____
Ethnicity/Race _____ American Indian/Alaska native _____ Asian/Pacific Islander _____ Black _____ Hispanic _____ White _____
 Daycare attended before GND _____ Did you leave in good standing? _____

All information must be complete.

Emergency contact other than parent _____ Ph. # _____ Relationship _____
Full name
Male responsible for child _____ Ph.# _____ Relationship _____
Full name
 Address if different from above _____
 Drivers License# _____ State _____ Exp. _____ Social Security # _____
 Employer/Company name _____ Occupation _____
 Company Address _____ Church attending _____
Female responsible for child: _____ Ph.# _____ Relationship _____
Full name
 Address if different from above _____
 Drivers License# _____ State _____ Exp. _____ Social Security # _____
 Employer/Company name _____ Occupation _____
 Company Address _____ Church attending _____

List all brothers and sisters your child lives with:

Name _____ age _____ Name _____ age _____
 Name _____ age _____ Name _____ age _____

Medical information

Doctor _____ Phone # _____ Hospital Preference _____

Is child taking any medication? Yes ___ No ___ if yes, has a form been completed, Yes ___ No ___ Medicine cannot be administered without proper form.

Indicate any health disorder that GNDC should be aware of _____

To my knowledge, my child _____ does not have a communicable disease, including Hepatitis, Tuberculosis or the HIV virus.

Child's hair color _____ Eye color _____ Distinguishing marks _____ Potty trained: Yes _____ No _____

I have provided a certificate of immunization (Blue form) from child's doctor: Yes _____ No _____

Signature of parent/guardian _____ date _____

GNDC cannot give non-prescription medication unless the child's parent/guardian has authorized it.

Permission to give: please initial

Tylenol _____ Benadryl _____ Motrin _____ Cough Syrup _____

Signature of parent/guardian _____ date _____

Medical Emergency

Permission is granted for _____ to be given appropriate medical care in case of an emergency or life-threatening situation when circumstances are such that it is impractical or unreasonable to obtain my consent. However, I understand the daycare will contact me as soon as possible thereafter as is reasonable. In such cases, I will assume responsibility for the cost of those related emergency medical services.

Signature of parent/guardian _____ date _____

I understand that Gardendale Nazarene Daycare may obtain information from other sources it deems reliable including reports on the personal credit history of principal owner's name.

Signature of parent/guardian _____ date _____

Gardendale Nazarene Daycare Financial Policy

Full name of child _____

I understand the fees and policies outlined in the Gardendale Nazarene Daycare Operations Policy. Yearly registration _____, Weekly tuition 6weeks – 2 years _____, 3 years _____ and supply fee _____. I agree to pay the weekly fee in advance for my child’s care. I further understand that I may withdraw my child from enrollment upon a two-week notice or upon payment of two weeks additional fees. I agree to fill out a drop slip or send a letter in writing to serve as official notice of withdrawal.

In the event this account is placed in the hands of an attorney or agency for collection, I/we the undersigned do jointly and severally agree to pay a reasonable attorney’s fee or a collection agency’s fee, plus ten percent interest on the unpaid balance.

Both parents/legal guardians must sign this form.

Male parent/legal guardian _____ date _____

Female parent/legal guardian _____ date _____

Please make checks payable to GCA or Gardendale Nazarene Daycare.

Pick up list

List below whom to call first if GNDC is unable to reach you. This also gives permission for these individuals to pick your child up from daycare.

	NAME	Phone #	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

My signature as parent/guardian of _____ allows the above named emergency contact(s) to pick up my child from Gardendale Nazarene Day Care.

Signature of Parent or Legal Guardian _____ Date _____

Acknowledgement of Handbook and Understanding of Policy

- _____ **Registration Fee:** I understand that an annual, non-refundable, registration fee of **\$110.00** shall be paid to enroll my child and this fee is payable each June. I understand this rate is subject to change with reasonable notice.
- _____ **Payment of tuition:** I understand that tuition is due and payable on Monday and late on Tuesday after 10:00am. If payment in full is not received when due, I agree to pay a late payment fee of \$15.00. I understand that if my account is delinquent for more than one week I may be asked withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to nonpayment of tuition.
- _____ **Daily sign in and sign out:** I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.
- _____ **Late pick up:** I understand that daycare is open from 7:00am – 6:00pm, Monday through Friday all year, except for the daycare's designated holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$1.00 per minute.
- _____ **Holidays:** I understand that the daycare is closed on the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and the day after Thanksgiving, Christmas Eve and Christmas Day.
- _____ **Illness:** I understand that I will be notified should my child become ill during the day and that I will pick up my child promptly or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease I agree to notify the school and I understand that my child will be readmitted according to Re-admission Criteria in the family handbook. If my child is sent home ill, I understand that my child must remain home until symptom free, fever free without the aid of medication.
- _____ **Withdrawal from program:** I understand that I must provide a two-week written notice of withdrawal from the program. If this notification is not provided I agreed to pay all tuition and fees for two weeks whether or not my child attends. I understand that when my child is withdrawn he or she will only be eligible for readmission based upon space availability. If there is an outstanding balance when my child was withdrawn, I will be required to bring my account current prior to completing any reenrollment. I understand all fees are nonrefundable.
- _____ **Biting:** I understand if my child bites three times in one day my child will be suspended according to the policy listed on page14 of the Daycare Handbook.
- _____ **Nap mats:** I understand that nap mats must be laundered on a weekly basis per the Health Department Regulations. I further understand that my account will be surcharged \$5.00 for our laundry service. If my child does not have a nap mat I will be charged \$2.00 per daily use and a \$5.00 laundry fee.
- _____ **Family Handbook:** I have received a copy of the handbook. I have read and understand its content and policies and agree to be bound by same.

Parent/Guardian Signature _____ **Date** _____

Director Signature _____ **Date** _____