RIDGECREST CHILD DEVELOPMENT CENTER

Summer Enrollment

2020

Child's Name_____ □ Male □Female
First Middle Last

Hours for which day care will be needed:
Arrival time _____ Departure time _____

Items needed for enrollment prior to first day of attendance:

□Enrollment Application
□ registration fee ($50.00)
□ Field Trip Fee (nonrefundable) 125.00 (will cover all Field Trips)

Student Information

It is extremely important that parents notify the CDC of any changes in contact information

Child's Name _____ Name child goes by
First *Middle* *Last*

Address_____
Street City State Zip

Date of Birth ____/____/_____

Child lives with _____

Hours of attendance _____ to _____ (maximum 9.5 hours per day or 48 hours per week)

Father/Guardian Information

Last Name _____ First Name _____ MI
Address_____ City _____ State_____ Zip _____
Marital Status_____ Relation to Child _____
Spouse's Name _____
Home Phone # ( )_____ Work Phone # ( )_____
Email _____
Cellular Phone # _____Cellular carrier _____
Employer _____ Occupation _____
Normal work schedule _____ to _____ Release code _____

Mother/Guardian Information

Last Name _____ First Name _____ MI _____
Address _____City _____ State _____ Zip_____
Marital Status _____Relation to Child _____
Spouse's Name _____
Home Phone # ( )_____Work Phone # ( )_____
Email _____
Cellular Phone # _____Cellular carrier _____
Employer _____ Occupation _____
Normal work schedule _____ to _____ Release code _____

Who is responsible for paying CDC bills?

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone # ( ) _____ Work Phone # ( ) _____

Signature: _____ Date _____

Should the CDC deem it necessary to pursue legal action or otherwise expend time and resources in an attempt to collect amounts due it under this Agreement, the Parent/Responsible Party agrees to pay any and all reasonable or lawful costs incurred by the CDC in pursuing the amounts owed.

Emergency Contact

In the event that a parent or guardian cannot be contacted during an emergency situation, the following people should be contacted.

1. Name _____ Relationship _____

   Home Phone # ( ) _____ Work Phone # ( ) _____

2. Name _____ Relationship _____

   Home Phone # ( ) _____ Work Phone # ( ) _____

3. Name _____ Relationship _____

   Home Phone # ( ) _____ Work Phone # ( ) _____

Authorization for Release

Name _____ Relationship _____ Code _____

Name _____ Relationship _____ Code _____

My child may be released to the above people. Each authorized person must be at least 16 years old, have a valid driver's license and come to the center and register their thumbprint and security code. The last four digits of the individual's phone number or another combination of numbers that is easy to remember is suggested for this code. I understand that I am to notify the CDC Director in writing if someone else will be picking up my child. Photo ID will be required.

Special Instruction Regarding Parental Contact

Please describe any legal issues which would limit a parent's access to child. Original documents from the court are required to deny access to a child by a parent.

_____
_____
_____
_____

Additional Student Information

Allergies (Food, etc.)

_____
_____

Unusual Health Problems? (Please list specifics below)

_____
_____
_____

Has he/she ever been evaluated for Special Needs? (Please explain)

_____
_____

Evaluated by _____ Date _____ Age _____

Has he/she ever been served in any of the following Special Needs?
Speech/Language _____ Provided by
_____
Autism _____ Developmentally Delayed _____
Other Special Needs

_____
_____
_____
_____

Special Medications

_____
_____
_____

If my child is accepted into this program, I understand that I am responsible for the timely payment of tuition and fees. Should the CDC deem it necessary to pursue legal action or otherwise expend time and resources in an attempt to collect amounts due it under this Agreement, the Parent/Responsible Party agrees to pay any and all reasonable or lawful costs incurred by the CDC in pursuing the amounts owed. I am also responsible for following the guidelines provided to me in the parent's handbook.

Signature _____ Date _____

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

Initial payment in the amount of $_____ □ Check #_____ □Cash □Other

Covering:

□Registration
□Activity fee 50.00
□ Field Trip Fee (Nonrefundable) Covers all field Trips for the summer

RIDGECREST CHILD DEVELOPMENT CENTER
EMERGENCY MEDICAL TREATMENT FORM

Should my child, _____, become ill or suffer an accident while he or she is in the care of Ridgecrest Child Development Center, the school is to attempt to contact me immediately. In the event the school is unable to reach me immediately, the school and / or its designated staff is authorized to seek and obtain such medical attention, treatment and services for my child as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred that are not covered by the insurance of Ridgecrest Child Development Center.

_____	_____
Signature of Parent or Guardian	Date
_____	_____
Insurance Company	Policy Number
_____	_____
Child's Physician	Hospital preference
_____	_____
Witness	Witness