

## Children's Information

### First Child:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthday(MM/DD/YY): \_\_\_\_\_

Important information concerning this child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian with whom child resides: \_\_\_\_\_

### Second Child:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthday(MM/DD/YY): \_\_\_\_\_

Important information concerning this child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian with whom child resides: \_\_\_\_\_

### Third Child:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthday(MM/DD/YY): \_\_\_\_\_

Important information concerning this child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian with whom child resides: \_\_\_\_\_

# CHILDREN FIRST

## Financial Agreement

This is an agreement between: \_\_\_\_\_, (Parent/Guardian) and *CHILDREN FIRST*.

*CHILDREN FIRST* agrees to provide a class position in the center for each child/children enrolled in the Center. The initial rate of tuition will be outlined below. Both parties understand that the tuition being charged may be changed as the child/children change classes or as tuition is adjusted.

**A non-refundable Registration Fee of \$45.00 per child is paid twice a year (February and September.)**

Child	Class	Registration Fee	Tuition	Discount	Total

\_\_\_\_\_ All tuition is due regardless of attendance. In addition to the above, it is agreed that the weekly charges are due, and will be paid in advance. The weekly charges are due on or before 6:00 pm. Wednesday evening of each week. A late charge of \$10.00 will be charged for payment received after this time. Any parent whose account is not paid by Thursday of the current week may be dropped from enrollment. They will not be readmitted to *CHILDREN FIRST* until all amounts due are paid in addition to a re-enrollment fee of \$45.00.

\_\_\_\_\_ There will be no refund if your child is absent from the Center due to illness, family vacation, or domestic problems.

\_\_\_\_\_ *CHILDREN FIRST* hours of operation are 7:00 a.m. to 6:00 p.m. Monday through Friday. A late pick-up fee of \$2.00 per minute will be charged for children not picked up by the closing time.

\_\_\_\_\_ *CHILDREN FIRST* charges \$25.00 for returned checks. Consistent problems with returned checks may result in other forms of payment being required.

\_\_\_\_\_ *CHILDREN FIRST* requires one week written notice prior to withdrawing a child from the center. If a child is withdrawn without notice, the final week's tuition will still be due.

I have read and agree to the above provisions.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release of Children

If you desire that someone other than the individuals listed below is to pick up your child, you must notify the Center in advance. For security purposes, you are required to have a "code" word on file by which you can be identified over the phone. Please inform the individual picking up your child that they must report to the office first and must present a photo ID.

Code word: \_\_\_\_\_

Please provide the name/names of those individuals who should be contacted in any emergency if the *CHILDREN FIRST* staff is unable to locate a parent or guardian. Also, please indicate if those individuals are authorized by you, the parent/guardian, to pick up the child/children from the Center.

Name and Address	Relationship to Child	Home and Work Phone Numbers	Other Means of Contacting-Mobile Phone, Pager, etc.	If this person authorized to pick the child/children up from <i>CHILDREN FIRST</i> ?

Special/further instructions regarding the release of your child/children from *CHILDREN FIRST*

## Parental Consent

\_\_\_\_\_ I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Center.

\_\_\_\_\_ *CHILDREN FIRST* periodically photographs the children in the center for display in the classrooms/halls.

\_\_\_\_\_ I do/do not give permission for my child/children's photographs to be used by *CHILDREN FIRST* for display/advertising purposes.

## Parent Handbook

\_\_\_\_\_ I have received and read, signed a copy of the *CHILDREN FIRST* Parent Handbook and agree to honor all regulations and requirements.

\_\_\_\_\_ I have been informed of the financial policies of *CHILDREN FIRST* as contained within the Parent Handbook and agree to adhere to all policies.

### Emergency Contact Information

Child/Children's Doctor: \_\_\_\_\_ Office Number: \_\_\_\_\_

Address: \_\_\_\_\_

Child/Children's Dentist: \_\_\_\_\_ Office Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Administrative Requirements

\_\_\_\_\_ I understand the Child Care Providers in Arkansas are state mandated reporters of child abuse. I understand that *CHILDREN FIRST* staff are obligated to report any signs of child abuse.

\_\_\_\_\_ I understand that upon enrollment at *CHILDREN FIRST*, my child may be subject to interviews by licensing staff, child maltreatment investigators, and/or law enforcement officials for the purpose of determining licensing compliance or investigative purpose. I understand that my child may be interviewed without my knowledge or consent.

\_\_\_\_\_ I have been provided with a copy of the list of Kindergarten Readiness Skills, prepared by the Arkansas Department of Education.

I have read and understand this application. I certify that the facts contained in this application are true and complete to the best of my knowledge.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# CHILDREN FIRST

*A Little College for Preschool Knowledge*

*Office Use Only*

Enrollment Fee: \_\_\_\_\_

Immunization: \_\_\_\_\_

Start Date: \_\_\_\_\_

Class: \_\_\_\_\_

## Parent or Guardian Responsible for Family Account:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

## Other Parent or Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Did another *CHILDREN FIRST* family refer you?    Yes    No

If, so, please list name here: \_\_\_\_\_