

ChildCare Enrollment Form

(\$75.00 Enrollment Fee must be attached)

Please enroll my child for the following days:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday (Hours of care: _____ to _____)

Desired Start Date: ____ / ____ / ____

Child's Information (please print)

Child's Full Name _____ Preferred Name _____

Home Address _____ Home Telephone (____) _____

City _____ State _____ Zip _____
Birth Date ____/____/____ Birth Place _____ Sex M F
(mm/dd/yyyy) city/state

Family Information (please print)

Father (or Guardian)

Mother (or Guardian)

Name _____

Name _____

Employer _____

Employer _____

DL Number _____

DL Number _____

Cell Phone (____) ____ - ____

Cell Phone (____) ____ - ____

Email _____

Email _____

List Any Siblings Attending Teaching World:

Name

Class Enrolled

Name

Class Enrolled

Are there any family issues that Teaching World needs to be aware of? Y N

If Yes, please explain _____

Are there any legal restrictions on visitation, custody or guardianship that concerns your child? Y N

If yes, please explain _____

Is there any additional information you'd like to include? Y N
(Behavior concerns, secondary addresses, etc.)

How did you learn about Teaching World's Childcare Center?

Media Permission

I give permission to Teaching World to use images of my child for newspaper, internet, newsletters, etc.

Yes No Initial Here _____

Student Release Permission

Individuals (other than parents) who may take child from school or to notify in case of emergency: All listed individuals need to be prepared to show identification.

Name

Relationship to Child

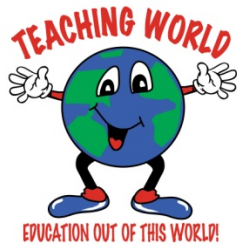
Phone Number

Child Care Enrollment and Emergency Authorization

I agree that this Waiver and Release of Liability shall apply to each day my child attends Teaching World regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while on the premises of Teaching World or participating in any off-site Teaching World program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suits or related causes of action against Teaching World, their owners, officers, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third parties for claims, suits or related causes of action asserted against Teaching World arising from my conduct and/or my family members conduct while on the premises of Teaching World program or activity. I further agree to release, indemnify, defend and hold Teaching World harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

Parent/Guardian

Date



Emergency Information & Medical Permission

Medical Information:

I (Parent's Names) _____ hereby give my permission for the prior mentioned child to receive medical and surgical treatment from a licensed physician or medical technician in the event of my absence during a medical emergency. Further, I understand that I, and not Teaching World, will be responsible for any payment of fees or costs associated with treatment rendered in such a medical emergency.

Please list TWO (2) relatives or neighbors we can call if your child is NOT well enough to remain in our care and YOU can't be reached.

Name _____ Relationship _____ Phone(s) _____

Name _____ Relationship _____ Phone(s) _____

Allergy/Medical Conditions:

Please mark any allergies and medical conditions Teaching World needs to be aware of.

Food & Drink Allergies:

- Dairy Products
- Chocolate
- Nuts
- Fruits
- Other: _____

Has your child had any of the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Mumps or Measles | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Chronic Disease |
| <input type="checkbox"/> Urinary Problems | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Medication Allergies | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Nosebleeds |

If **YES** to any of the conditions listed, please explain and include year happened. _____

Please indicate any additional illnesses or medial issues below that we need to be aware of.

Immunizations: Idaho State law requires all immunization records to be current and on file before attending school.

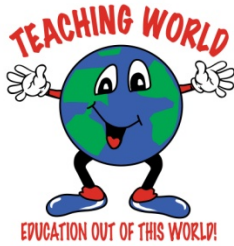
We DO NOT offer waivers for immunizations, therefore, all students enrolled at Teaching World MUST be immunized.

Medication Information:

Medication(s) Taken

- _____
- _____
- _____

_____ by initialing, I give Teaching World permission to administer the listed products according to the manufacturer's instructions or according to the attached instructions provided by the doctor, dentist, parent, or guardian.



Tuition Schedule

Discovery World & Big Kid Academy

Enrollment Fee \$75.00

Daily Rates:

6 weeks - 12 months	\$35.00
13 months - 24 months	\$28.00
25 months - 48 months	\$25.00
4 years & up	\$22.00

Half Day Rate:

25 months and up \$15.00

Hourly Care:

(TW Students, School Days Only) \$ 4.00

Late Fee: \$20.00

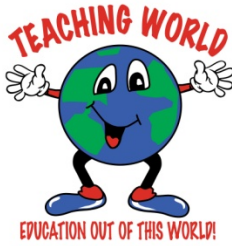
***Monthly Tuition is due on the 1st of each month.**

***Monthly Reservation Calendars are due by the 25th of each month, for the following month.**

Total tuition cost is my responsibility. *Enrollment fees are nonrefundable.* I understand that should I withdraw my child from Teaching World; any tuition I have overpaid will be refunded **ONLY AFTER A TWO-WEEK NOTICE.** Collection agencies may be used to collect unpaid fees. If a collection agency is used, I will be responsible for any costs incurred in the collection process.

Responsible Party's Name (please print) _____

Responsible Party's Signature _____ Date _____



Child Information

Please tell us a little about your child:

Social Relationships

Has the child had play experience with other children? _____

Has child been in a daycare/preschool setting? Yes No Where? _____

By nature is your child (circle one) : Friendly/ Outgoing Active/ Energetic Passive/ Quiet

Explain: _____

Eating Habits

Child feeds self? (circle one) Yes No Does he/she eat with spoon, fork or hands?

General attitude towards eating? _____

Special likes? _____

Dislikes? _____

Dietary Restrictions? _____

Toileting

Is your child still in diapers for the most part? _____

Trained at _____ months. Does he/she still have occasional accidents? _____

Is your child fully responsible for his/her own toileting? _____

If not, what assistance is needed? _____

How does your child make it known if he/she needs to go to the bathroom? _____

To what degree does your child dress him/herself? _____

Sleeping

Sleeps from _____ to _____ Afternoon nap? _____ How long: _____

What is his/her mood upon awakening? _____

What methods have been useful in helping your child fall asleep?

Behavior

Methods parents find most effective in dealing with good behavior?

Methods parents find most effective in dealing with misbehavior?
