

# 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.)

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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**

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**Child Care Enrollment and Emergency Authorization**

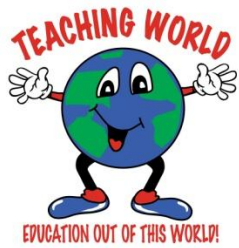
I agree that this Waiver and Release of Liability shall apply to each day my child attends Teaching World regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family 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.

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**Parent/Guardian**

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**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.

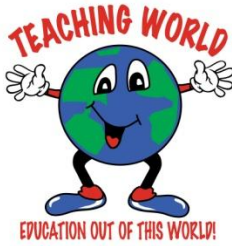
**We DO NOT offer waivers for immunizations, therefore, all students enrolled at Teaching World MUST be immunized.**

### 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.



# 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?

\_\_\_\_\_

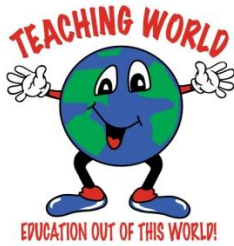
## Behavior

Methods parents find most effective in dealing with good behavior?

\_\_\_\_\_

Methods parents find most effective in dealing with misbehavior?

\_\_\_\_\_



# 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

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**\*Monthly Tuition is due on the 1<sup>st</sup> of each month.**

**\*Monthly Reservation Calendars are due by the 25<sup>th</sup> of each month, for the following month.**

**\*Cancellations must be given by 7am in order to receive a credit for that day.**

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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 \_\_\_\_\_