



CHILD CARE APPLICATION

Child's Name: _____

Please complete all forms contained in this packet and return to
Creative Kids or mail to:

Creative Kids Afterschool Clubhouse

457 East Northside Drive

Clinton, MS 39056

Phone: (601) 924-2273 (CARE)

Fax: (601) 473-2272

Owner / Director

Shauna Peacock

Office Use Only

Date Received		Registration Fee	
Application Completed		Date of Enrollment	
Immunization Form		Tuition agreement signed	
Parent Handbook signed		Date of Dismissal	
Procare		USDA Form	

Creative Kids Afterschool Clubhouse

Application must be complete and returned to Creative Kids for approval.
 Registration fee needs to be turned in with application.

Date:	Child's Birth Date:
Child's Name:	Nickname:
Home Address:	Mail Address:
City:	State: Zip:
Home Phone:	Proposed Start Date:
Father's Name:	SSN:
Place of Employment:	Occupation:
Address:	Work Phone:
Cell Phone:	Work hours:
Email Address:	
Mother's Name:	SSN:
Place of Employment:	Occupation:
Address:	Work Phone:
Cell Phone:	Work hours:
Email Address:	
Marital Status: Married Single Divorced Widowed	
List any Siblings:	
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
References	
Name of Previous Center Attended:	Director:
1.	1.
2.	2.

MEDICAL INFORMATION: I authorize Creative Kids Afterschool Clubhouse to contact the physician listed below, or any other competent physician or emergency service, if I cannot be immediately contacted should my child be injured or become ill. I hereby consent and give my permission to Creative Kids Afterschool Clubhouse, its representatives, or any attending physician, to make decisions and to provide such medical treatments upon my child, which may in their sole discretion be necessary and proper under the circumstances.

Physician:

Phone:

PARENT / GUARDIAN SIGNATURE:

I do release, acquit, discharge, and covenant to hold blameless Creative Kids Afterschool Clubhouse, its representatives, or any attending physician, from any and all actions, damages, and liabilities, arising out of treatment of any sickness or accident incurred by my child while with Creative Kids Afterschool Clubhouse. It is the intent of this release to hold blameless the center and any attending physician so that no liability whatsoever is incurred while attending to the responsible and necessary treatments, and any medical need that may in their sole discretion be needed by my child or children while with Creative Kids Afterschool Clubhouse.

PARENT / GUARDIAN SIGNATURE:

CHILD'S INFORMATION: Please list any critical information concerning your child's medical, psychological, or social needs that you feel we should be aware of. Also, list any special needs or abilities of your child. (fears, asthma, allergies to food or drugs, etc..)

I authorize Creative Kids Afterschool Clubhouse to photograph my child for advertisements, web-site, newspaper, etc..

PARENT / GUARDIAN SIGNATURE:

I authorize my child to participate in all regularly scheduled activities, playground, or field trips sponsored by Creative Kids Afterschool Clubhouse.

PARENT / GUARDIAN SIGNATURE:

I agree to the discipline policy of Creative Kids Afterschool Clubhouse and understand that misbehavior may result in my child being removed from the program.

PARENT / GUARDIAN SIGNATURE:

I understand and agree that Creative Kids Afterschool Clubhouse is a private childcare facility and has the authority and right to deny this application for any reason other than race, sex, religion, or national origin.

PARENT / GUARDIAN SIGNATURE:

AFTER SCHOOL INFORMATION

School Attending:

Teacher's Name:

I authorize Creative Kids Afterschool Clubhouse to provide transportation for my child from school to the childcare facility. I also agree to a \$15.00 courtesy call fee if I fail to notify Creative Kids that my child will not need to be picked up.

PARENT / GUARDIAN SIGNATURE:

Creative Kids Afterschool Clubhouse

I authorize the following people who can/cannot pick up my child at anytime. **Photo ID will be required from anyone who picks up children from Creative Kids Afterschool Clubhouse whom staff is not familiar with.** State regulations will not allow us to accept verbal permission or over the phone permission for anyone not authorized on this list.

CAN	CANNOT
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

PARENT / GUARDIAN SIGNATURE:

I understand and accept the information contained in the Creative Kids Afterschool Clubhouse Handbook. I also have been given a copy of the Child Care Regulation Summary from the MS Department of Health.

PARENT / GUARDIAN SIGNATURE:

EMERGENCY CARD

Child's Name:	Birth Date:
Parent's Name:	Home Phone:
Address:	City: Zip:
Mother Employment:	Work Phone:
Father Employment:	Work Phone:
Mother Cell:	Father Cell:

List any other person to be contacted in case of Emergency (must have 2 other than parents):

Name	Relationship	Number
1.		
2.		
3.		

Physician to be called in case of Emergency:

Name:		
Address:	City:	Phone:



IMMUNIZATION FORM (121 FORM)

A current 121 form from your doctor or local Health Department must be turned in with application. Health Department Regulations will not allow a child to enter a childcare facility without an updated immunization form.

CREATIVE KIDS AFTERSCHOOL CLUBHOUSE TUITION AND FEE SCHEDULE

Annual Registration	\$ 75.00
Weekly Tuition	\$ 75.00
Full Time Tuition (Summer, Holidays, Breaks)	\$145.00
Activity Fee (\$25.00 in Jan. & \$25.00 in Aug.)	\$ 50.00



TUITION AGREEMENT

~Please initial next to each item indicating you've read and agree to the terms provided~

_____ Tuition must be set up on an automatic draft using bank or credit/debit card information.

_____ Tuition is due each Monday. It can be paid weekly, biweekly or monthly, as long as it's in advance of services provided.

_____ A \$25.00 late fee, per child, will be applied to all accounts with a balance on Tuesday.

_____ Should a payment be returned for insufficient funds, a \$30.00 charge will be applied to the account. After a second insufficient funds occurrence, only cash payments will be accepted. Cash payments are due each Monday in order to return or be picked up from school on Tuesday. No exceptions.

_____ Tuition is due regardless of attendance. This includes closures for any reason.

_____ A two weeks notice is required to withdraw a child from our program. If circumstances prevent a two weeks notice from being provided, two weeks of tuition will be owed in lieu of notice.

_____ Should a child not be picked up by 6:00 p.m., a late fee of \$15.00 will be added to the account. After fifteen minutes, an additional \$2.00 per minute will be charged. Late pick up fees are due that day at time of pick up.

_____ CK A/S Clubhouse will provide a 30 day notice if there is to ever be a tuition increase.

_____ Annual registration fees are due in August of every year.

_____ \$25.00 Supply fees are due once in August and once in January for a total of \$50.00.

_____ \$75.00 annual registration fee is due at time of initial enrollment and each school year following.

Signature

Date



AUTODRAFT INFORMATION

~Please initial next to each comment indicating you've read and agree to the terms provided~

_____ CK A/S Clubhouse has permission to draft my account each week for the amount owed in tuition, as well as any outstanding balances or late fees incurred, as long as my child is enrolled in their program.

_____ CK A/S Clubhouse has permission to draft \$75.00 the first Monday in August to pay the annual registration fee.

_____ CK A/S Clubhouse has permission to draft \$25.00 the second Monday in January and the second Monday in August to pay the activity fees, as long as my child is enrolled in their program.

_____ CK A/S Clubhouse has permission to draft \$75.00 the second Monday in May to pay the Summer Camp registration fee, as long as my child is enrolled in their program.

Billing Information	
Name on the card:	
Card Number:	
Card Expiration Date:	
CVC (3 digit number on the back of the card):	
Address associated with the card:	

PLEASE ATTACH A VOIDED CHECK IN THIS SPACE

PARENT/GUARDIAN SIGNATURE

DATE



Non-Prescription Medication Consent Form

Child's Name: _____

By my signature below, I give permission for the staff at Creative Kids Afterschool Clubhouse to apply sunscreen or any other non-prescription treatment that I provide for my child.

I also give Creative Kids Afterschool Clubhouse permission to apply first aid treatment for my child in case of minor injuries.

Parent / Guardian Signature

Date



Check-In / Check-Out

Child's Name

Child's Name

Child's Name

Child's Name

PLEASE INSURE EACH PERSON WHO REGULARLY PICKS UP YOUR CHILD/CHILDREN IS LISTED BELOW.

Also, please specify with "yes" or "no" whether you want each person listed to have access to account information (account balance and payment history).

<u>Name</u>	<u>Relationship</u>	<u>Access</u>

By my signature below, I authorize the above listed individuals to check my child in or out of Creative Kids Afterschool Clubhouse, and remove him/her from the premises without any further contact or permission from administration.

Parent / Guardian Signature

Date