



Attendance Policy

The Neighborhood Early Childhood Center will be open from 7:00AM – 5:30PM, Monday through Friday. Tuition fees are payable by the first day of each week. This reserves as well as pays for your child’s special place with us. No deductions are made for illnesses or absences. If for any reason you need to withdraw your child from the center, we require a 30 day notice.

The Neighborhood Early Childhood Center will be closed for the following holidays (payment is expected for these days)

- New Years Day
- Martin Luther King Day
- Presidents Day
- Patriot’s Day
- Memorial Day
- Fourth of July
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day (& Friday)
- Christmas through New Year

The Neighborhood Early Childhood Center will also be closed for the following week each year (payment is expected for this break)

- The week of July 6st thru 10th

As Parent/Guardian, I(We) agree to:

- ✓ Inform the school in advance if our child cannot be brought or picked up at the regularly scheduled time or changes are made to the schedule.
- ✓ Inform the school if someone other than the parents will be picking up the child
- ✓ Make sure the school always has a clean change of clothing for the child
- ✓ Report any change in address or telephone number (home & work) to the school
- ✓ Inform the school with a 30 day notice prior to withdrawing child from program
- ✓ Provide diapers for the children who have not been potty trained
- ✓ Provide formula and/or lunch daily
- ✓ Permit the school to contact the physician listed on the Emergency Information form if emergency medical care is needed.
- ✓ Pay a late pick-up fee of \$1.00/minute for each child if I am more than 15 minutes late beyond the time stated on the tuition agreement.

Name of child _____

Age: _____

Date: _____

Parent/Guardian signature



Daycare Tuition Agreement

My child, _____, will be in attendance at The Neighborhood Early Childhood Center during the following days and times each week:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Signed: _____

Date: _____

Tuition is due the first school day of each week unless other arrangements have been made. No deductions are made for illness, holidays, vacations or other absences. If for any reason, you need to withdraw your child from school, 30 days' advance notice is required.

Fee Schedule:	<u>Infant</u>	<u>Toddler</u>	<u>Preschool Age</u>
Weekly:	\$225.00	\$215.00	\$200.00
Daily:	\$60.00/day	\$60.00/ Day	\$55.00/day

Parents will be given one month written notice regarding any changes to the fee schedule

Please Note: A \$75.00 non-refundable registration fee must accompany this application



Activity Permission Form

I, _____, grant permission for my
child, _____, to use all of the play equipment, the
outdoor play-space, and to participate in all of the school activities.

I, _____, grant permission for my
child, _____, to leave the school premises with the
school staff for neighborhood walks and fieldtrips.

Signed: _____

Date: _____



Photographs & Videotape

I grant permission for my child, _____

to be included in photographs and videos connected with the school.

Signed: _____

Date: _____



Emergency Information

Child's Name: _____ Birthdate: _____
Child's Address: _____

Mother/Guardian: _____ Phone: _____
Mailing Address: _____
Email: _____ Cell: _____
Employer: _____ Phone: _____
Mailing Address: _____

Father/Guardian: _____ Phone: _____
Mailing Address: _____
Email: _____ Cell: _____
Employer: _____ Phone: _____
Mailing Address: _____

Please list two additional people we can call in case of emergency:

Name: _____ Phone: _____
Mailing Address: _____
Relationship to child _____

Name: _____ Phone: _____
Mailing Address: _____
Relationship to child _____

Medical Information

Child's Physician: _____ Phone: _____
Physician's Address: _____
Child's Dentist: _____ Phone: _____
Dentist's Address: _____
Preferred Hospital: _____
Insurance Information: _____

Known Allergies: _____
Known Medical Problems: _____

Last Tetanus Shot: _____

In the event that the emergency contacts cannot be located, I give permission to the staff of The Neighborhood Early Childhood Center to seek emergency medical care for my child, _____.

Signed: _____ Date: _____



Registration

Child's Name: _____ Birthdate: _____

Child's Address: _____

Expected Start Date: _____

Mother/Guardian: _____ Phone: _____

Mailing Address: _____

Email: _____ Cell: _____

Employer: _____ Phone: _____

Mailing Address: _____

Father/Guardian: _____ Phone: _____

Mailing Address: _____

Email: _____ Cell: _____

Employer: _____ Phone: _____

Mailing Address: _____

Siblings: _____

All persons authorized to pick up your child:

Does Your Child have any allergies? (i.e. food/medications/insects)

Are there any special medical instructions in regard to the proper care of your child?

Does your child take any medications regularly? Which ones?

Does your child have prior group play experience?

Does your child have any special fears? Please explain:

How would you describe your child's personality?

What else would you like us to know about your child?
