

DISCOVERY LEARNING CENTER

START DATE _____ DISENROLL DATE _____

FILE UPDATE: _____ / _____ / _____ / _____

Child's Information:

Last Name, _____ First, _____ M _____ Date of Birth _____ Sex: M / F _____

Street Address _____ City _____ State _____ Zip Code _____ Home Telephone _____

With whom does the child live? Both Parents _____ Mother _____ Father _____ Other _____

Father/Guardian Information

Mother/Guardian Information

Last Name, _____ First _____

Last Name _____ First _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cellular Telephone _____

Home Telephone _____ Cellular Telephone _____

Place of Work _____

Place of Work _____

Work/Daytime Telephone _____

Work/Daytime Telephone _____

Email Address _____

Email Address _____

Emergency Contacts (required by the State of Virginia)

Please list two people locally who we could call on to be responsible for your child in the event of an illness, accident or emergency, if neither parent/guardian can be reached. **These individuals are also authorized to pick-up the child, if the parent is unable to be contacted:**

Name _____ Street Address _____ Relationship _____

City, _____ State _____ Zip Code _____ Daytime & Evening Telephone _____

Name _____ Street Address _____ Relationship _____

City, _____ State _____ Zip Code _____ Daytime & Evening Telephone _____

We require written permission by a parent/guardian prior to releasing any child from our facility. (**The child will be released to both parents unless appropriate legal paperwork is on file, and the custodial parent has made an alternate request in writing.*)

Infant _____ Toddler _____ Preschool _____ Jr. Kindergarten _____

FT _____ PT 3 full days _____ PT 4 full days _____ 5-1/2 days _____

SA Before & After _____ SA After _____ SA Before _____

Penn / Coles / King / Rosa Parks / McAuliffe / Enterprise

Emergency Medical Authorization

I, _____, being the natural parent or legal guardian of

(Child) _____ hereby give my permission for my child to be given emergency treatment to include first aid and/or CPR by a trained and qualified staff member of Discovery Learning Center of Local Rescue Unit.

I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child's health in the event I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment should an accident or illness require immediate medical attention.

Physician Information

Physician's Name _____ Phone _____

Clinic or Hospital Preferred: _____ Date of Last Tetanus _____

Illnesses: _____ Current Medications: _____

List any allergies and any intolerances to food/medication or substance:

Action Plan: to take in any emergency situation regarding allergies or intolerances:

**Does the child have any chronic illness, physical problems, health concerns or development issues?
If yes, please describe any accommodation needed.**

Medical Insurance Information

Insurance Carrier _____ Subscriber's Name _____

Subscriber's ID Number _____ Group ID Number _____

Photo Release

I GIVE my permission for DLC to take photos of my child for use on social media/website. _____ (sign)

I DO NOT give permission for DLC to take photos of my child _____ (sign)

Office Use Only:

Child's Proof of Identity

Document used for verification _____

Document Number: _____ Date Issued: _____

Place of Birth _____ Date of Birth: _____

Verification Signature _____ Date _____

Discovery Learning Center Personal Record: to increase our understanding of your child's personality and life experience, please take a few moments to share the following information with us.

Has your child had any previous experience in a group care setting? NO _____ YES _____ if yes please describe

Please describe your child in the following:

Relating/interacting with other adults: _____

Relating/interacting with other children: _____

Separation from parents: _____

Eating/Sleeping/Dressing: _____

Times that your child finds stressful or difficult: _____

Personality: _____

Enrollment Authorizations

Participation Permission

I hereby grant permission for my child to participate in any and all of the child care activities and to use any of the play equipment to include all indoor and outdoor toys, swings, slides, blocks, scissors, climbing structures etc.

Authorization to treat Minor Injuries or Accidents

I hereby authorize Discovery Learning Center faculty to administer medical treatment and or first-aid for any minor injury or accident while my child is in their care.

Illness Notification & Pick-Up

I understand that my child cannot attend Discovery Learning Center when ill. I authorize the center to contact me in the event my child becomes ill while in attendance. I agree to pick-up my child or make arrangements for an authorized individual to pick up my child within 1 hour of receiving notification.

Communicable Disease

I understand that I must notify Discovery Learning Center in the event that a communicable disease occurs within my immediate family. For example Ringworm, Streptococcus, Scabies, Chicken Pox and Lice could be hazardous to our child care population.

Private care Exclusion

In the event that you privately contract for child care services, transportation, or assistance with any Discovery Learning Center employee, Discovery Learning Center will neither be held responsible nor liable for any accidents, injuries, or other incidents arising there from. I agree to hold harmless Discovery Learning Center from any and all legal action arising for any independent child care or other arrangement with Discovery Learning Center employees.

Child Protective Services Authorization

In the event that Discovery Learning Center has reason to suspect the occurrence of physical, sexual or emotional abuse, neglect, or exploitation of a child. Discovery Learning Center will, as required by the Code of Virginia (63.1248.3) report the incident immediately to Child Protective Services.

Emergency Care Authorization

I give permission for emergency care decisions to be made by the Discovery Learning Center staff regarding my child in the event of an emergency that impedes regular center operations.

Vacation

After a child has been continually enrolled for a period of six months, the child is eligible for a one week vacation credit each year that they remain continuously enrolled. In order to claim the vacation credit, families must submit written notice two weeks prior to the beginning dates of the vacation.

I have read, understand and agree to the above authorizations.

Parents/Guardian Signature _____ Date _____

Enrollment Agreement

Discovery Learning Center is open 6:00am—6:30pm Monday through Friday year round. We are closed for the following holidays: Veteran’s Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year’s Day, Memorial Day and Independence Day. In consideration of our faculty, Discovery Learning Center will close each year at 3:00pm on the following days: Christmas Eve & New Years Eve. Discovery Learning Center will also close for inclement weather when the Federal Government and or Prince William County Government closes. Please listen to local radio and television for closings. We will contact you if the severity of the weather dictates an early closing.

Tuition

Tuition is charged for the week your child is attending. Tuition is based on your enrollment at DLC not based on your child’s attendance. **PLEASE INITIAL _____**. Tuition is due each week on Monday. If tuition is not received before the close of business on Wednesday, a late fee of \$35.00 will be assessed. Children maybe be denied access to the center if payments are overdue. Payments should be made by cash, check, charge, money order or cahiers check. In the event of teacher work days or snow days, (any days that the public school is closed) there will be a \$10.00 per day fee.

Returned Checks

Discovery Learning Center charges \$35.00 for each returned check. Parents are expected to replace returned checks with 2 day s of notification by their bank or Discovery Learning Center. Discovery Learning Center will require payment be guaranteed funds in the event 2 checks are returned within a calendar year.

Registration Fee

Discovery Learning Center charges an initial fee of \$30.00 for the family. An annual registration fee is due by September 30th each year. Additionally, a \$30.00 registration fee is due for summer camp participants.

Multi-Child Discount

Discovery Learning Center offers a 10% tuition discount for the second child, a 5% tuition discount for the third child, taken off the lowest tuitions.

Late Pick Up

Discovery Learning Center closes each day at 6:30pm, except for Christmas & New Years Eve when the center closes at 3:00pm. Late pick-up fees of \$1.00 per minute will be incurred whenever pick-up is made after closing. Incurred late fees are immediately due. If no one listed on the child’s enrollment forms responds to our telephone calls, the local police and or Department of Social Services will be notified exactly one hour after closing.

Disenrollment

Discovery Learning Center reserves the right to dis-enroll for non-payment, failure to follow policies, and in the event of behavior issues.

Withdrawal from the center

Parents are required to give two weeks written notice of their intention to withdraw their child from the center. Without such written notice, parents are liable to pay the center for two weeks tuition, late fees, collection fees and reasonable attorney fees.

I have read, understand and agree to all of the agreements and authorizations listed above, and I am fully able to grant these authorizations/agreements, as the parent or legal guardian, of the child listed previously in this forms. I do voluntarily make these authorizations and agreements as listed above with Discovery Learning center.

Parent/Guardian Signature	Date	Tuition Rate
---------------------------	------	--------------

Director’s Signature	Date	
----------------------	------	--