

Tuition / Payment Information – Financial Agreement:

Child Name: _____
Child's Schedule (Circle Days): Mon. Tues. Wed. Thurs. Fri. Type of Attendance (please circle): Full Day (more than 5 hours per day) Part Day (less than 5 hours per day)

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Annual Registration Fee: (please initial indicating that you have read and agree to terms)
_____ A (non-refundable) fee of \$100.00 is due upon your child's initial registration and each subsequent year on the anniversary date of your child's enrollment. If tuition is not paid on the first day of the week, the child will not be allowed to return until payment is made.

Late Pick-Up Fees: (please initial indicating that you have read and agree to terms)
_____ There will be a \$5.00 fee added (per child) for the first minute and \$1.00 per minute for every additional minute if pick-up takes place after closing. This fee is non-negotiable and is the responsibility of all parents.

Payment Schedule: (please initial indicating that you have read and agree to terms)
_____ Based on the above contract I agree to pay \$_____ on the first day of my child's week, each week. Tuition is due on the 1st day of the child's week. A late fee of \$25.00 will be assessed if tuition is not paid by the morning of the 3rd day of the child's week. Tuition delinquent more than 4 days will result in an automatic withdrawal.

Method of Payment: I choose the following method of payment (please initial beside choice)
*****PERSONAL CHECKS ARE NOT ACCEPTED*****

- _____ Cash Payment/Money Order/Cashier's Check
_____ Online Payment/Automatic Withdrawal: Watch Me Grow's preferred method of payment is with Tuition Express. Please see a member of management to sign up for this payment method.
_____ Credit/Debit Payment: I agree to pay my account balance by credit/debit transaction on or before the first day of my child's week. I further understand that there will be an additional fee of \$10.00 added to my account for each credit/debit transaction.

Change in Schedule: (please initial indicating that you have read and agree to terms)
_____ Tuition is set by the contract that is signed upon enrolling the child in the program. The contracts may be adjusted from time to time as needed with a two week notice of intent to change services. Schedule changes will be at the discretion of management based on space availability. If my child attends other than the above contracted schedule, additional charges will be added to my child's account.

Vacations, Absence and Holiday's: (please initial indicating that you have read and agree to terms)
_____ Vacations and Absences will be charged at the scheduled number of days the child is enrolled per week. All days reserved are paid whether the child attends or does not attend. Children are eligible for one week of vacation the first year following 6 months of continuous enrollment. A week is defined as the scheduled number of days the child is enrolled. After one year of continuous enrollment and the annual registration fee is paid, the child is allowed an additional vacation week (2 vacation weeks per enrollment year). Vacation days may not be carried over to the next enrollment year. A 2-week written notice is required prior to the vacation week being taken.

_____ WMG observes New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve Day and Christmas Day. If holiday falls on Saturday, the holiday is observed on the previous Friday. If holiday falls on Sunday, the holiday is observed on the following Monday. All holidays will be charged at the regular rate. No fee adjustment is made for designated holidays.

Withdrawal: (please initial indicating that you have read and agree to terms)
_____ A 2-week notice is required for withdrawal. Tuition must be paid during this 2 week withdrawal period whether or not the child attends. If tuition is delinquent and the child is not allowed to return, the parent and/or guardian will still be charged the delinquent balance in addition to 2 the week tuition, as is required to withdraw.

_____ We are not responsible for lost or damaged personal items.

I agree to pay all attorney and collection costs incurred by Watch Me Grow, if I should default on the terms and conditions of this Financial Agreement. I have read this Financial Agreement, I agree to the terms stated above.

Parent's Signature: _____ Date: _____

Thank You!

Emergency Contacts & Authorized Pickup Persons: (You must list a minimum of 2)

1st Contact/Pick Up Name: _____ Address: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Address: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Address: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Address: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Not able to pick up the following children: _____

5th Contact/Pick Up Name: _____ Address: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Not able to pick up the following children: _____

6th Contact/Pick Up Name: _____ Address: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Not able to pick up the following children: _____

7th Contact/Pick Up Name: _____ Address: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Not able to pick up the following children: _____

8th Contact/Pick Up Name: _____ Address: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Not able to pick up the following children: _____

Child Care Licensing - (Las Vegas Child Care Licensing Office – 4180 S. Pecos, Suite 150 – Las Vegas, NV 89121 – 702-486-3822)

Parent/Guardian Notification of NRS.178 Child Care Facility required to maintain certain information; reporting of information to parents and guardians; notice of right to information:

I, _____, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

Signature of Parent/Guardian: _____ Date: _____

Permission to Release Information

I understand that the time my child(ren) is in care at this facility the staff may be asked for information regarding my child I hereby (circle one) **GIVE / DO NOT GIVE** permission to release information to official persons only from schools, health care personnel, welfare or other governmental officials.

I realize that the bureau of Services for Child Care Licensing has access to my child's record as the licensing agent.

Signature of Parent/Guardian: _____ Date: _____

Chemical Air Fresheners and Pesticides

Please be advised that Watch Me Grow uses a professional pesticide service monthly. Additionally, the facility may use chemical air fresheners during the hours of operation.

Parent/Guardian Signature: _____ Date: _____

Child Information - Continued

4th Child First Name: M.I. Last Name: Child's Address: Gender: [] Male [] Female Date of Birth: List any existing medical conditions, medication and/or special attention your child may require? Allergies:

Consent for Medical Treatment:

Pediatrician's Name: Phone: () In an emergency Watch Me Grow staff member (s) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. [] Yes [] No In an emergency, my child may receive first aid [] Yes [] No In an emergency Watch Me Grow has my permission to contact my Pediatrician and if necessary give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. [] Yes [] No Parent Signature: Date:

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No May we use your child's photo for the Watch Me Grow website and other marketing materials? [] Yes [] No

Permission To Transport

I understand that during the year my child may take part in Field Trips and Educational Excursions, either by van or foot. I further understand that my child will be chaperoned by a responsible adult at all times while away from the facility.

I give my child permission to take part in Field Trips with Watch Me Grow [] Yes [] No I give my child permission to be transported to and from school by Watch Me Grow [] Yes [] No I give my child permission to be transported in case of an Emergency Evacuation [] Yes [] No

Should any accident occur while my child is away from the facility on the aforementioned trip(s). I shall not hold the child's caretaker, members of Watch Me Grow, its employees, or any participating adult responsible.

Parent/Guardian Signature: Date:

Naptime: I authorize my child to sleep on a cot/mat for naptime while enrolled at Watch Me Grow (applies to children ages 12 months to 5 years)

Parent/Guardian Signature: Date:

5th Child First Name: M.I. Last Name: Child's Address: Gender: [] Male [] Female Date of Birth: List any existing medical conditions, medication and/or special attention your child may require? Allergies:

Consent for Medical Treatment:

Pediatrician's Name: Phone: () In an emergency Watch Me Grow staff member (s) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. [] Yes [] No In an emergency, my child may receive first aid [] Yes [] No In an emergency Watch Me Grow has my permission to contact my Pediatrician and if necessary give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. [] Yes [] No Parent Signature: Date:

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No May we use your child's photo for the Watch Me Grow website and other marketing materials? [] Yes [] No

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Parent/Guardian Signature: Date:

Naptime: I authorize my child to sleep on a cot/mat for naptime while enrolled at Watch Me Grow (applies to children ages 12 months to 5 years)

Parent/Guardian Signature: Date:

WATCH ME GROW FAMILY REGISTRATION FORM

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____
Child's Address: _____ Gender: Male Female Date of Birth: _____
List any existing medical conditions, medication and/or special attention your child may require? _____
Allergies: _____

Consent for Medical Treatment:

Pediatrician's Name: _____ Phone: () _____
In an emergency Watch Me Grow staff member (s) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. Yes No
In an emergency, my child may receive first aid Yes No
In an emergency Watch Me Grow has my permission to contact my Pediatrician and if necessary give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. Yes No

Parent Signature: _____ Date: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No
May we use your child's photo for the Watch Me Grow website and other marketing materials? Yes No

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I give my child permission to be transported to and from school by Watch Me Grow Yes No
I give my child permission to be transported in case of an Emergency Evacuation Yes No

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Parent/Guardian Signature: _____ Date: _____

Naptime: I authorize my child to sleep on a cot/mat for naptime while enrolled at Watch Me Grow (applies to children ages 12 months to 5 years)

Parent/Guardian Signature: _____ Date: _____

3rd Child First Name: _____ M.I. _____ Last Name: _____
Child's Address: _____ Gender: Male Female Date of Birth: _____
List any existing medical conditions, medication and/or special attention your child may require? _____
Allergies: _____

Consent for Medical Treatment:

Pediatrician's Name: _____ Phone: () _____
In an emergency Watch Me Grow staff member (s) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. Yes No
In an emergency, my child may receive first aid Yes No
In an emergency Watch Me Grow has my permission to contact my Pediatrician and if necessary give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. Yes No

Parent Signature: _____ Date: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No
May we use your child's photo for the Watch Me Grow website and other marketing materials? Yes No

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Parent/Guardian Signature: _____ Date: _____

Naptime: I authorize my child to sleep on a cot/mat for naptime while enrolled at Watch Me Grow (applies to children ages 12 months to 5 years)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____ Date of Birth: _____
Address (please include city, state and zip code): _____
Cell Phone: () _____ Cell Phone Company: _____ (to reach parent by text message)
Home Phone: () _____ Office Phone: () _____
Occupation: _____ Employed By: _____
Work Address: _____ Work Hours: _____
[] Custodial Parent (If married, mark both parents) Mother's SS#: _____
Email: _____ Driver's License #: _____
Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____
Marital Status:[] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____ Date of Birth: _____
Address (please include city, state and zip code): _____
Cell Phone: () _____ Cell Phone Company: _____ (to reach parent by text message)
Home Phone: () _____ Office Phone: () _____
Occupation: _____ Employed By: _____
Work Address: _____ Work Hours: _____
[] Custodial Parent (If married, mark both parents) Father's SS#: _____
Email: _____ Driver's License #: _____
Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____
Marital Status:[] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____
Child's Address: _____ Gender: [] Male [] Female Date of Birth: _____
List any existing medical conditions, medication and/or special attention your child may require? _____
Allergies: _____

Consent for Medical Treatment:

Pediatrician's Name: _____ Phone: () _____
In an emergency Watch Me Grow staff member (s) has my permission to call an ambulance or to take my child to any available physician or hospital at my expense. [] Yes [] No
In an emergency, my child may receive first aid [] Yes [] No
In an emergency Watch Me Grow has my permission to contact my Pediatrician and if necessary give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense. [] Yes [] No

Parent Signature: _____ Date: _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No
May we use your child's photo for the Watch Me Grow website and other marketing materials? [] Yes [] No

Permission To Transport

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I give my child permission to be transported to and from school by Watch Me Grow [] Yes [] No
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Parent/Guardian Signature: _____ Date: _____