



Date: _____

Starting Date: _____

Part I. Child's Information

Name: _____ Gender: _____

School Attending: _____ Grade Level Entering: _____

Date of Birth: _____ Age: _____

Part II. Parent/Guardian Information

Parent/Guardian 1: _____ Relation to child: _____

Home Address: _____

Employer: _____ Work Address: _____

Preferred Email Address: _____

Home #: _____ Work #: _____ Cell #: _____

Parent/Guardian 2: _____ Relation to child: _____

Home Address: _____

Employer: _____ Work Address: _____

Preferred Email Address: _____

Home #: _____ Work #: _____ Cell #: _____

Part III. Emergency Contact Information- *must be an individual **other** than parent an local*

Name: _____ Relation: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Part VI. Authorized Pick- Up People-- *must have **photo ID** present during pick up*

A. Name: _____ Relation: _____

Address: _____

Home #: _____ Work #: _____ Cell # _____

B. Name: _____ Relation: _____

Address: _____

Home #: _____ Work #: _____ Cell# _____

C. Name: _____ Relation: _____

Address: _____

Home #: _____ Work #: _____ Cell# _____

Part IV. Schedule and Tuition Agreement - Read Parent Handbook for schedule definitions

Circle Schedule Needed:

- I. Full Time or Part Time**
 - AM
M T W Th F
 - PM
M T W Th F
 - AM & PM
M T W Th F

II. Flexible: Choose either AM or PM and indicate the number of day's child will be attending. Please refer to pg 8 in your parent handbook regarding rates.

- AM - Number of Days _____
- PM - Number of Days _____
- AM and PM – Number of Days _____

III. Varied: Choose either AM, PM, or AM/PM

- AM (\$14.00 per day)
- PM (\$14.00 per day)
- AM/PM (\$17.00 per day)

Part V. Payment Option - Choose either monthly or weekly payment option

- Monthly *(AM or PM = \$10.60/day/child) *(AM and PM = \$13.60/day/child)
- Weekly *(AM or PM = \$11.00/day/child) *(AM and PM = \$14.00/day/child)

Part VI. Funded Families

- Child Care Network Co-Pay: \$_____

Part VII. Medical Information

Physician: _____ Phone: _____

Physician Address: _____

Health Insurance Carrier: _____ Policy #: _____

Special Health Information (allergies, special needs, diet)

Part VIII. Parental Consent

Consent granted by parent for: Emergency medical care, minor first aid procedures, and walking trips. I have read and do understand the ChildTime S.A.C. Parent Handbook. I have read and completed all of the above application, and by signing, do acknowledge my understanding of above application and do give my consent. The responsibility for all fees is mine.

Parent Signature: _____ **Date:** _____

ChildTime SAC Signature: _____ **Date:** _____

Please direct questions to:

- Mandy Kirby, Head of Registration @ 717 - 243 - 8315

Applications may be:

- Mailed or dropped off to: 401 E. Louthier Street, Suite 217, Carlisle, PA 17013
- To hold your child's place, first week's tuition must be submitted with the Enrollment Application.
- Any Enrollment Application received after **07/02/09** will be subject to a **\$50.00 late registration fee.**
- No Enrollment Applications will be accepted after **08/14/09.**
- Incomplete Enrollment Applications will not be processed.

Office Use Only: Heath Appraisal

- Current
- Out Dated
- Not Submitted