



ChildTime SAC Child Enrollment Application 2011 - 2012



Date: _____ Starting Date: _____

Part I. Child's Information

Name: _____ Gender: _____

School Attending: _____ Grade Entering Level: _____

Date of Birth: _____ Age: _____

Part II. Parent/Guardian Information

Parent/Guardian 1: _____ Relation to child: _____

Home Address: _____

Home Email address: _____

Employer: _____ Address: _____

Primary Email address: _____

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

Parent/Guardian 2: _____ Relation to child: _____

Home Address: _____

Home Email address: _____

Employer: _____ Address: _____

Primary Email address: _____

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

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

Name: _____ Relation: _____

Address: _____

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

Part IV. 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 V. Payment Option: Full Time and Part Time Only

Monthly *(AM or PM = \$11.00/day/child) *(AM & PM = \$14.00/day/child)

Weekly *(AM or PM = \$11.40/day/child) *(AM & PM = \$14.40/day/child)

(Choose payment option by writhing either monthly or weekly on the line)

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

Choose **one** of the following schedules:

I. **Full time:** (specify schedule by putting yes in the blank)

AM only _____

PM only _____

Both AM & PM _____

II. **Part time:** (specify schedule by putting m (for Monday); t (For Tuesday); w (for Wednesday); th (for Thursday); f (for Friday)

AM only _____

PM only _____

Both AM & PM _____

III. **Flexible (Minimum of 2 days per week): Charges are \$11.40 per AM or PM or \$14.40 per AM and PM** (put number of days child will be attending, example: AM only 3 days)

AM only _____

PM only _____

Both AM & PM _____

IV. **Varied: Charges are AM - \$16.00 per day; PM - \$16.00 per day; Both AM & PM - \$19.00 per day.** (Specify time desired by putting yes on the appropriate line)

AM only PM only Both AM & PM

Part VII. Funded Families

Child Care Network Co-Pay: _____

Part VIII. Medical Information

Physician: _____ Phone: _____

Physician Address: _____

Health Insurance Carrier: _____ Policy #: _____

Individualized Education Plan (IEP) yes no

Special Health Information (allergies, special needs, diet)

I give consent for CTSAC to use my child's picture for use of company advertising yes no

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:

- Jessica Rohm, Executive Director @ 717 - 243 - 8315
- Email: CTSACregistration@comcast.net

Applications may be:

- Mailed or dropped off to: 401 E. Louther Street, Suite 217, Carlisle, PA 17013
- To hold your child's place, first week's tuition must be submitted with the Enrollment Application.
- Incomplete Enrollment Applications will not be processed.

Office Use Only: Heath Appraisal --- _____
Health Appraisals must be submitted within sixty (60) days of enrollment. Please note, if your Health Appraisal is not submitted, you risk losing child care.