

Student Application Checklist

Please note the application is **TWO** pages. Please use this checklist as a guide to ensure your child's application is properly completed.

- ✓ **Application deadline:** All applications received **after July 1, 2011** will be charged at **\$50.00 late registration fee.**
- ✓ Date of application and start date
- ✓ Every name entered **must** be accompanied by an **address** and **phone number**
- ✓ An emergency contact person must be named. **This person must:**
 - 1) Be someone other than the parent of the child
 - 2) Be a **local person** who may possibly know the whereabouts of either parent should they need to be contacted (i.e. boss, co-worker, neighbor)
- ✓ Those listed under **Pick-Up Persons** are the only individuals who will be permitted to pick up the child, other than the parent/guardian(s). The designated pick - up persons **must have photo identification** with them when picking up the child. Parents/Guardians are requested to inform CT staff if there is a change in normal pick up scheduling.
- ✓ Parents must choose a schedule option from the following:
 - 1) **Full Time AM-** The child attends Monday –Friday during the AM Program. Tuition does not vary (Monthly Payment Option Available)
 - 2) **Full Time PM-** The child attend Monday – Friday during the PM Program. Tuition does not vary (Monthly Payment Option Available)
 - 3) **Full Time AM& PM-** The child attend Monday – Friday during both AM and PM Programs. Tuition does not vary (Monthly Payment Option Available)
 - 4) **Part Time-** The child attends the same days every week. Tuition does not vary unless the child attends extra time (Monthly Payment Option Available).
 - 5) **Flexible-** The child attends the same amount of days each week but not necessarily on the same days. Tuition does not vary unless the child attends extra time.
 - 6) **Varied-** The child attends on an "as needed" basis. Parents pay only when the child attends. All varied attendance is arranged in advance through the office by the parent. The cost is higher for this option. Charges are listed in the Parent Handbook on page 8.
- ✓ Please be sure to indicate **ALL** (indoor/outdoor, food) allergies, special diets, and/or special needs, and anything else that is necessary in order to ensure your child's needs are met.
- ✓ Please indicate if your child has an Individualized Education Plan (IEP), so we can accommodate any needs. Please submit a copy of your child's IEP with their application.
- ✓ Please indicate if ChildTime SAC, LLC may use your child's photographs for use of company advertising. This does include use on our website.
- ✓ Please completely fill out the health insurance information:
 - Physician's Name
 - Physician's Address
 - Health Insurance **and** Policy Number
- ✓ The completed application may be dropped off or mailed to the CT office: **401 E. Louth Street, Suite 217, Carlisle, PA 17013**
- ✓ **!!!** The parent/guardian must **enclose the first week's payment** along with the **completed application**. Please contact Jessica Rohm at (717) 243 – 8315 with questions. (*Please view application for mailing address/drop off procedures*).
- ✓ A confirmation letter will be mailed to the Parent/Guardian I prior to the child's admission into the program.

ANY INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED