



## Full Day Child Care Registration Form

**Please Print Clearly:**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_M \_\_\_F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 Name \_\_\_\_\_

Phone Number (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

(W) (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

Parent #2 Name \_\_\_\_\_

Phone Number (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

(W) (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

**Emergency Contacts & Pick-Up Authorization**

In addition to the parent(s) who have signed below, the following person(s) are authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child.

Emergency Contact #1 Name \_\_\_\_\_

Phone Number (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_

Phone Number (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Full Day Care Infant**

8:00am-5:00pm

5 days per week \$330.00 per week  
 3 days per week \$255.00 per week  
 2 days per week \$190.00 per week

**Full Day Care Toddler**

8:00am-5:00pm

5 days per week \$310.00 per week  
 3 days per week \$235.00 per week  
 2 days per week \$160.00 per week

**Full Day Care Preschool**

8:00am-5:00pm

5 days per week \$270.00 per week  
 3 days per week \$200.00 per week  
 2 days per week \$145.00 per week

**Full Day Care Pre-K**

8:00am-5:00pm

5 days per week \$260.00 per week  
 3 days per week \$190.00 per week  
 2 days per week \$140.00 per week

**Full Day Care Kindergarten**

8:00am-5:00pm

5 days per week \$240.00 per week  
 3 days per week \$170.00 per week  
 2 days per week \$115.00 per week

**(FEES EFFECTIVE AS OF 6/21/2020)**

Please Check Appropriate Program:

- Infant                       Preschool  
 Toddler                       Pre-K

If Part-Time, Please Check Appropriate Days

- 2 days (Tuesday/Thursday)  
 3 days (Monday/Wednesday/Friday)

**Parents are required to keep this information current by contacting Edgar Early Learning Center with any changes.**

**FEES**

- Fees are paid by check or credit card to **Edgar Early Learning Center** by the Monday of the week prior (i.e. week of July 13th payment will be due by July 6th). Credit card draft is available. Cards are drafted on the Monday of the week prior. Please contact the office to set up automatic credit card draft.
- Payments made after the Monday of the week prior may be subject to a \$20.00 late fee.
- A 10% sibling discount will be applied to the combined payment of siblings enrolled in only full time programs.
- I understand that **no** fee allowances are made for occasional absences, vacations, or emergency closings. Your weekly tuition fee is based on a yearly tuition rate that takes into consideration all closure days.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**EZ PAY (optional)**

As the parent of \_\_\_\_\_, I authorize you to charge my credit card whenever tuition is due. \_\_\_\_\_ (Initial)



## Preschool Permission & Informed Consent Agreement

### PERMISSION/AUTHORIZATION (please initial where indicated)

As the parent/guardian of \_\_\_\_\_, I give permission for my child to participate in Y programs, including any trips taken during the day. I understand that transportation will be provided by school bus. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities. \_\_\_\_\_

I hereby permit, consent and authorize photographs and/or videos made of my child while at the Y as an individual or part of a group, with or without text in YMCA publications. \_\_\_\_\_

Prescription medication will be given to my child by the staff at specific times. I understand that I must sign a statement at each illness, giving the center's specific instructions and permission. \_\_\_\_\_

An accident or sudden illness to my child will be treated on the premises of the Y by the staff with emergency first aid procedures. I understand that I will be notified immediately, and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from the Y to a designated place determined by me. \_\_\_\_\_

Emergency treatment for my child will be obtained in my absence by YMCA staff and its agents or whatever kind is deemed necessary and in his/her interest to protect the life, health and well-being of said son/daughter. I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. Transportation by any necessary means to obtain such medical care or assistance for my child, as circumstances may require at the discretion of the YMCA staff, its employees or agents, is hereby authorized. \_\_\_\_\_

I understand that the YMCA shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given wherever possible. \_\_\_\_\_

I have read the registration agreement above and agree to abide by said policies. \_\_\_\_\_

I have read and received the center's expulsion policy. \_\_\_\_\_

I have read and received the center's Information To Parents Document. \_\_\_\_\_

### HEALTH HISTORY:

Allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_

Allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_

Dietary modifications \_\_\_\_\_

Disabilities \_\_\_\_\_

Chronic/recurring illnesses \_\_\_\_\_

Current medications \_\_\_\_\_

Activity limitations \_\_\_\_\_

Any other known physical or mental conditions \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address of physician \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

This Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. \_\_\_\_\_ *initial*

**PLEASE SUBMIT A  
 CURRENT COPY OF  
 YOUR CHILD'S RECORD  
 OF IMMUNIZATION.**

### PLEASE HAVE CHILD'S DOCTOR FILL OUT THE UNIVERSAL CHILD HEALTH FORM

**Emergency Authorization:** I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for me/my child as named above. This form may be photocopied.

Signature of Parent/Guardian

Date

