

REGISTRATION FORM



Important: Please Fill Out Form Completely. Make copies for each additional child.

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Child's Name: _____ Birth Date: ____ / ____ / ____

Nickname: _____ Age: _____ Sex: M F

Address: _____ City: _____ State/Zip: _____

Home Phone: (____) _____ Parent / Legal Guardian Cell Phone: (____) _____

Parent/Guardian Email Address(s): _____ (for SchoolHouse Children's Center/Afterschool Club news alerts only)

CHILDCARE DAYS NEEDED:

| (check below) | Drop Off Time | Pick-up Time |
|------------------------------------|---------------|--------------|
| <input type="checkbox"/> Monday | _____ | _____ |
| <input type="checkbox"/> Tuesday | _____ | _____ |
| <input type="checkbox"/> Wednesday | _____ | _____ |
| <input type="checkbox"/> Thursday | _____ | _____ |
| <input type="checkbox"/> Friday | _____ | _____ |

PRESCHOOL CLASSES ONLY: 2-day min. per week.

| (check below) | Fall Semester | Winter Semester | Spring Semester |
|--|---------------|-----------------|-----------------|
| <input type="checkbox"/> Mon. 9-11:00 am | _____ | _____ | _____ |
| <input type="checkbox"/> Tues. 9-11:00 am | _____ | _____ | _____ |
| <input type="checkbox"/> Wed. 9-11:00 am | _____ | _____ | _____ |
| <input type="checkbox"/> Thurs. 9-11:00 am | _____ | _____ | _____ |
| <input type="checkbox"/> Fri. 9-11:00 am | _____ | _____ | _____ |

AGREEMENT POLICY:

Registration Form will not be processed without Parent/Legal Guardian signature below.

I agree to the policies and procedures set forth in the Parent Policy Handbook and Addendum (for DCFS Licensed Facilities). SchoolHouse Children's Center also has my permission to take my child on field trips, which may include buses and company or personal vehicles (infants/toddlers will only take walking/stroller rides in the neighborhood). I will be notified in advance when any field trips are to take place. SchoolHouse has my permission to use any photographs of my child taken during the program or during any activity the program sponsors for the purpose of display or publicity.

EMERGENCY TREATMENT: SchoolHouse Children's Center has my permission to administer emergency treatments to my child. This may include, but is not limited to: emergency first aid, local rescue squad or local hospital/trauma center.

AGREEMENT: I understand this Registration Form is a contract for child care for specific days and weeks and that I am liable for the cost regardless of whether or not the child attends. I agree to pay SchoolHouse Children's Center my weekly tuition in advance. I understand that there is no credit given for absences, vacations or holidays. Further, I am responsible for payment of all days and weeks I have indicated or added. One (1) week's advance notice is required in writing to change my child's permanent schedule or withdrawal from the program. I understand that I am liable for these changes if one week's notice is not given for any permanent change in scheduled attendance or withdrawal from the program.

PAYMENT: Payments are due no later than the first day of attendance for the payment period. I, the registrant (participant's parent or legal guardian) agree to make payments to SchoolHouse Children's Center no later than the due date or pay an additional ten dollars (\$10.00) per late payment. Returned checks or declined credit card payments will incur an additional twenty-nine (\$29.00) fee, plus the late fee if payment is not received in full by the due date. I understand and agree to be responsible for all costs incurred with collecting debts more than 30 days past due, including but not limited to, court costs, interest, filing fees, attorney's fees and costs. Additionally, a one and one-half percents (1.5%) interest charge per month or ten dollar fee (\$10.00) per week, whichever is greater, will apply to all accounts more than 30 days past due. Payment is due the first day my child attends each week. I understand that if I fall one (1) week behind in tuition payments, my child may not be allowed to attend SchoolHouse Children's Center. I also understand that for my child to return to the program, I will be required to pay the outstanding balance plus one week's tuition in advance.

Legal Guardian's Signature: _____ Date: _____

I have read and agree to all policies. No changes to the Agreement Policy are allowed.