



APPLICATION FOR FALL 2018– 2019

(All information must be provided for this application to be considered)

Please Print:

Child Information: Date of Entry: _____ Re-Registration: Y/N
 Password _____

Child's Last Name: _____ Child's First
 Name: _____ M.I. _____
 Social Security #: _____ Date of
 Birth: _____ Gender: __ F/M __

PARENTS INFORMATION

Please Print: (Last name, first, middle initial)

Mother's Name:	_____	Father's Name:	_____
Address:	_____	Address:	_____
City/State/Zip Code:	_____	City/State/Zip Code:	_____
Home Phone:	_____	Home Phone:	_____
Cell Phone:	_____	Cell Phone:	_____
Work Phone:	_____	Work Phone:	_____
Mother's Occupation:	_____	Father's Occupation:	_____
E-mail:	_____	E-mail:	_____
Current Employer:	_____	Current Employer:	_____
Social Security:	_____	Social Security:	_____

**Is either parent forbidden by court from having equal access to the student or student's record?
Yes/No**

If yes, please state the name: _____.



EMERGENCY CONTACT

Contact Name _____ Address _____ Phone _____

Contact Name _____ Address _____ Phone _____

Previous Child Care Information (Please include family day care, preschools, etc.)

Has your child had previous child care? No _____ Yes _____

Name of Facility: _____ Phone _____

No.: _____

Name of Primary Caregiver _____

Dates Attended: From ___/___/___ To ___/___/___

Reason for withdrawal: _____



Please Help Us Learn About Your Child:

Does your child have special needs? No _____ Yes _____

If yes, please

explain: _____

Please tell us about your child's strengths/

likes: _____

Please tell us about your child's

dislikes: _____

Is your child suffering from any known disease? (For example: heart problem, asthma etc.) **Yes/No**

If yes please specify:

Is your child allergic to any type of foods or juices? **Yes/No**

If yes please specify:

Number of Siblings: _____

Ages: _____



PERSONS PERMITTED TO REMOVE CHILD FROM CAMPUS:

NAME _____ PHONE _____
RELATIONSHIP _____

NAME _____ PHONE _____
RELATIONSHIP _____

NAME _____ PHONE _____
RELATIONSHIP _____

NAME _____ PHONE _____
RELATIONSHIP _____

***NOTE: YOUR CHILD WILL NOT BE RELEASED WITHOUT PROPER IDENTIFICATION OF AUTHORIZED PERSON.**

Parent(s) Acknowledgment:

Signature: _____ Date ____/____/____
Parent/Guardian Signature



ENROLLMENT AGREEMENT

(Please read carefully before signing!)

20__ - 20__ ACADEMIC YEAR

We/I hereby request that our/my child be enrolled at the Dalton Learning Center (DLC) for the current academic year. It is understood that my child/children will be enrolled for the entire academic year and DLC has an obligation in regard to the number of faculty, size of faculty, amount of supplies and requirements and is reliant upon such enrollment.

No refund or reduction of any charges will be made due to withdrawal or absence or illness. Parents are responsible for the full tuition if their child is absent due to illness. Dalton Learning Center reserves the right to withdraw any student due to absence totaling 2 or more weeks per school year. All deposits held will be applied to the last week of service providing a 2-week notice is given. **All fees paid with this application are non-refundable/non-transferable.**

I the parent/guardian of the above-named child know the rules and regulations of the school and am in full agreement with the policies and standards and will have a proper spirit and attitude in supporting the school and its activities. **I have read the Financial Agreement and agree to abide by all of the foregoing.** _____ Initials

The following agreement is made between Dalton Learning Center and _____ for the care of _____
 _____ (Parent/Legal Guardian) (Child's Name)

He/she will arrive at _____ and will be picked up by _____ on the following days: **MON TUE WED THU FRI**

Projected Start Date: _____

All fees paid with this application are Non-Refundable.

Registration Fees: Due at the signing of each contract and with each contract renewal.

Enrollment/Re-Enrollment		Book Fee	
Individual	\$75.00	3 Year-Old	\$0.00
Family	\$75.00/\$	4 Year-Old	\$0.00

Daily Care: **Days must be pre-selected.**

Daily Rates					
1 Year-Old	\$45.00	3 Year-	\$40.00	Aftercare	\$15.00
2 Year-Old	\$45.00	4 Year-Old	\$40.00	Camp	\$20.00

Part Time Care: **You have an option of 3 full days or 5 half days from 7:30 am to 12:30 pm or 1:00 pm to 6:00 pm**

Part-Time Rates			
1 Year-Old	\$125.00	3 Year-Old	\$115.00
2 Year-Old	\$120.00	4 year-Old	\$110.00

Weekly Tuition Rates: Full Time Care between the hours of 6:30 am and 6:00 pm

Full-Time Rates					
1 Year-Old	\$160.00	3 Year-Old	\$150.00	Aftercare	\$65.00
2 Year-Old	\$155.00	4 year-Old	\$145.00		

DEPOSITS: A deposit in the total amount of each child's daily, part-time or full-time rate is required upon signing this agreement.



5% Pre-paid Discount (4 weeks minimum prepaid tuition) * 10% Multiple Child Discount on tuition only (2nd Child +) *All discounts are applied to the tuition balance (after scholarships, vouchers, coupon, etc. have been deducted)

Other Fees:

All tuition/charges are due in advance of service rendered and must be prepaid. You will have a 2-day grace period before a late fee of \$10.00 is applied to the outstanding balance. Other charges include: NSF fee \$30.00; \$10.00 per 15-minute late pick up fee (after 6:00 p.m.)."

Parent/ Guardian Signature

Date

PAYMENT PLAN

I will be making my payments: WEEKLY PREPAID FOUR WEEKS MINIMUM

I have read and understand this "Enrollment Agreement". I will abide by these terms and comply with the policies it outlines.

(Please note that this enrollment agreement guarantees that DLC is only holding a "spot" open for your child. There will be no credit applied for illness or school holidays. A total of one-week vacation may be taken during the school year with no payments due. If no payment is received to secure the spot, when returning to school a new registration fee may be required for the child. Please understand that staff has to be paid whether or not your child is in attendance.)

Parent/Guardian Initials: _____ Date: _____



Children on Voucher/Special Funds System:

Parents who are on the voucher system and are receiving Early Learning Coalition funds are required to pay on a weekly basis without exception. Also, parents must sign in/out daily with date and time. Parents who fail to comply with this requirement would be required to pay the school the full amount of tuition owed since Early Learning Coalition will not pay for students who are not being signed in/out as required. Early Learning Coalition will be informed if tuition is delinquent.

Parent/Guardian Initials: _____ Date: _____

Parent(s) Acknowledgement:

I have read and understood the payment policy of DLC as outlined above and I promise to abide by the payment policy as stated.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____



MEDICAL TREATMENT RELEASE AND AGREEMENT FORM

DOCTOR'S INFORMATION (Please Print)

Doctor's Name _____	Name of Facility: _____
Address _____	Phone Number: _____
Name of Insurance: _____	Group Number: _____

In the event my child becomes ill or is injured while under school supervision, I give the school permission to take the following steps:

1. Contact a parent of the student and follow their instructions;
2. In the event neither parent can be reached, contact the student's physician and follow his/her instructions;
3. If the student's physician cannot be reached, the school authorities will use their own discretion in contacting a properly licensed practicing physician and follow his/her instructions;
4. If my child needs medical or surgical treatment which requires a parent's or guardian's consent before being supplied, and I cannot be reached by phone, I hereby authorize, appoint and empower the school authorities of Dalton Learning Center to take my child to a properly licensed and practicing physician.
5. I hereby release Dalton Learning authorized personnel, from any liability which might arise from the giving of medical treatment or surgical services as soon as reasonably possible after the need arises.
6. I give permission for my child to take part in all school activities, including school sponsored trips from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activities.
7. I, the parent/guardian agree not to send my child to school if he or she is sick.

Please fill out and sign the information below so that we may complete your child's file.

I, _____ authorize Dalton Learning Center to seek medical treatment for my son/daughter _____ in the event of an emergency. I also give authorization for the health facility or physician to provide medical treatment as necessary. I assume responsibility for payment for all medical services rendered.

Mother's Signature: _____

Date: _____

Father's Signature: _____

Date: _____



POLICIES AND APPLICATION CONTRACT

* ADMISSION POLICY

Dalton Learning Center (DLC) admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally afforded or made available to students at DLC. DLC does not discriminate on the basis of race, color or national ethnic origin in administration of its educational policies, admissions policies and other school-administered programs.

Parent/Legal Guardian Initials: _____

Date: _____

* DISCIPLINE POLICY

The Administration and faculty of DLC desire that your child's learning experience be pleasant and fruitful. The first step to learning is obedience. Therefore, firm and orderly standards of discipline will be maintained; however, they will be administered with warmth, love and respect for the child. No corporal punishment is ever administered.

Usually a time away from an activity, is all that is necessary. Removing a child from the source of difficulty can remind them of acceptable standards of behavior. When and if there is an ongoing problem with behavior, a parent or guardian will be asked to meet with the teacher and/or director to develop a plan to resolve behavioral issues. If chronic, ongoing discipline problems continue to exist, parents may be asked to withdraw their child from the Center if no adequate solution can be found.

Parent/Legal Guardian Initials: _____

Date: _____

* NUTRITION AGREEMENT

Your child's nutrition is essential to their good health and growth as well as their readiness to learn. DLC encourages you to provide a nutritious breakfast for your child prior to class each day. **The School serves vegetarian lunches. Parents provide 2 snacks (fruit, cookies).** Please do not send soda, malta, candy, lobsters, crabs, shrimp, pork or pork by-products to the school.

Parent/Legal Guardian Initials: _____

Date: _____

* DRESS CODE

Uniforms are mandatory. Please mark your child's name on all clothing and personal belongs. Everything must be labeled. The center will not be responsible for lost materials or clothes. **No jewelry is allowed at school, e.g., no earrings, rings, bracelets, or chains.** No open toe shoes may be worn, e.g., no sandals or flip flops.

Hair beads are hazardous to small children and are not permissible at the center. When loose, they fall to the floor and can be picked up and swallowed by smaller children at the center.

Parent/Legal Guardian Initials: _____

Date: _____

* PHOTO/VIDEO RELEASE

I, _____ agree to allow DLC to photograph and/or videotape my son/daughter
_____ for classroom display or Facebook.
(child's name)

Parent/Legal Guardian Initials: _____

Date: _____

* BROCHURES: KNOW YOUR CHILD CARE FACILITY/ & FLU INFLUENZA

2655 SW PORT SAINT LUCIE, PORT ST. LUCIE, FL 34953

Phone (772) 337-8160



I acknowledge receipt of a copy of the above brochures.

Parent/Legal Guardian Initials: _____

Date: _____

* **SICK POLICY**

Sick children are not allowed to attend school. A doctor's note would be required for absence in excess of two days. (See attached).

Parent/Legal Guardian Initials: _____

Date: _____

I have read, understand and acknowledge receipt of a copy of this agreement and agree to all the terms and conditions as outlined above.

Parent/Legal Guardian Signature: _____

Date: _____