# Greentown Wesleyan Daycare Application for Admission

1. Date				
2. Child'sName_	(last)	(first)	(middle)	
Home Address			Zip	
Telephone	Date	e of Birth	Sex	
Place of Birth				
Application is for:  Time child will be	Full Ti	me Monday-Friday Full Day Care (specify d Half Day/with lunch (sp Before or after school Before and after school School-age Summer Pro		-
3. Special Inform			.e	
Name or nickname	e applicant uses		->	
Does child regular	ly attend Sunday Sc	hool/Church?		
If yes, where?				
Has child ever been	n in a Day Care Cen	ter?		
If yes, where and h	ow long?	H-WH-S		
Has child been car	ed for by other than	parents?		
If so, by whom?				
Does child need he Dressing Other (give helpful de	_ Washing	Eating To	ileting	
Describe child's pla	ny experience:			
Outdoor				_
Indoor				
With other children				
			1	
Favorite toys				
Does child have any	special fears?			
Explain				

Mother's Name
Address
Occupation
Employer
Business Phone
Cell Phone
Attend church regularly?
Church name
ige, relationship)
ild (give name and relationship)

# **Family Information Form**

The following information will be useful in planning your child's program and helping the teacher to know your child a little better. Confidential information is available only to the director.

amily members outside the home your child might mention
hat are your child's interests?
et names (if any) Playmates
That travel experience has your child had?
hich hand does your child use to cut?
hich hand does your child predominantly use? Right Left
ow does your child react to being left?
Thich of these behavior traits have you observed in your child?  hy Friendly Cooperative Rebellious Dominating
urious Generous Willing to conform to requests
oes your child have any special abilities? Musical Artistic
oes your child make-believe?
hat are your child's favorite foods?
hat activities does your child dislike?
Thich of these does your child have, or is prone to:  Tail biting Finger Sucking Temper tantrums Persistent crying  That are any unusual habits?
re there any particular situations that make your child tense or anxious?
as your child been in any other day care school or program?  That do you expect your child to gain from our program?
oes your child have any physical handicap that we should be aware of?so, please elaborate
page your shild have any coordination problems?

Any signs of:	YES	NO	Please elaborate	
Language development				
Behavior problems				
Hyperactivity			a	
Seizures _			3 <del>-1</del>	
Is your child potty trained?	<del>лана на </del>			
Does your child have medication on a regular basis?				
Any other important inform	nation			

Thank you for your cooperation. We will do everything possible to make our Day Care a happy place for your child.

## **EMERGENCY INFORMATION**

Ι,	give my permission to the doctors		
at		or my fan	nily doctor,
(Name of nearest Emergency Room), ir	n		, to give treatment
to my child,		in the event I can	not be reached
in case of an emergency.			
My address is		Pho	one
Child's Religion	_Child's Age _	Date of Bir	th
Known allergies are			
Responsible Party		Relationship	0
Employer's address			
Insured party's S.S. #			
Hospital Insurance Information			
Address			
Phone			
Family Physician's Name			
Address			
Phone			
Dentist Name			
Address			
Phone Number			
If guardians are unable to be reached please	e contact:		
			<del></del>
			±
			<i>16</i>
	-	Si	ignature of Responsible Party

#### PARENTS' NOTICE

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian
 Name of Child(ren) Enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

#### AGREEMENT

In consideration of THE GREENTOWN W	WESLEYAN DAY CARE and upon acc	ceptance of our child
	_ into the program, we agree to the fo	ollowing:

- A. To fully accept the fees and hereby agree to make our payments on or before the times due.
- B. After carefully reading the <u>Parents' Handbook</u>, to fully accept the policies of THE GREENTOWN WESLEYAN DAY CARE.
- C. To hereby give permission for our child to take part in all activities at the center including supervised play, and all sponsored field trips and educational or play excursions away from the premises by automobile, van, bus, or by walking.
- D. To realize that our child could be subjected to communicable disease, even though every possible precaution will be taken.
- E. If for some reason our child becomes a disciplinary problem to the staff and all means have been used to correct the situation, to agree at request of program director and/or administrator to withdraw the child from center.

Signed			
	(father)	(date)	
Signed	, ,		
	(mother)	(date)	
Signed			
-	(Director)	(date)	

## **Collection Agency Agreement**

I understand that if my outstanding balance due to the center exceeds two weeks of tuition, then Greentown Wesleyan Daycare reserves the right to dismiss my child from the daycare and send my balance due to their collectors. I agree to pay the outstanding balance, any court costs, attorney fees, collection processing fees of \$50.00 and the required two weeks notice charges at full tuition rate as the center may incur in the case that the matter goes to court or to a collection agency. I also understand and agree that if I leave the daycare with an outstanding balance due and I do not pay it during my last week at the center, that the center reserves the right to charge my account late payment charges for every week that I was late in paying my bill.

Parent/Guardian Signature	Date	
_		