



2018-2019 Registration Application

Child's Name _____

Address _____

Home Phone _____

Birthdate _____ Is your child currently toilet trained? _____

Male () Female () Have they been in any other group setting before? Yes () No ()

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Marital Status of Parents: _____

Are you registering for : Full-Time (M-F) () Part-Time ()

If you are registering for Part-Time which days do you think you will be dropping off? *You are not required to only do these days, but if you know it helps with our planning process*

Monday () Tuesday () Wednesday () Thursday () Friday ()

Does your child have any special needs or gifts we should be aware of?

Have you completed the Financial Agreement? Yes () No ()

Have you filled out the Medical Form? Yes () No ()

If all of the information on this registration form is completed to the best of your abilities, and you would like a spot reserved in the 2018-2019 Minnows class; please sign and turn in all forms with your registration payment.

Parent Signature: _____ Date: _____

Continue to release form on back

PLEASE READ AND SIGN THE FOLLOWING:

RELEASE OF LIABILITY: I/we understand that every effort will be made to protect and safeguard all students. Therefore I/we agree not to hold Divine Mercy liable for illness or mishap which may occur.

I HAVE READ AND AGREE: _____
INITIAL

DISCIPLINE AGREEMENT: I/we will cooperate with the discipline policies set forth by Divine Mercy's Minnows. (refer to handbook)

I HAVE READ AND AGREE: _____
INITIAL

CONSENT TO PHOTOGRAPH: I/we agree that my child may be videotaped, filmed or photographed individually or in a group at school or school related activities. I further agree to the use of video, photo or film in newspaper, magazine, on television or the Minnow's web presence.

I HAVE READ AND AGREE: _____
INITIAL

DISMISSAL AGREEMENT: I/we agree with terms spelled out in the handbook 's reasons for dismissal. These include not keeping up with my financial obligations, my/our child becoming a danger to other students, and repeated late pickup.

I HAVE READ AND AGREE: _____
INITIAL

STATEMENT OF COOPERATION: I/we understand that my child's continued enrollment in the Minnows program is dependent on my parental support of the school, its staff, and its policies.

I HAVE READ AND AGREE: _____
INITIAL

I HAVE READ AND AGREE: _____
PLEASE SIGN IN INK

DATE: _____

Registration Fees and Tuition Rates 2018-2019

Early Registration Feb-March - \$20 per family

Registration on or before June 30 - \$35 per family

Registration after June 30 - \$50 per family

Full Time Tuition (M-F ; 9-12) - \$2580 a year / or can be paid over 10 months
\$258/monthly

Part Time Tuition (Up to 3 days a week ; 9-12) - \$1790 a year/ or can be paid over 10
months \$179/monthly

Financial Agreement

- The yearly tuition if being paid in full is due by August 1st
- Payments can be made on a monthly basis. They will be equal payments starting in August and ending in May. The first monthly payment being due no later than August 1st
- All monthly payments are to be made by the 4th of the month.
- A late fee of \$15 will be added to your statement if payment is not made by the 4th of the month.
- Returned checks will have a \$35 fee and must be replaced immediately.
- Multiple late payments can lead to your child's spot being forfeited.
- Childcare fees are assessed whether your child is in attendance or not.
- Part time fees do not change dependent on days used. You may use up to 3 days a week at that rate, and days can not roll over to later weeks.

Parent Signature _____

Date Signed _____

_____ Will pay tuition in full

_____ Will pay in 10 monthly installments (Aug-May)



Divine Mercy CHILD CARE



STUDENT EMERGENCY CARD

Child's Legal Name: _____

(Last) (First) (MI)

Child's Date of Birth _____ Age of Child on Sept. 1st _____
(mm/dd/yy)

Child's Primary Address: _____

Main Family E-mail Address: _____

In case of emergency, those listed here will be called first.

NAME/ RELATION	HOME PHONE	CELL PHONE	WORK PHONE	EMPLOYER

Please list all persons (*other than those previously listed*) who are authorized to remove your child from school. *Anyone the teacher doesn't recognize will be asked to show identification.*

NAME (<i>as it appears on ID</i>)	RELATIONSHIP TO CHILD	MAIN PHONE NUMBER

Divorced/Remarried Parents: The school must have copies if there is any pertinent custody or legal paperwork saying that either parent is legally restricted from removing the child. Please list the full name of the parent, if any, who may not pick up the child:

MEDICAL INFORMATION:

Family Doctor: _____
(Name) (Phone #)

Insurance Provider: _____ Group #: _____

Policy Holder's Name: _____ Policy #: _____

Does your child have any known allergies? () Yes () No
Please list any allergies or sensitivities. Be as specific as possible, including symptoms.

Has your child ever been diagnosed with any health condition (such as asthma, diabetes, epilepsy, severe allergies, eye/ear problems, etc..)? () Y () N
Please list any such conditions. Please be as specific as possible.

Is the child on any specific medication that needs to be taken on a regular basis? ()
Yes () No
Please list any medications and what we need to know

I, the undersigned, do hereby authorize officials of Divine Mercy's Minnows to contact directly the persons named on this card and do authorize the named physician(s) to render such treatment as may deemed necessary in an emergency, for the health of the child. In the event the physician(s), other persons named on this card, or parents can't be contacted, the programs officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforementioned child.

I will not hold Divine Mercy financially responsible for the emergency care and/or transportation for said child. This authorization shall remain in effect while the child is enrolled, unless sooner revoked in writing.

Parent Signature: _____ Date: _____