

Marks of Excellence Child Care					
Enrollment Package					
About Your Child			General Information		
Child's Name:			Start Date:		
Date of Birth:		M F	Days of Attendance (circle): M T W TH. F		
		Sex			
Home Phone #			Time of Arrival:	Time of Departure:	
Home Address:		Meals are served at the following times:			
		B: 8:30-9:00 AM L: 11:00-12:30 PM S: 3:15-4:00 PM			
Allergies/Special Health Considerations:					
Parent information					
Person responsible for paying the tuition:					
Father		Mother		Step Parent	
Legal Guardian		Father		Mother	
Step Parent		Legal Guardian			
Name			Name		
Home #		Cell #		Home #	
				Cell #	
Work #		Ext #		Work #	
				Ext #	
Address:			Address:		
Email:			Email:		
Employer:			Employer:		
Emergency Contact & Authorization for Pick up					
The following people are allowed to be contacted in case of emergency or pick up. (Picture ID is required for our files)					
Name		Relationship		Phone Number	
In an emergency, when no one on your list can pick up, please contact the school and tell us who you are sending.					
Marks of Excellence is not M.A.T. certified center, meaning we may not administer any prescription medications. We may only apply topical over-the counter ointments with parental permission.					
I (we) _____ am the parent/guardian of the above named child who resides with me at the above address.					
Parent's/Guardian's Signature			X	Date	
Parent's/Guardian's Signature			X	Date	
Administrative Signature			X	Date	

Napping Agreement

I understand and agree that my child will be sleeping on a _____cot or _____crib supplied within their classroom. For their safety and protection, children will be supervised during naptime according to the staff-to-child ratios.

Parent/guardian Signature X	Administration Signature X

DAYCARE POLICIES & CONTRACTUAL AGREEMENT

1. Tuition must be paid Friday for the week to come.	7. I have read and understand the Nutrition Policy.
2. A child sent home because of fever, vomiting, two very loose bowel movements or a heavy cold, he/she must be out for at least 24 hours before he/she can return.	8. Jewelry or hair beads are not permitted in the center. As they are choking hazards. Marks of Excellence is not responsible for any lost or broken accessories.
3. If your child is sick and is home for a week or you choose to take vacation time, your tuition is still due.	9. You must sign in your child in the classroom during drop off and pick up every day. If your child is not signed in at drop off you will be called to pick up your child immediately.
4. The daycare needs to know if your child is sick or away and is going to be out for a day, a week or more.	10. We are not able to administer any medications. We can only apply topical creams.
5. If you know your child is sick, please do not medicate the child and bring him/her to school. It puts the other children and staff at risk of illness.	11. The daycare closes at 6:00 PM. If you pick up your child after your scheduled time, you will be given a warning the first time, but after that, the next time you are late picking up, you will be charged \$10.00 for every 15 min. or part thereof that you are late.
6. Outside food are not allowed in the center due to allergies.	12. Children under 18 are not allowed to pick up.

Medical Information

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. _____YES _____NO__

Physician's Name:	Phone Number:
Dentist Name:	Phone Number:

Other Considerations that we should know about:

Parent's/Guardian's Signature	X	Date

I give permission for my child to go on field trips. I release Marks of Excellence and individuals from liability in case of accident during activities related to Marks of Excellence, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	X	Date

Parent's/Guardian's Signature	X	Date

Administration Signature	X	Date
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