

Master Card

Child's Name: _____ Sex: _____ Birthdate: _____

Mother	Father
Name	
Address	
Employer	
Home Phone #	
Work Phone #	
Cellular Phone #	

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

	Phone #: _____
	Phone #: _____
	Phone #: _____
	Phone #: _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answer here: _____

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity).

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

Date of Admission: _____ Email address: _____

University Presbyterian
Day School

3240 Dalrymple Drive
Baton Rouge, LA 70802
(225) 344-8077

For Office Use Only

Teacher _____

Admission Date _____

Application Child Care Agreement Health & Habits

Profile Immunization Record

Withdrawal Date: _____

Summer 2016

Application For Enrollment 2016 & 2017

Registration Fee is \$190.00 for Summer, Fall, and Spring 2017

Registration Fee is \$210.00 for Summer Only

\$100.00 of the registration fee will be applied to July tuition

(All Registration is NON REFUNDABLE) (\$10 Supply Fee)

Summer 2016 (9:00 a.m. – 3:00 p.m.)

Mother's Day Out: Toddler's (1 year old)

Tuition: \$130.00 for each day checked per month

Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___

Preschool: (2 - 3 years)

Tuition: \$140.00 for each day checked per month

Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___

Summer 2016

Five day a week- Check one

___ Full Time – Toddlers (1-2 years) \$660/month

___ Full Time – 2's \$635/month (younger 2's)

___ Full Time – 2's \$635/month (older 2's)

___ Full Time – 3's \$635/month

___ Morning Only – 3's \$410/month*

___ Full Time – Pre-K \$635/month

___ Morning Only – Pre-K \$410/month*

* Extra \$15.00 for each all day stay

I agree that the information I have provided is correct and current. I understand that if any information changes, I will notify the office as soon as possible so that it can be updated. I have completed the enrollment paperwork and will provide the required information for my child to be admitted to University Presbyterian Day School.

Signature: _____

Date: _____

**University Presbyterian
Day School**

**3240 Dalrymple Drive
Baton Rouge, LA 70802
(225) 344-8077**

For Office Use Only

Teacher _____

Admission Date _____

Application Child Care Agreement Health & Habits

Profile Immunization Record

Withdrawal Date: _____

FALL 2016 & SPRING 2017

**Application For Enrollment 2016 & 2017
Registration Fee is \$190.00 (NON REFUNDABLE)
Supply Fee is \$50. due at beginning of semester.**

Mother's Day Out: Fall 2016 and Spring 2017 (HOURS 9:00 A.M. – 3:00 P.M.)

Mother's Day Out: Toddler's (1 year old)

Tuition: \$130.00 for each day checked per month

Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___

Preschool: (2 - 3 years)

Tuition: \$140.00 for each day checked per month

Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___

Fall 2016 and Spring 2017

Five day a week- Check one

___ Full Time – Toddlers (1-2 years) \$660/month

___ Full Time – 2's \$635/month (younger 2's)

___ Full Time – 2's \$635/month (older 2's)

___ Full Time - 3's \$635/month

___ Morning Only – 3's \$410/month*

___ Full Time – Pre-K-\$635/month (Older 3's and younger 4's)

___ Morning Only – Pre-K \$410/month*

*** Extra \$15.00 each all day stay**

I agree that the information I have provided is correct and current. I understand that if any information changes, I will notify the office as soon as possible so that it can be updated. I have completed the enrollment paperwork and will provide the required information for my child to be admitted to University Presbyterian Day School.

Signature: _____

Date: _____

CHILD CARE AGREEMENT

Please read and initial each point and sign and date at the bottom. This is
IMPORTANT INFORMATION you need to know

Email Address: _____ I, _____ am
the parent/guardian of _____

- I understand that my financial obligation to University Presbyterian Day School is to **pay tuition in full, in advance, before care will be provided for my child/children.** _____ (Check, money order, or exact amount of cash)
- I understand that **tuition is to be paid before the 7th of each month** in Full. _____
- I understand that there will be a **\$15.00 late fee charged after the 7th of each month** if there is an unpaid balance, unless other arrangements have been made with the office. _____
- I understand a **Registration fee is required upon enrollment and is non-refundable.** _____
- I understand that if **I enroll my child/children for a program then withdraw them or are a no-show, I have withdrawn them from all the school's programs. If I wish to bring them back I will have to re-register and pay another registration fee.** *Ex. You register for the Summer and the Fall/Spring, then decide in June to keep the child out for the summer then wish to return in the Fall (if the space has not been filled). You will be dropped from all programs at the time you withdrew them. You can choose at the time of your initial Registration which programs you want, however, once you are in and decide to withdraw and come back another time that is when you will be recharged.* _____
- I understand that a fee of **\$25.00 will be charged for returned checks (NSF).** _____
- I understand that a late fee of **\$1.00 per minute per child will be charged after 3:00p.m. for Mother's Day Out Program and after 5:30p.m. for full time children and the late fee is due immediately upon picking up my child/children.** _____

- I understand the University Presbyterian Day School requires a **written 2-week notice**, in the event of removal of my child/children from the school.

- I understand that **tuition will be due for the remainder of the two (2) week notice**, should I choose to remove my child/children prior to the end of the two (2) week notice. _____
- I understand there is **no reduction in fees due to holidays, absences, family vacations, or closures of the Day School** and I agree to pay fees accordingly. _____
- I understand that the **school opens at 7:30am and if I come before then I must stay with my child until that time. For the Mother's Day Out program, I must stay with my child if I come before 9:00am.** _____
- I understand that when I **drop-off** my child/children, **I must bring them all the way into the classroom, or into the playground and make sure a staff member has acknowledged that they are aware that my child has arrived.** _____
- I understand that at the time of **pick-up, no person under the age of 16 may sign my child/children out and must be on the pick-up list.**

- I understand that all **classes begin at 9:00am and my child/children will not be allowed in school after 10:00am**, unless for unusual circumstances such as a Doctor's appointment. _____
- I understand that if my **child is late (after 10:00am) I must let the office know in person, along with signing them in.** They will not have a plate set for them otherwise. _____
- I understand that if my child/children has a **fever of over 100F, vomiting, or diarrhea, I cannot bring them to school until they are 24 hours free of symptoms without the aid of using any medication to suppress it.** _____
- I understand that registration is per semester and the entire tuition is due at the beginning of each semester. As a courtesy we allow you to make a monthly payment. _____

- I give **permission** to University Presbyterian Day School staff to administer and/or **secure medical treatment** for my child/children in the case of an emergency. _____
- I understand that University Presbyterian Day School staff will administer **medications** during the hour of **11:30am and 12:30pm**. _____
- I understand that the **prescribed medication** must be accompanied by a doctor's **note that includes the frequency and number of times** the medication is to be administered.

- I understand **over the counter medications** shall not be administered to any child if not **prescribed or recommended by a licensed health care provider** (physician, dentist, nurse practitioner) and accompanied by a signed health care provider's note.

- I understand that a **medication authorization form shall be completed daily** for each and all medications administered to children in childcare. In the case when the same medication is administered over a period of time, the medication administration form shall be reviewed and signed daily by a parent. _____
- I understand the **Day School does not transport any child/children unless** it is in an **emergency situation** and I have given my permission to the Day School staff to do so only in such an event. _____
- I understand that if I ask a Day School employee to **baby sit for me personally** that the **University Presbyterian Church and/or the Day School is not responsible** or liable for any child/children once the child/children are under the care of the Day School Employee. _____
- I understand that by signing the Childcare Agreement, I agree to **(A) accept the requirements and policies of the University Presbyterian Day School as stated in the current Parent Handbook; and (B) the policies concerning payment of tuition and fees as stated in the current Parent Handbook**. _____
- In return for said agreement, the **University Presbyterian Day School agrees to provide care for my child/children by the standards and guidelines set forth by the State of Louisiana, the Department of Social Services, and the Parent Handbook**.

- My **signature** below affirms that I have read, understand, and accept the policies and conditions of the University Presbyterian Day School.

Parent/Guardian Signature

Date

University Presbyterian Day School
Permission Form

Child's Name _____ Date _____

I give permission for my child's picture to be taken and possibly posted within the Day School and/or the Church. I also give permission for my child to be photographed by the media on those rare occasions that they may come to photograph an event. I also, give permission for his/her picture to be posted in their cubby.

Yes ___ No ___ Parent Signature _____

I give permission for my child's teacher to pass out a class list with my child's name, address, phone number, birthdate and parents' names to others in my class.

Yes ___ No ___ Parent Signature _____

HABITS & HEALTH PROFILE

Child's Name: _____ Birthday: _____

Favorite Activities: _____

Favorite Foods: _____

Eating/Sleeping Habits: _____

Fears/Anxieties: _____

Food Allergies/Dietary Restrictions: _____

Allergies: _____

Toilet Habits: _____

Handicaps/Physical Limitations: _____

Vision Problems: _____

Hearing Problems: _____

Maintenance Medication: _____

Child's Doctor (Name and Phone #): _____

Additional Comments: _____

A copy of this form is given to your child's teacher. It is important to keep this information current. If anything changes, contact the office for a new form to fill out and we will pass on the new information to the teacher.

Signature: _____

Date: _____