



Pre-School and After-School of Clinton



Application for childcare

Child's Name: _____

To apply, please complete and return all forms contained in this packet and a current 121 Immunization form.

Preschool: 601-925-KIDS
After-school: 924-6500
Fax: 925-5466
Cell: 291-6500

Parent handbook, activity calendars, and more available online at:

Office use only:

Date Received:	_____
Application completed:	_____
Immunization form:	_____
References checked:	_____
Accepted / Denied	_____
Reg. Fee collected:	_____
Date of Enrollment:	_____
Calendar to parent	_____
Permission slip signed	_____
Tuition agreement signed	_____
Billing cycle established	_____
Emergency sheet printed	_____
Added to master roll	_____
Infant Consultation (preschool only)	_____
Toilet Training Consultation (preschool only)	_____
Date of Dismissal:	_____
Reason for Dismissal:	_____

funtimeclintonkids.com



FUNTIME

After-School of Clinton, Inc.



Application must be completed and returned to Funtime for approval. Registration fee will then be billed.

All shaded areas of this application require a parent (or legal guardian) signature.

Today's Date:		Child's Birth date:		Age:	
<u>CHILD'S NAME:</u>			Nickname:		
Home Address:			Mail Address (if different):		
City:		State:		Zip:	
Home Phone:			Proposed start date:		
School-age only- School:		Grade:		Teacher:	
<u>FATHER'S NAME:</u>			SSN:		
Place of Employment:			Occupation:		
Address:			Work Phone:		
Cell Phone:			E-Mail:		
Daily work hours:					
<u>MOTHER'S NAME:</u>			SSN:		
Place of Employment:			Occupation:		
Address:			Work Phone:		
Cell Phone:			E-Mail:		
Daily work hours:					
<i>MARITAL STATUS:</i> Married Separated Divorced Single Engaged Widowed					
Brothers or Sisters of Child:					
Name:			Date of Birth:		
Name:			Date of Birth:		
REFERENCES: I authorize Funtime to contact, if they deem necessary, the references listed below to obtain information concerning my child.					
Most recent school / child-care center attended:				Teacher:	
Reference 2 (youth director, coach, etc...):				Phone:	
PARENT / GUARDIAN SIGNATURE:				Date:	

MEDICAL INFORMATION: I authorize Funtime to contact the physician listed below, or any other competent physician or emergency service, if I cannot be immediately contacted should my child be injured or become ill. I understand that Funtime will not be financially responsible for medical or emergency services provided to my child.

Physician:

Phone:

PARENT / GUARDIAN SIGNATURE:

Date:

PARENT SUBSTITUTES: If I cannot be contacted in an emergency situation, I authorize Funtime to contact the following people. By my signature following, I also authorize these people to sign out and pick up my child from Funtime at any time. (3 adult names required)

Name	Address	Relationship (to CHILD)	Home / Work phone
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1.

2.

3.

4.

PARENT / GUARDIAN SIGNATURE:

Date:

Please list any critical information concerning your child's medical, psychological, or social needs that you feel we should be aware of. Also list any special needs or abilities of your child.
(fears, asthma, allergies to food or drugs, etc..)

By my signature below, I authorize Funtime to photograph my child for advertisements, web-site, newspaper, bulletin boards, etc... (this is NOT optional as we frequently take group photos)

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I authorize my child to attend planned field trips with Funtime.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I authorize Funtime to provide transportation for my child from school, to extracurricular activities, and as needed in emergency situations. I also agree to a \$15.00 courtesy call fee if I fail to notify Funtime After-School that my child will not be riding the Funtime bus from school.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I declare that I understand and agree that because of limited enrollment, tuition charges are not based on attendance and there are no refunds or discounts for days missed. I also agree to give Funtime a written two-week notice to withdraw my child or I agree to pay for two full weeks of tuition after my child's last day of attendance.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I declare that I understand and agree that Funtime is a PRIVATE CHILDCARE FACILITY and has the authority and right to deny this application for any reason other than race, sex, religion, or national origin.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I agree to the discipline policy of Funtime and understand that misbehavior may result in my child being excluded from certain activities and/or field trips or being removed from the program. I understand this will not affect my account balance

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I authorize the following people to pick my child up from Funtime. Photo ID will be requested from anyone who picks up children from Funtime with whom staff is not familiar. **Please list anyone who may ever pick up your child (relatives, neighbors, coworkers, friends, etc.).** State regulations will not allow us to accept verbal permission (over the phone) for anyone not authorized on this list.

NAME

ADDRESS

PHONE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PARENT / GUARDIAN SIGNATURE:

Date:

In consideration of my child being permitted to participate in regular activities and activities conducted by a third party while under the care and supervision of Funtime, I agree to indemnify and hold harmless Funtime Afterschool of Clinton, Inc. (dba Funtime Pre-School and Funtime Afterschool), Funtime Skateland of Clinton, Inc., and the respective owners of each, from all claims in any way connected with the use of the facilities or participation in activities by my child.

PARENT / GUARDIAN SIGNATURE:

Date:

Funtime follows the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of Sudden infant Death Syndrome (SIDS). According to Funtime policy, all infants will be placed on their backs in a safety-approved crib, unless a written note from the child's doctor is received requesting an alternate sleep position for a medical condition. Also, soft materials (blankets, pillows, stuffed toys, etc..) will not be placed in the infant's sleep environment, smoking is prohibited anywhere on the property, and Infants will remain lightly clothed and comfortable while sleeping. By my signature below, I declare that I understand and agree to the Safe Sleep Policy of Funtime.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I give permission for Funtime owners, Directors, and teachers to apply and/or use non-prescription lotion, diaper cream/ointment, ear drops, eye drops, bug spray (Off), sunscreen, teething tablets, Orajel, or any other non-prescription treatment as needed for my child. I also give Funtime Pre-School and After-School permission to apply First Aid treatment to my child in case of minor injuries (peroxide, antibiotic ointment, band-aids, sting-kill, etc...).

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I understand and agree to policies and information contained in the Funtime Parent Handbook. I also have been given a copy of the Child Care Regulations Summary from the MS State Department of Health (included in Handbook).

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I declare that I understand and agree to the charges (late pick-up, late payment, returned check, tuition, courtesy call, etc...), fees, and the following collection policy of Funtime.

Failure to pay account balances in a timely manner will result in legal collection efforts, in which case, if we are successful, you will be liable for and agree to pay all charges to your account as well as all associated collection, legal, and court fees.

PARENT / GUARDIAN SIGNATURE:

Date:

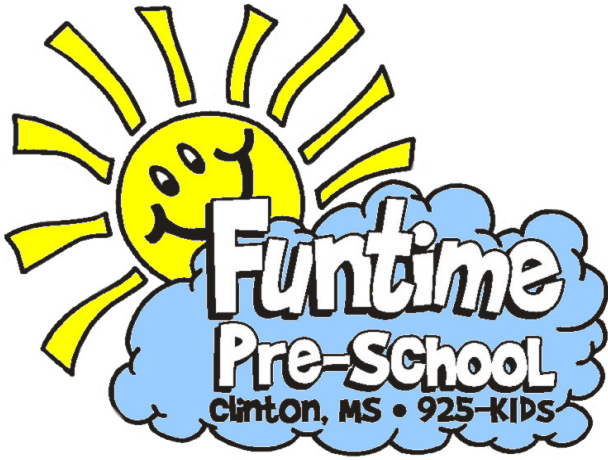
Immunization Form #121 - MANDATORY

Please attach a current form 121 from your child's doctor or local Health Department to this application.

Parent Handbook

If you have not received a Funtime Parent Handbook, please request a copy when you return this application, or go to our web site at

funtimeclintonkids.com



Child(ren) name(s):

Check-In / Check-Out Authorization Codes

Please make sure each person who regularly picks up your child is listed on this form and has his/her own 6 digit PIN. You may want to use your date of birth or any other 6 digit number that is easy to remember. Each person only needs one code regardless of how many children you have enrolled. Also, please check the names of those who should have access to view your account information (account balance and payment history). **If you choose, these codes may also be used for KIDSVISION internet camera access. This form applies to Pre-School students only.**

Name	Relationship to child	6 digit code	<u>Account access</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By my signature below, I authorize the above listed individuals to check my child in, and to check my child out of Funtime and take him/her from the premises without any further contact or permission from myself.

Parent Signature

Date



Child / Children

Funtime Tuition Agreement 2010

By my signature below, I agree to:

1. All charges and fees listed in the "Tuition and Fees" schedule below.
2. **Inform Funtime if my child is not at school** or will not be riding the Funtime bus from school for any reason, otherwise I understand there will be a \$15.00 courtesy call fee applied to my account. (Applies to After-school only)
3. **Give a two-week written notice to withdraw my child from Funtime.** Otherwise, I agree to pay two weeks of tuition after my child's last day of attendance.
4. **Pay tuition balance in full** regardless of my child's attendance. I understand there are no refunds or discounts for days my child does not attend.
5. **Pay fines imposed by the Dept. of Health** for failure to provide Funtime with up-to-date Immunization forms, should any fine be incurred by Funtime.
6. **The collection policy as follows:** failure to pay account balances in a timely manner will result in legal collection efforts, in which case, if we are successful, you will be liable for and agree to pay all charges to your account as well as all associated collection, legal, and court fees.

Tuition and Fees

Tuition: Pre-School (ages 6 weeks to 5 years)	\$ 131.00 weekly per child
Summer Camp (for school-age children)	\$ 131.00 weekly per child
After-School	\$ 65.00 weekly per child

Tuition is **Due EACH MONDAY.** (late after Wednesday)

Late payment fee (after Wednesday-per child): \$10.00

Late Pick-Up (per child): \$10.00 for each 10 minutes or portion thereof.

Returned check fee: \$30.00

Optional Field Trips: As posted—charged only if you sign up.

Vacation week: When you take your pre-school child on vacation, you pay half a week's tuition *in advance* to reserve your child's place. This option is available for one week during a calendar year. After one full year of enrollment at Funtime, you may take a full week off at no charge. Attendance for one to five days counts as a full week for tuition purposes. For school-age children, a "free week" applies only to summer camp. Vacation weeks apply only to accounts which are current (Zero balance).

Parent Signature

Printed name

Date