



BEGINNERS INN CHILDCARE & LEARNING CENTER

ANNUAL ENROLLMENT FORM

Child's Information

Date of Application _____ Date Child Will Begin Attending _____

Child's Full Name _____ Name Usually Called _____

Sex _____ Age _____ Birth Date _____

Child's Home Address _____ City _____ Zip _____

Home Telephone Number _____

Emergency Contact: Name _____ Number _____

Please check the appropriate program below.

PROGRAM	AGE	DESCRIPTION
INFANTS	6 weeks – 1 year	Full Time & Part Time Full Days only
TODDLERS	1 year – 2 years	
YOUNG EXPLORERS	2 year – 3 years	
LITTLE SPROUTS	2 year – 3 years	Toilet Learning and Beginning Preschool Full Time & Part Time- Full Days only
PRESCHOOL	3 Years- 4 Years	Fully Toilet Learned - Preschool Full Days & Half Days
PRE-K	4 Years- 5 Years	1 Year before Kindergarten Full & Part Time
ADVENTURE LAND	5 Years- 12 Years	Children have to be enrolled in a community school BI will provide transportation to and from school via the Beginners Inn Bus
SCHOOL –AGE DROP- IN		<u>All</u> drop in enrollments must be approved by the office

What days will your child attend? M T W R F *Please circle the appropriate days*

For Staffing Purposes, approximately what time will your child arrive? _____ and depart? _____

School Age Programs with Transportation

Please complete this section only if your child will be using our transportation services

My child attends _____ school and is in _____
School Grade and Teacher

When will your child need transportation?

BEFORE SCHOOL ONLY AFTER SCHOOL ONLY BEFORE AND AFTER SCHOOL

Parent/ Guardian Information

Child's Primary Caregiver(s) is/ are:

___Single ___Married ___Separated ___Divorced ___Widowed ___Grandparents

Please list the primary adult(s) that reside in the home with the child

1 Name _____ Relationship to child _____

Employer _____ Work Telephone Number _____

Work Schedule- Days _____ Hours _____

Please list the best phone number where this person can be reached while the child is in our care.

2 Name _____ Relationship to child _____

Employer _____ Work Telephone Number _____

Work Schedule- Days _____ Hours _____

Please list the best phone number where this person can be reached while the child is in our care.

Please list any other family members and their ages that reside with the child

Child's Medical Information

Does your child have any allergies to foods, medications or have any dietary restrictions that would affect them while they are in our care? NO YES

Please list the allergy, medications taken for it and any side effects or reactions to watch for. Or, please list your child's dietary restrictions.

Besides the listed above, does your child currently take any medications or supplements that we should be aware of? NO YES

Please list the medication(s) or supplement(s) and any side effects or reactions that we should watch for.

Additional Information

Has your child previously been in a childcare setting? NO YES Where at? _____

What prompted you to choose Beginners Inn? _____

How did you learn about Beginners Inn? _____

What goals do you have for your child during their enrollment with Beginners Inn?

Enrollment Agreement

- 1 Registration and Enrollment Security Deposit fees are not refundable except as stated in The Beginners Inn Handbook.
- 2 There is no make-up days for illness, holidays, vacations or any other absences. Beginners Inn will not give any discounts for missed days or holidays.
- 3 Tuition is based on the number of days your child is registered for. If your child attends more than their registered days, the greater will apply to your account.
- 4 Tuition payments must be made by check, cash or through our online payment system called Tuition Express. Tuition is due Friday for the upcoming week or no later than Monday morning for the week that your child attends. A \$20 late fee will be applied weekly until the account is current. Failure to make tuition payments for 2 consecutive weeks, Beginners Inn has the right to refuse services until your account is up to date including the current week's tuition.
- 5 All children enrolled must have a completed emergency card, a current shot record or current immunization waiver and a current health appraisal completed by the child's physician, on file.
- 6 Beginners Inn hours of operation are from 6:30am to 6pm M-F. Children not picked up by 6pm will be accessed a late fee of \$1 per minute. These fees will be applied to your account. If late pick up occurs regularly, you will be asked to make other arrangements so that it does not continue.
- 7 Beginners Inn allows parents to bring in breakfast foods for their children, when they are dropped off between 6:30- 8am.
- 8 Beginners Inn knows that peanuts and peanut butter are household staples, but must take precautions for children that have this life-threatening allergy. We have put in place a NO PEANUT POLICY.
- 9 If your family is no longer in need of our services for any reason, Beginners Inn requires a two-week written notice. Once a written notice is received, your account will be credited with the amount of pre-payment (security deposit) made at the initial time of enrollment. Failure to give notice to Beginners Inn will forfeit any deposit refunds.

Please see The Beginners Inn Handbook for additional information to any of the above statements.

I have read and agree to the above statements. I have received a copy, understand the policies stated in The Beginners Inn Polices and Procedures.

Parent Signature _____ Date _____

Occasionally we will send reminders to our families about up- coming events taking place within the center. To be added to this list, please provide your email address(s) below.

_____ mother father other
_____ mother father other