

Enrollment Application



Tots Haven
CHILDCARE SERVICES

CHILD INFO

Full Name				Date Applied	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age	Dob	Date Enrolled	
Home Address					
City		Zip		Phone	

PARENT / LEGAL GUARDIAN INFO

Name	Name
Relationship	Relationship
Phone	Phone
Cellphone	Cellphone
Address	Address
Email	Email

AUTHORIZED PERSONS

Persons to be notified in an emergency, authorized to pick up the child, accept the child if dropped off. If no one, write none.

Name	Name
Relationship	Relationship
Home / Cell Phone	Home / Cell Phone
Email	Email

AUTHORIZED PERSONS

Persons to be notified in an emergency, authorized to pick up the child, accept the child if dropped off. If no one, write none.

Name	Name
Relationship	Relationship
Home / Cell Phone	Home / Cell Phone
Email	Email

PHYSICIAN OR MEDICAL FACILITY

Name

Address

City

Zip

Phone

ATTENDANCE

Days in Care	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEES

A refundable non refundable deposit \$ 50

Is due upon enrollment.

Daycare payments can be made by check or direct deposit. (We do not accept checks). Payments are due bi-weekly on or before the Monday of each other week or on the first day of the week attending daycare.

Late Pick-Up Fee: \$5 for the first 10 minutes late, after it will be \$1 per minute late

AUTHORIZATIONS

Yes No

I give permission for my child to be PHOTOGRAPHED during normal daycare hours, field trips, or activities, and understand that photographs may be featured on the Tots Haven Childcare's social media platforms such as Instagram, Facebook, or WWW.TotsHavenChildcare.com or promotional flyers.

Yes No

I have had an opportunity to review the policies of this center.

Yes No

I hereby give my consent for emergency medical care or treatment to be used only if cannot be reached immediately.

Yes No

I provided information on my child's special needs to the program to assist in caring for my child in the "Notes" section below.

AUTHORIZATIONS

Yes No

I understand the teachers at Tots Haven Childcare are trained in the basics of First Aid and selected staff are CPR certified. I authorize them to give my child first aid when appropriate. I also understand that any expenses incurred will be borne by me.

Yes No

I give permission for my child to participate in WALKING TRIPS within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.

NOTES

Parent Signature _____

Date _____