

Wonder Years

Information sheet

Name of Child _____
Child's Date of Birth _____ Male _____ Female _____
Home Telephone Number _____
Child lives with: Both Parents _____ Mother _____ Father _____ Other _____
If other was checked please explain _____
Responsible Parent(s) _____

Mother's Full Name _____
Drivers License Number _____ Expiration Date _____
Home Address _____
Mailing Address _____
Home/Cell Phone Number _____
Place of Employment _____
Address of Employment _____
Employment Telephone Number _____

Father's Full Name _____
Drivers License Number _____ Expiration Date _____
Home Address _____
Mailing Address _____
Home/Cell Phone Number _____
Place of Employment _____
Address of Employment _____
Employment Telephone Number _____

In case of emergency and Mother and /or Father cannot be reached, please contact:

Name _____
Home Address _____
Home/Cell Phone Number _____
Place of Employment _____
Employment Telephone Number _____
Relationship to child _____

People Authorized to Pick up Child:

1. Name _____ (relationship) _____
2. Name _____ (relationship) _____
3. Name _____ (relationship) _____

Signature _____ Date _____

I give my permission for my child _____ to be

photographed by television, newspaper or Wonder Years staff during the time they are enrolled at Wonder Years.

I authorize any employee of Wonder Years Preschool and Child Care to seek medical attention in the event of sickness or accident for the below mentioned child _____ . I accept full responsibility in the event of such treatment.

I would prefer to have my child treated by Doctor _____. But I understand that if he or she cannot be reached, any available physician has my permission to treat the above listed child. I would prefer my child be taken to _____ Hospital. I am insured with _____ Policy Number _____.

I give permission for my child to be taken on field trips. This authorizes any employee of Wonder Years Preschool and Child Care to take _____ on the field trips and outings they find to be entertaining, educational and fun. I accept full responsibility for my child's actions and behavior.

I authorize the release of information about my child _____ to School District #2, my family doctor, or _____.

Signature _____
Print _____

Description of My Child

Personality: (would you describe your child as: please write yes or no)

Affectionate _____ Shy _____ Talkative _____
Stubborn _____ Cries easily _____
Makes Friends Easily _____ Has Tantrums _____
If so, when _____
How Frequently _____
Does he/she have any fears _____
of storms _____ the dark _____ strangers _____
animals _____ other _____

Food Habits:

Does your child eat breakfast _____
How does your child react to new foods? _____
Is your child allergic to any foods _____
If yes, please list _____

Sleeping Habits:

Does your child nap during the day _____ How long? _____

Toiletry:

Is your child totally trained _____ Does your child have any
accidents _____ Does your child sit _____ stand _____
Can he or she go without help _____ Does your child need help
dressing _____ Other _____

Health Factors:

Does your child have convulsions _____ seizures _____
allergies _____ allergic to what _____
Does he or she take medications for any of the above _____
If so what type of medication _____ how much _____
how often _____ Has your child been diagnosed with Attention
Deficit Disorder _____ if so is your child taking medication _____
if yes what type of medication _____ how much _____
how often _____ Your child's physician _____

If your child has previously attended preschool or daycare outside the home,
please list where and when:

1. Name _____ Phone Number _____

Address _____ Dates attended _____

2. Name _____ Phone Number _____

Address _____ Dates attended _____

What did you like about the care you received? _____

_____ Dislikes _____

Does your child have any separation or anxiety problems? _____

Are there any situations that may affect your child? (move, changes in household,
new baby etc.) _____

Please list names and ages of brothers and sisters _____

Miscellaneous:

Date your child will begin care _____

Hours care is needed _____

Days of the week your child will attend _____

Financial Agreement

I agree to the following method of payment for childcare at Wonder Years Preschool and Child Care as explained on the schedule of fee's information sheet I have read the fee information given to me, and I understand it and agree to the following:

- 1) Payment is due in advance. All fees are billed on a monthly basis and are due and payable by the 1st day of the month. I understand that I am charged full tuition even if my child is absent or the center is closed. A \$25.00 late payment will be added to my bill if payment is not received by the 5th day of the month. An additional late fee of \$5.00 will be added each Tuesday until my bill is paid full. **Failure to keep my account current will result in termination of care**
- 2) Tuition is based on my fixed scheduled days, not actual days of attendance.
No credit will be given for absences, vacations or days the center is scheduled to be closed.
- 3) Two weeks **written** notice is required if my child will be leaving the center permanently. If

proper notice is not given I will be charged for 2 weeks beyond my child's last day of attendance.

4) I understand that if my child's first or last day of attendance is other than the first or last day of the month, tuition for that month will be based on the number of days times the daily rate.

5) Two weeks written notice is required for all changes in attendance schedule.

If proper notice is not given I understand that I will be billed for 2 weeks at my present schedule or the tuition of the schedule change, whichever is greater. I do understand that without a 2 week notice of change in schedule that my change may not be able to be accommodated.

6) There is a \$25.00 fee charged on all returned checks. If I have a check returned more than 2 different times I will be required to pay in my fees in cash from then on.

7) Wonder Years is not responsible for lost or damaged items.

8) I will be charged the current hourly rate for any time over 10 hours a day.

9) **A late charge of \$5.00 is assessed and payable immediately by the parent for all late pickups.** It is considered late if the child is still in the building at 5:46 p.m. or later. In addition to this fee I will also be billed \$2.50 per child for every 5 minutes or any portion of 5 minutes that I am late. Consistent lateness will be cause to terminate child's enrollment.

I will be billed for the following days **each** week:

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

My child will arrive no earlier than _____AM/PM and leave by _____AM/PM.

My monthly tuition is \$ _____, regardless of the days of actual attendance.

I understand that the center is staffed for the children scheduled. If my child will need care other than the above agreed upon hours and days I will need to notify the director in writing to make special arrangements. If proper notification is not made, it may not be possible to accept my child other than scheduled because of staffing requirements.

If collection is taken on my account, I agree to assume all costs.

Parents or Legal Guardian signature _____ Date_____