

Grace Child Care Center
7230 Quivira Road
Shawnee, KS 6621

APPLICATION FOR ENROLLMENT

Date _____

Child's Last Name _____ first name _____ middle name _____

Sex _____ Date of Birth _____ Food Allergies _____

Home Address _____

Home Phone _____ Cell Phone _____

Father's last name _____ first name _____ Business Phone _____

Place of Employment _____ Home address and phone if different from
child's

Mother's last name _____ first name _____ Business Phone

Place of Employment _____ Home address and phone if different from
child's

Other Children In Family: (continue on back, if necessary)

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

1. How did you hear about Grace Child Care Center? _____

2. Briefly tell what you hope your child will gain from attending Grace Child Care.

3. Briefly describe your child, without any reference to physical attributes.

Is your child potty trained? _____

What are your child's favorite activities/interests?

EMERGENCY CONTACTS (Please provide 2, if possible)

NAME _____ RELATIONSHIP TO CHILD _____

PHONE _____ ADDRESS _____

NAME _____ RELATIONSHIP TO CHILD _____

PHONE _____ ADDRESS _____

IS ANYONE SPECIFICALLY DENIED PERMISSION TO SEE THE CHILD? _____

AUTHORIZED PICKUP (other than Mother or Father):

Name _____ Phone _____

Name _____ Phone _____

Is there any other information you would like us to know about your child(ren)? _____

Signature of parent(s) or guardian _____

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Shawnee KS, 66216

PARENT (OR LEGAL GUARDIAN) CONTRACT

(If the child is not living with both natural parents, the custodial parent is asked to fill in the forms as completely as possible.)

My signature below indicates that I have read, understand and agree with the Parent Contract in making application for my child(ren) to attend Grace Child Care Center.

* I agree to work together with the staff of Grace Child Care, to ensure the best possible experience for my child(ren) during their preschool years.

* I understand that this application cannot be considered without the non-refundable application fee and that, if my child(ren) are enrolled, I agree to the payment policies as listed in the center's fee schedule.

* I understand that, if I withdraw my child(ren) from the program, I will notify the Director at least two weeks in advance.

* If legal action is required to collect tuition, the undersigned will be responsible to pay reasonable attorney fees.

* Grace Child Care reserves the right to refuse any application, or dismiss any child at any time, for unacceptable conduct that fails to be resolved. Neither this application nor payment of fees is considered to be binding in this regard.

* I understand that as Teachers and Child Care Providers, the staff of Grace Child Care is mandatory reporters of suspected child abuse and neglect. Offenses will be

reported.

* Grace Child Care will admit children of any race, national or ethnic origin and they will be given all rights, privileges, and activities made available to the children of the center. It does not discriminate on the basis of race, national or ethnic origin.

SIGNED _____ DATE: _____

Father or Guardian

SIGNED _____ DATE: _____

Mother or Guardian

PERMISSION TO PARTICIPATE IN CENTER ACTIVITIES

I hereby grant permission for _____ to use all of the play equipment and participate in all activities of the center; participate in supervised walks away from the building, and to be included in supervised observations, and pictures connected with the center program.

Signature of Parent or Guardian _____ Date _____