

Daycare Enrollment Form

Child's Full Name _____ DOB _____ Age _____

Child's Home Address _____ Phone Number _____

Parent/Guardian Name _____ Phone Number _____

Address (if different than child) _____

Employer _____ Work Phone _____

Parent/Guardian (secondary) _____ Phone Number _____

Address (if different than child) _____

Employer _____ Work Phone _____

Emergency Contacts: List the individuals (other than parents) who may pick up your child or be contacted in an emergency. These people will not need a written note but will need to show I.D.

Name _____ Relationship to child _____

Address _____ Phone Number _____

Name _____ Phone Number _____

Address _____ Relationship to child _____

Contract Terms

I agree to contract with the WSD Daycare Program for the care of my child (print child's name), _____ on the days listed in my fee agreement. I understand that **my payments must be received at the District Office before the 1st day of each month, for that month's care.** If payment is not made before the first day of the month, no service will be provided. Absences will not be deducted from the number of days and hours contracted, nor may missed days be made up on any other day. I also understand and agree that accounts 30 days past due will be subject to collection by an outside collection agency and daycare will not be provided until the account is paid in full.

Parent/Guardian Signature _____ Date _____

Health Information

Child's Doctor _____ Phone Number _____

Address _____

Child's Dentist _____ Phone Number _____

Address _____

Allergies _____ Medications _____

Other health concerns _____

CONSENT TO MEDICAL CARE OF MINOR CHILDREN

I hereby give my permission that my child (print child's name) _____ may be given emergency treatment to include First Aid and CPR. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health in the event I cannot be contacted. I waive my right to informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature _____ Date _____

****Office Use Only****

Start Date: _____ Daycare School: _____ Date faxed: _____ By: _____

Daycare Fee Agreement

Person completing this form is responsible for payment

If you have a situation where more than one party is responsible for daycare payments, all parties must complete a fee agreement clearly stating the amount each is responsible for. Failure of any party to pay their portion will result in termination of daycare services.

Parent/Guardian Name _____ Relationship to Child _____

Email Address _____ (Invoices will be sent electronically)

Phone # _____ Alternate Phone # _____

Mailing Address _____

Child's Name _____ Grade _____

Child #2 Name _____ Grade _____

Child #3 Name _____ Grade _____

Where do your children attend school? _____

| # of children | Program Options |
|---------------------------|--|
| ___ X \$330.00 = \$ _____ | per month --- Morning & Afternoon |
| ___ X \$210.00 = \$ _____ | per month - Monday --- Friday Afternoons Only |
| ___ X \$130.00 = \$ _____ | per month - Monday --- Friday Mornings Only |
| ___ X \$80.00 = \$ _____ | per month --- Tuesday - Friday Mornings Only |
| ___ X \$50.00 = \$ _____ | per month --- Monday Morning Only |
| | \$ _____ Total Monthly Fee |
| | \$50.00 = \$ _____ registration fee - one per family/per school year |

Registration:

To register, parents should come to the district office or to Washington Elementary.

Registration Requirements:

For registration to be complete, we must have the following items at WSD District Office (235 Sunset Avenue)

1. Enrollment Form
2. Fee Agreement
3. Registration Fee Paid
4. First Month's Payment

Registration Fee:

Each family is required to pay a **non-refundable** \$50.00 registration fee that is due at the time of registration. Children may not attend until all enrollment forms are complete and all fees have been paid.

Payments:

We accept check, cash or money orders only. We are not able to provide change so payment must be exact or balance will be applied to your account. If writing a check, make it to "WSD" and **please be sure to put your child's name and daycare site on the check** so we can credit your account accurately. Please mail your payment to: WSD Daycare Program, 235 Sunset Ave, Wenatchee, WA 98801. **Payments must be received at the district office before the 1st day of each month, for that month's care or no daycare will be provided.** Our daycare staff cannot take any payments at the sites and payments are due whether you receive an electronic bill or not. Monthly payments do not change unless a parent or guardian has submitted a new fee agreement.

Change in Service:

Changes or withdrawal from the program require a two-week written notice. If notice is not given, the original contracted tuition will be charged. Written notification must be received at the district office.

Agreement:

The undersigned hereby makes application to Wenatchee School District No.246 for use of the WSD Daycare Program and certifies that the information given in this application is correct. The undersigned further agrees to observe all rules and regulations established by the WSD Board of Education. I am responsible for payment of my child/children's daycare charges.

Print Name _____

Signature _____ Date _____