

**Enrollment Application  
2016-2017 School Year**

Please provide a complete response to each item. If an item doesn't apply, please place "n/a" on the line. All blanks must be filled in for application to be accepted.

**Child's Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
          First                                  Middle                                  Last  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

**Parents' Information**

Mother	Father
Name _____	Name _____
Address _____	Address _____
Social Security _____	Social Security _____
Cell phone _____	Cell phone _____
Cell phone carrier _____	Cell phone carrier _____
Email address _____	Email address _____
4-digit PIN # _____	4-digit PIN # _____

***Your 4-digit PIN# allows you access into the center and enables you to clock your child in and out each day. Our security system only allows people with PIN #'s to enter the building. By providing your cell phone carrier's name, we can send you text message reminders.***

**Business Information**

Company name _____	Company name _____
Address _____	Address _____
Work phone _____	Work phone _____

**Emergency Contacts/Pick Up & Drop Off List**

List at least 2 responsible relatives or friends who may be contacted in an emergency if a parent cannot be reached promptly. These people also have authority to pick up or drop off your child.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone # \_\_\_\_\_ 4-digit PIN # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone # \_\_\_\_\_ 4-digit PIN # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone # \_\_\_\_\_ 4-digit PIN # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone # \_\_\_\_\_ 4-digit PIN # \_\_\_\_\_

**Medical Information**

Is your child completely toilet trained?      YES      NO  
Pertinent medical history or special medical needs \_\_\_\_\_  
Physical or emotional needs \_\_\_\_\_  
Precautions for diet, medications, or activities (include allergies) \_\_\_\_\_  
\_\_\_\_\_

Child's Physician or Medical Provider \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_ Chart # \_\_\_\_\_

**Attendance**

Will your child eat breakfast at the center? (must arrive by 8:15am) YES NO  
Will your child eat lunch at the center? YES NO  
Will your child eat snack at the center? YES NO

**Please note that our tuition is based on a 10.5-hour day. Extended Care fees will apply if your child is here more than 10.5 hours. Our center closes at 6:00p.m. Late fees accrue at a rate of \$1 per minute per child.**

What hours will your child attend the center? \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

What days per week? (please circle) Monday Tuesday Wednesday Thursday Friday

**Required Parental Authorizations**

**Photography**

\_\_\_\_ I DO \_\_\_\_ I DON'T give permission for my child, \_\_\_\_\_, to be photographed or videotaped at Little People's Christian Academy, Inc.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Field Trips**

\_\_\_\_ I DO \_\_\_\_ I DON'T give permission for my child to participate on field trips and special activities at Little People's Christian Academy, Inc. I understand that I will receive additional information before each trip or activity and will make arrangements with the center if I do not wish for my child to participate.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Emergency Medical Treatment**

Little People's Christian Academy, Inc., has permission to obtain emergency medical treatment for my child at any time.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I have received a copy of the center's Parent Handbook that includes the Child Care Regulations Summary for Parents. I understand that I can access this handbook anytime online at [www.littlepeoplesms.com](http://www.littlepeoplesms.com).  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Whom may we thank for referring you to our center? \_\_\_\_\_  
Name of center or babysitter who previously cared for your child \_\_\_\_\_  
If we may call them for a reference, please list their phone number \_\_\_\_\_

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For office use only:  
Date of Enrollment \_\_\_\_\_ Registration fee paid \_\_\_\_\_  
Date of Acceptance \_\_\_\_\_  
Date of Withdrawal \_\_\_\_\_ Reason \_\_\_\_\_

## Tuition and Fees Contract

I, \_\_\_\_\_, am enrolling my child(ren),  
\_\_\_\_\_, in Little People's Christian Academy, Inc. I understand that I must adhere to the following rules regarding payment of tuition and fees:

1. Tuition will be collected each Monday, or as due, via a direct draft system (Tuition Express). I allow Little People's to collect any tuition that is due via Tuition Express.
2. Each year, an annual registration fee is due on August 1 or upon enrollment. I allow Little People's to collect my annual registration fee via Tuition Express on August 1
3. If my child(ren) drop from the center, I understand that a 2-week's notice must be given. If I fail to give the director a written 2-week's withdrawal notice, I understand that I will still be billed for two week's tuition, and it will be drafted via Tuition Express.
4. Any and all fees (including, but not limited to, swimming lessons, late fees, field trip fees, etc) will be drafted from my account via Tuition Express if I do not pay them with cash by the date they are due.
5. A \$30 NSF fee will be billed to my account each time Tuition Express attempts to draft my tuition and it isn't available for payment. I understand that this NSF fee will be billed from my account on the next billing cycle.
6. I understand that Little People's does not accept checks. If I choose to pay with cash, I will be billed \$5 per week for a handling fee. Little People's preferred payment method is Tuition Express (draft).
7. If my account information changes (billing address, expiration date, etc.), I understand that I am responsible for letting the center know and any NSF fees incurred due to changes that are not properly updated are my responsibility.

This is a binding contract that covers the dates from August 1, 2016 until July 31, 2017.

Child or Children's Names \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please note that any unpaid balances will be turned over to the center's corporate attorney for collections. Customers who have an unpaid account will also be referred to ProviderWatch.com. This site is used by all childcare centers in the nation to see if customers have unpaid balances at any center.



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if you wish to make online payments

<b>For Official Use Only</b>
<b>Date Received</b>
<b>Employee Signature</b>





**Automated Payment Processing**  
**Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if you wish to make online payments

**For Official Use Only**

Date Received

Employee Signature

A service of



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