

## Registration Form

Registration Date:
Registration Fee of \$25 (non-refundable)

Child's Name:					
Child's Name:		DOB:_		_ Allergies:	
Child's Name:		DOB:_		_ Allergies:	
Mother's First Name:		Last 1	Name:		
Address:					
City:	State:	Zip:			Cell
Home Phone:					
Email:					
Employed By:					
Father's First Name:		La	st Name:		
Address:					
City:	State:	Zip:			Cell
Home Phone:					Provider:
Email:					
Employed By:					
My child(ren) will attend t					
(Please circle) Mon. T	•		from	am to	pm
I agree to pay in adva					1

- I am aware that I will be charged for child care if my child is sick or not in attendance.
- I am aware that I will be charged a fee for late tuition.
- I am aware that I will be charged a fee for late pick-ups.
- I am aware that a two week notice is required for withdrawals.
- I am aware that payment for the last two weeks of child care is due before care is given.
- I am aware that Scribbles & Giggles is within its rights to collect unpaid tuition through the district court.
- Late fees will be charged if children are picked up after the centers operating hours. The operating hours for Scribbles and Giggles Child Care Learning Center is 6:00am to 6:00pm Monday through Friday. Parents should arrive in time to get your child's belongings packed up and ready to leave the building before the center closing time. If you pick up your child after 6:00pm the following fees will be charged.

\*\*\*Phone call to notify of late arrival will not exempt a late fee charge.

Late fees are due at pick up or at drop off time on the next day your child is to attend.

OVER----->

Emergency Contacts & Authorized Pick-Up Persons

Name:			Phone:				
Relationship to the	child:						
Name:			Phone:				
Relationship to the	child:						
Name:			Phone:				
Relationship to the	child:						
Name:			Phone:				
Relationship to the	child:						
wipes must be prov your account will b	ring Policy: de formula/breast mi vided until your child be charged \$4.00 per	l is potty trained. If the	•	center meals. All diapers & de your child with these items, er.			
☐ I understand th	his policy						
Topical Non-Preso	cription Medication	<b>Permission:</b>					
□ S&G has my pe	ermission to apply In	sect Repellant (provi	ded by parent)				
□ S&G has my pe	S&G has my permission to apply Diaper Rash Cream (provided by parent)						
□ S&G has my pe	S&G has my permission to apply Antibiotic Ointment (provided by parent)						
		•	S&G, additional \$5 de your own if you c	· · · · · · · · · · · · · · · · · · ·			
Update yearly:							
	Initial/Date	Initial/Date	Initial/Date	Initial/Date			
~ 1		1	nild doing art projects and on the monitor i	s, class activities, on field trips, n the lobby.			
Licensing Notebool	κ <b>:</b>						
Licensing Notebook reports, special inves	-All child care centers	l related corrective act	on plans (CAP). The n	cludes all licensing inspections otebook must include all reports			
and all rela ~The notebo ~Licensing i	ted corrective action p ook will be available to inspection and special	lans since May 28th, 20 parents for review durinvestigation reports fr	110. ing regular business ho	years are available on the			
Immunization Reco	ord:						
agent specified by the waiver stating immu	ne department of comm	nunity health. If your cl administered due to re	nild/children have not beligious, medical or oth	of one dose of each immunizing been immunized you must sign a ser reasons. If we do not have the			
_				rmation packet containing opportunity provider.			
Parent Signature	<mark>e:</mark>		Date:				
_ <del></del>							