

**Diana's Playpen of Little Genius's Incorporated of Chicago
Enrollment Application**

STARTING DATE: _____ CONFERENCE DATE: _____
DISCHARGE DATE: _____

CHILD'S
NAME: _____ DOB: _____ SEX: M/F
ADDRESS: _____

Days and hours of care:

Circle all that applies: **M T W TH F**

Hours of care **From** _____ **am/pm** **To** _____ **am/pm**

FATHER'S NAME: _____ ADDRESS: _____ HOME PHONE: _____	MOTHER'S NAME: _____ ADDRESS: _____ HOME PHONE: _____
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WHERE TO REACH PARENT

FATHER'S
OCCUPATION: _____

PLACE OF
BUSINESS: _____

BUSINESS PHONE: _____

MOTHER'S
OCCUPATION: _____

PLACE OF
BUSINESS: _____

BUSINESS PHONE: _____

Communicable Disease Policy

In order that the health of all **Diana's Playpen of Little Genius's Incorporated** students/staff is safeguarded as much as possible, it is our policy that:

1. You immediately inform the school when it is known to you that your child has a communicable disease (i.e. measles, chicken pox)
2. Your child is not to return to school after having a communicable disease unless a written statement from your doctor is received stating that your child is in good health and free from the communicable disease.
3. We inform all parents of **Diana's Playpen of Little Genius's Incorporated** students within 24 hours of notification that a student has a communicable disease specifying its nature so that you may call your physician for information.

Has your child been exposed to **C.M.V.** (Cytomegalovirus (CMV) infection in childhood is generally asymptomatic. Its importance lies in the ability of pre-school children to transmit the infection to parents and daycare providers who may be pregnant, with a risk of congenital infection in future offspring). or any other contagious illness or virus that we need to be aware of? Yes _____ No _____

I have read and agree to the above statement concerning communicable disease policy.

Child's Name _____

Parent Signature _____ Date _____

Photographs and Video

I/We understand that **Diana's Playpen of Little Genius's Incorporated** may be featured in articles or journals focusing on educational practice and early childhood programs, I/We hereby grant consent for my child to be photographed or appear in video individually or with his or her peers participation in center activities. I/We further understand that the school will attempt to notify me of such visual publications, but understand that due to the time, scope and nature of such publications it is sometimes difficult or impossible to receive this form of notification.

I further understand that under no circumstances will my child's name ever be used and linked to particular developmental study.

Parent Signature _____ Date _____

Child Emergency Card

Child's Name: _____ Child's Birthday: _/___/____
Female___ Male___

Lives with: Mother___ Father___ Other(specify)_____

Father Name: _____ Occupation: _____
Phone: _____ Other: _____

Mother Name: _____ Occupation: _____
Phone: _____ Other: _____

EMERGENCY CONTACT IF NEITHER PARENT IS AVAILABLE

NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____

CHILD'S DOCTOR: _____

ADDRESS: _____

PHONE: _____

Name of Insurance plan: _____ ID Number _____

Authorization for Release of Child

No child will be released from the **Diana's Playpen of Little Genius's Incorporated, of Chicago** without prior authorization from the parent(s) or legal guardian who registered the child into the **Diana's Playpen of Little Genius's Incorporated**.

I authorized my child to be released to the following person(s)

Name	Phone#
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Signature of Parent/Guardian _____ Date _____

Trips and Outdoor Excursions

I/We understand that **Diana's Playpen of Little Genius's** to take my child on outdoor excursions via bus, train, stroller, trolley or by walking to nearby parks, museums and other local attractions. I understand that such excursions are under the direct supervision of staff and in accordance with DCFS health and safety regulations.

Parent/ Guardian Signature _____ Date _____

Emergency Medical Care

This authorizes **Diana's Playpen of Little Genius's** to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/ we will be responsible for the emergency medical charges upon receipt of the statement

Parent/ Guardian Signature _____ Date _____

Administer Prescription and Over-The-Counter Medicine

I/we authorize **Diana's Playpen of Little Genius's** to administer prescribed and over-the-counter medicine as specified in the prescription's directions and as specified in the written instructions.

Parent/ Guardian Signature _____ Date _____

New Enrollment Placement Agreement and Tuition Agreement

I understand and accept the following criteria in authorizing placement for my child, _____, at **Diana's Playpen of Little Genius's Incorporated**. I further understand that failure to meet these criteria may result in discharge from the program.

Each child is enrolled for an initial 30-day evaluation period to determine placement appropriateness. Program enrollment is subject up on the Institute's ability to provide appropriate education and daily care for children that encourages optimum development. If placement is unable to meet a child's specific needs, the parent may withdraw their child of the program may discharge him/her.

1. I agree to and understand my financial responsibilities to the program. I also agree that I will maintain a current status with my account.
2. Tuition covers the period of enrollment in the program and does not adjust for absences. A **free** registration fee is required with the return of this contract. Cash, money orders, and personal checks are acceptable forms of payment. Tuition not paid by the end of each month will incur a \$28.00 late fee. Tuition more than three weeks past due may cause my child to be dropped from the program and hi/her slot to be allocated to another child. Checks returned by the bank shall incur a \$50.00 returned check charge. Future payment may be requested in cash or certified funds.

I agree to follow the following tuition plan:

- Plan A (Monthly) tuition is due in full by the fifth day of each month _____
- Plan B (Weekly) tuition is due the first day of each week _____
- Plan C (Bi-Weekly) tuition is due every other Monday _____

3. I agree to be actively involved in the achievement of my child's program by attending parent/teacher conferences, parent workshops, and room committee meetings.
4. I understand that I am required to abide by all **Diana's Playpen of Little Genius's Incorporated** policies and procedures regarding program attendance and have received copies of the parent handbook.
5. I understand that my child must maintain current immunizations to be enrolled in the program and will provide documentation annually to verify this.
6. I understand that importance of providing a current telephone number to be reached in the case of an emergency with my child and will provide number changes to the program director as they occur.
7. If I am unable to pick up my child by closing time, I understand that I will be charged a late fee of **\$10.00** due at the time of pick-up if I come for my child

between closing and ten minutes after. Thereafter I will be charged (see Parent Handbook for further detail) an additional \$1.00 per minute.

8. I understand that I will be charged a late arrival fee of \$10.00 due at the time of drop off if I bring my child to the Institute after 10:00am without prior permission from the director. I do understand that only doctor appointments exclude me from this charge and I will need to show a signed appointment slip upon arrival.
9. All immunization records and renewal registration forms must be current and on file to continue placement.

I have read and understand this contract, and I further declare that the information I have submitted is complete and truthful to the best of my knowledge. I agree to communicate in writing any changes enclosed here in even if verbal changes occur after my child has been enrolled. I understand that upon discovery of considerable inaccuracy of any information herein, **Diana's Playpen of Little Genius's Incorporated** reserves the right to withdraw admission to the school.

Parent/Guardian Signature

Date

PERSON RESPONSIBLE FOR PAYMENT OF TUITION

DRIVERS'S LICENSE # _____

SOCIAL SECURITY # _____

Diana's Playpen of Little Genius's Incorporated administers a nondiscriminatory policy of admission in regard to race, sex, color, creed, and nationality or ethnic origin.