

Application/Registration Form

How did you hear about us? _____ Parent Handbook received (date): _____

Full name of child:		Name usually known by:	
Date of Birth:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Address:			
Zip code:		Home Phone:	

Mother's Details:			
Mother's name:			
Occupation:		Employer:	
Work phone number:		Cell phone number:	
Email address:			
Address (if different from child's):			
City, State		Zip code:	
Make, Model, and license plate of mother's vehicle:			

Father's Details:			
Father's name:			
Occupation:		Employer:	
Work phone number:		Cell phone number:	
Email address:			
Address (if different from child's):			
City, State		Zip code:	
Make, Model, and license plate of father's vehicle:			

Who has parental responsibility (custody agreement)?			
Name:		Name:	
Are there any contact restrictions? (If yes, please give details below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			

Other Emergency Contacts (who to contact in emergency if parent(s) cannot be reached):			
Name:			
Phone number:		Relationship to child:	
Name:			
Phone number:		Relationship to child:	

Authorized Pickup Contacts (persons authorized to pickup your child):			
Name:			
Phone number:		Relationship to child:	
Make, Model, and license plate of vehicle:			
Name:			
Phone number:			
Make, Model, and license plate of vehicle:			

Care Needed:												
Days	Full-Time			4-Day			3-Day					
Monday	From:		To:		From:		To:		From:		To:	
Tuesday	From:		To:		From:		To:		From:		To:	
Wednesday	From:		To:		From:		To:		From:		To:	
Thursday	From:		To:		From:		To:		From:		To:	
Friday	From:		To:		From:		To:		From:		To:	

Doctor, Dentist, Insurance Details:			
Doctor's name:			
Doctor's address:			
Zip code:		Doctor's Phone number:	
Dentist's name:			
Dentist's address:			
Zip code:		Dentist's Phone number:	
Medical insurance company			
Policy number:		Group number:	
ID number:			

Medical Details:
Medical Details Does your child have any medical problems that we should be made aware of? Please give details below:
Allergies Does your child have any allergies that we should be made aware of? Please give details below:
Long-term Medication Is your child on any long-term medication that we should be made aware of? Please give details below

Special Dietary Requirements

Does your child have any special dietary requirements? (i.e. religious) Please give details below:

[Empty yellow box for special dietary requirements]

Permissions:		
Do you give Thrive Learning Center permission to photograph your child for their file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give Thrive Learning Center permission to photograph your for promotional purposes? (i.e. grant presentations, Parents' Facebook page)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give Thrive Learning Center permission to administer first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMERGENCY MEDICAL CARE

*In the event of an accident which requires medical attention beyond basic first aid, we will try to contact you, the parent, immediately. If it's a medical emergency, we will call 911 and accompany the child to Gritman Medical. We will then contact you or your emergency contact person. Any fees incurred as a result will be your (the parent's) responsibility.**

**In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate emergency care as might be required for my child's health and safety. I understand that any expense for this service will be my responsibility.*

Parent's Signature _____ Date _____

ACKNOWLEDGEMENTS/AGREEMENTS

I understand and acknowledge the monthly tuition is due the last day of the prior month for the following month of care (i.e. payment due January 31 for February's tuition) and is non-refundable in case of absence. Payments not made in full by the 5th of the month will be charged a \$50 late fee. There will be a \$35 charge for insufficient funds. I further agree that if not paid in full by the first of the following month, my child's care will be suspended, at which time my child will lose their spot at Thrive Learning Center. I also understand and agree to give one month's notice, in writing, if I choose to withdraw my child from Thrive Learning Center, or to give one month's payment in lieu of notice.

My signature below acknowledges the agreement made between Thrive Learning Center and me, and also acknowledges that I have read and will abide by all agreements set forth above, as well as all policies and guidelines as set forth in the Parent Handbook, which I received on the date listed above.

Parent's Signature _____ Date _____

For Thrive Learning Center Only

Age: _____ Days: _____ Times: _____

Tuition: _____ Start Date: _____ TLC Director's initials/date: _____