

PROGRAM	_____
F/T	_____
P/T	_____
Days	_____

DATE REC'D:	_____
START DATE:	_____

Four Seasons Child Care Center Application for Enrollment

CHILD'S NAME _____ last _____ first _____ M.I. _____

NICKNAME (if used) _____ DATE OF BIRTH _____

HOME ADDRESS _____ number and street _____ town _____ zip code _____

HOME PHONE _____

MOTHER'S NAME _____ BUSINESS # _____

Place of employment _____ CELL # _____

FATHER'S NAME _____ BUSINESS # _____

Place of employment _____ CELL # _____

PARENTS ARE : Together _____ Divorced _____ Separated _____

PERSON TO BE CALLED FIRST (in case of sickness or emergency) _____

**IN CASE OF ILLNESS OR EMERGENCY AND WE ARE NOT ABLE TO REACH YOU,
PLEASE LIST TWO ALTERNATE CONTACTS :**

Name _____ Phone # _____

Address _____ Relationship _____

Name _____ Phone # _____

Address _____ Relationship _____

Please see back

MEDICAL HISTORY

Are your child's immunizations up to date? Yes No

Does your child suffer from any allergies to medications, foods or other? Yes No

If yes, please list _____
(use bottom of form if necessary)

Does your child have any medical conditions? (i.e.) diabetes, asthma, etc)

If yes, please list _____
(use bottom of form if necessary)

Does your child have any special needs or concerns that we need to know about? _____

If so, please explain: _____

Calendar/ Payment Policy

Four Seasons provides care before and afterschool for students residing in the Sweet Home School District and attending Sweet Home Schools.

I understand there is a \$20.00 non-refundable initial registration fee. The morning program will start at 7:00AM, the charge is \$5.50/ \$7.50/ \$9.50 per day as applies to number of children, and I am responsible for signing my child(ren) in, each time they attend. The afterschool program will run until 6:00PM. The charge will be as follows:

- 1 Child- \$5.50/day if child is picked up by 4:00PM or takes the late bus.
 \$11.00/day if picked up by 5:00PM
 \$16.50/day if picked up by 6:00PM.
- 2 Children- \$7.50/day if children are picked up by 4:00PM or take the late bus.
 \$15.00/day if picked up by 5:00PM
 \$22.50/day if picked up by 6:00PM
- 3 Children- \$9.50/day if children are picked up by 4:00PM or take the late bus.
 \$19.00/day if picked up by 5:00PM
 \$28.50/day if picked up by 6:00PM

If I do not pick up my child by 6:00 PM, I will be charged an additional \$15.00/child for every 15 minute increment. I must sign my child out each time he/she attends.

I understand that I am responsible for payment for my child's(ren's) before and after school care. I agree to submit my payment and calendar by the 15th day prior to the month of attendance(i.e., in order for your child to attend in October of 2009, your payment and calendar are due by Saturday, August 15, 2009). **Payment and calendar should be sent to Four Seasons Child Care, 1639 North French Rd., Getzville, NY 14068.**

For billing questions please call Sandi at 568-1140, Mon-Fri between 9:15am and 1:15pm.

I understand that I am responsible for all days reserved on the calendar. Additions to the calendar must be made by the Thursday prior to the week of change, in order to avoid the \$15 penalty per addition per child. No credits or refunds will be given for unused days.

All personal property must be labeled. Children should not bring toys or other valuable personal possessions from home to the program. We are not responsible for any lost or missing items.

I have read the Before/After School Program Calendar Payment Policy and agree to abide by the policies set forth by Four Seasons Child Care.

I understand that failure to comply with the Calendar/ Payment policy could result in my child(ren) being removed from the program.

Child's name (Please Print)

Parents Signature

Date

Parent/Guardian
Initial

PARENTAL RESPONSIBILITY CONTRACT

_____ I, the undersigned, certify that my child _____ has my permission to take part in the program conducted by Four Seasons Child Care. In consideration of the acceptance and enrollment of my child in the program with Four Seasons, I do hereby expressly waive any claim for injuries sustained by said child participating in the program.

_____ I understand that the Before and After School program is for the convenience of students residing in the Sweet Home School District and attending Sweet Home Schools.

_____ I understand this is a well child program. If my child did not attend school or was picked up early due to illness, they will not attend the afterschool program.

_____ I realize that picking up my child(ren) by 6:00 is an important responsibility on my part and that failing to do so will result in the following procedures:

- A \$15.00 fee will be assessed per child for every 15 minutes a child remains at the program past 6:00pm (ex: 6:01pm-6:15pm= \$15.00/child; 6:15pm-6:30pm= \$30/child).
- The first and second time tardiness occurs, I will be informed that failing to pick up my child on time may result in my child's loss of program services.
- The third time tardiness occurs, I will receive written notification that my child will no longer be able to participate in the program.

_____ The custodial parent(s) MUST submit a list of those persons authorized to pick up their child(ren) from the after school program along with a copy of their Drivers License. Program staff will seek picture I.D. at pickup from those individuals authorized to pick up your child(ren).

_____ I understand that Four Seasons Child Care shares concern for the safety of my son/daughter. I will take all steps necessary to insure that any/all individuals authorized to pick up my son/daughter will be drug/alcohol free when they arrive on site.

_____ I agree to allow Four Seasons Child Care staff to use sunscreen on my child if necessary. (See program staff for more information).

_____ I am aware that my child(ren) will not be able to attend our program unless an application and emergency contact form is on file and payment is made in full on time, prior to the month of attendance (as per Calendar Payment Policy)

_____ I understand that Four Seasons will implement our discipline policy when behavior expectations are not met. A verbal warning will be given and a parent will be notified. If negative behavior continues the steps noted in the Parent Handbook will be followed possibly leading to dismissal from Afterschool program.

AFTERSCHOOL PROGRAM PAYMENT AGREEMENT POLICY

_____ Payments are due in full on or before the 15th of the month preceding services.

_____ Any payments received after the 15th will incur a \$20 late charge.

_____ If payment due remains unpaid by the last day of the month in which it is due, parent/guardian agrees to withdraw the child from the program as of the first day of the following month.

_____ If a child is withdrawn from the program for non-payment you can re-register for services (if space is available) by paying:

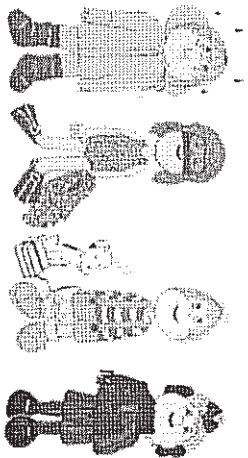
- 1) An additional \$20 registration fee;
- 2) Payment for all days of service to be used within that month prior to the first day of attendance and
- 3) Payment of any/all outstanding balances due for previous service.

REFUND POLICY: No refunds or credits will be given for program.

I, the undersigned have read, understand and accept the conditions by which I must abide and which are contained in the Parental Responsibility Contract in order to make this program a safe and pleasant experience for myself and my child(ren).

Signature of Parent or Person(s) legally responsible

Date



Four Seasons Child Care & Preschool

1639 N. French Rd.
Getzville, NY 14068
(716) 568-1140

**Four Seasons School Age
Drop-Off/ Pick-up Information**

List yourself **FIRST** and any other people who are authorized to pick up your child.

Child's Name:

Parent's Name:

Others:

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Please provide a copy of drivers license pr picture I.D. (to be kept on file) for those listed.
NO CHILD WILL BE RELEASED TO ANYONE WHO IS NOT LISTED.
PICTURE I.D. WILL ALSO BE REQUIRED AT TIME OF PICK-UP.

Four Seasons Child Care & Preschool
1639 North French Road
Getzville, NY 14068
Phone 716-568-1140 Fax 716-568-1142

Parental Authorization for Emergency Treatment

I (we) the parent(s)/guardian(s) _____ do hereby authorize the examination and emergency treatment of my son/daughter _____ as may be indicated by emergency department physician of the closest medical facility while my child is under the supervision of the Four Seasons School Age Program. I authorize the Four Seasons staff to obtain ambulance transport for my child in case of an emergency.

UNDER NO CIRCUMSTANCES WILL THE STAFF OF FOUR SEASONS TRANSPORT AN INJURED INDIVIDUAL. If a medical emergency occurs, 911 will be called and the ambulance/emergency vehicle will transport the injured individual. The parents/guardian are responsible for payment of the ambulance/emergency use.

Name of medical insurance company: _____

Address: _____

Phone Number: _____

Group Policy number: _____

Date: _____

Signature: _____
(parent/guardian)

After School Calendar

SEND CALENDAR & PAYMENTS TO:

Four Seasons Child Care
1639 North French Rd.
Getzville, NY 14068

Phone: 568-1140 Fax: 568-1142
www.fourseasonsfamily.com

Student Name(s): _____

School/Teacher: _____

Calendars and Payments are due 15 days prior to the first of the month. A \$20.00 late charge will be added for any payment or calendar not received within 15 days prior to the beginning of the month. **Calendars MUST be mailed in with payment.** Our phone number is 568-1140.

- Each day is coded. Please circle the appropriate pickup time on each day and complete weekly totals.

Codes and Daily Rates:

- 1 Child-** \$5.50/day if child takes the late bus. (LB) or if child is picked up by 4:00PM (PU) \$11.00/day if picked up by 5:00PM (E) \$16.50/day if picked up by 6:00PM. (L)
 - 2 Children-** \$7.50/day for the late bus. (LB) or if child is picked up by 4:00PM (PU) \$15.00/day pickup by 5:00PM (E) \$ 26.25/day pickup by 6:00PM (L)
 - 3 Children-** \$9.50/day for the late bus. (LB) or if child is picked up by 4:00PM (PU) \$19.00/day pickup by 5:00PM (E) \$28.50/day pickup by 6:00PM (L)
- After school Clubs-** Subtract \$5.50/day (1 child) or \$2.00/day (2+ children) from your total. (C)
X- Not attending that day

11:00am -Early Dismissal Day- \$30/day
Full Day Conference- \$38/day

**\$1 Processing Fee for all statements printed
No Credits or Refunds**

Parent Signature _____ Date: _____

Check #: _____ Date Received: _____

Amount: _____

September 2009

Weekly Totals

Mon.	Tues.	Wed.	Thurs.	Fri.	Late Bus/ PU	5:00PM	6:00PM	Other
	1	2	3	4				
7	8	9 LB or PU C E L	10 LB or PU C E L	11 LB or PU C E L				
14 LB or PU C E L	15 LB or PU C E L	16 LB or PU C E L	17 LB or PU C E L	18 LB or PU C E L				
21 LB or PU C E L	22 LB or PU C E L	23 LB or PU C E L	24 LB or PU C E L	25 LB or PU C E L				
28 LB or PU C E L	29 LB or PU C E L	30 LB or PU C E L						
Total Days								
Fee Per Day (See daily rate)								
Total Due								

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