



Dear Parent/ Guardian,

Welcome, and thank you for selecting our center for the care and education for your child. We are proud to have you join our family and look forward to getting to know you and spending more time with you and your child.

In your welcome packet, you will find a Family Handbook, Enrollment Packet, Physical Form as well as some helpful information. We ask that you review, as well as sign, all appropriate information. All our records are kept confidential.

If you have any questions or concerns, please feel free to contact the owner. I will be happy to address any concerns.

Once again, thank you for choosing Cradles to Crayons Learning Center.

Sincerely,

*Jessica McDowell*

*Jessica McDowell*  
*Owner/Director*



I have received, read, and understand my copy of Cradles to Crayons Learning Center Family Handbook. I have also discussed the behavior plan as well as the Illness policy with the Owner/Director.

Please sign and date below

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PARENT SIGNATURE

DATE



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Classroom: Infants      Toddler      Preschool      School Age

Allergies: \_\_\_\_\_

Media Safe:      Yes      No

**Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick-Up					

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## CHILD ENROLLMENT FORM

Child's Name

Date of Birth:

Child Information			Registration Date				
Last Name		First Name		M.I.	Nickname		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not To Specify	Date of Birth	Street Address		City, State			
Existing medical conditions or medications your child may require							
Allergies							
Parent 1							
Last Name		First Name		Street Address		City, State	
Cell Phone		Home Phone		Work Phone			
Employer		Employer Street Address			Employer City, State		
Parent 2							
Last Name		First Name		Street Address		City, State	
Cell Phone		Home Phone		Work Phone			
Employer		Employer Street Address			Employer City, State		
Parents are (circle one)							
Together		Married		Separated		Divorced	Widowed
Who lives in your child's home							
Name			Age		Relation		
Name			Age		Relation		
Name			Age		Relation		





## Emergency Card

Child's Name

Date of Birth:

<b>Parent 1</b>			
Last Name	First Name	Street Address	City, State
Cell Phone	Home Phone	Work Phone	
Employer	Employer Street Address		Employer City, State
<b>Parent 2</b>			
Last Name	First Name	Street Address	City, State
Cell Phone	Home Phone	Work Phone	
Employer	Employer Street Address		Employer City, State
<b>Other Emergency Contacts</b>			
Name	Phone Number	Relation	
Name	Phone Number	Relation	
<b>Health Information</b>			
Physicians Name		Phone Number	
Physicians Street Address			Physicians City, State
Allergies/Medical Condition			
Current Medications			
Dentists Name		Phone Number	
Dentists Street Address			Dentists City, State
Health Insurance Provider		Health Insurance I.D. Number	

I, \_\_\_\_\_, give permission for Cradles to Crayons Learning Center to make emergency measures as judged necessary for the care and protection of my child, while under the supervision of their care. In case of a medical emergency, I understand that my child will be transported to Middlesex Hospital by the local emergency unit for treatment, at my expense, if the local emergency resource deems it necessary.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



## Pick-Up Authorization

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Pick- Up Authorization

At the time of enrollment, Parents or Guardians must provide us with the name of persons authorized to pick up their child from the program. It is the Parent or Guardian's responsibility to inform the center of any changes in the names of persons authorized.

We will release the child to authorized persons only. Photo identification will be requested by the center before the child is released to ensure the child's safety.

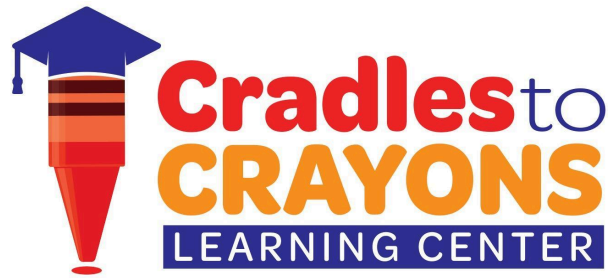
If someone other than an authorized person (persons are authorized on the Emergency or Pick Up card) is to pick up your child, please notify the center **in writing**. We can then release the child to the person specified in the letter to the center. **That person must be prepared to show photo identification.**

The people listed below have my authorization to pick up my child from the childcare program. I will inform, in writing, my child's teacher or owner each time a special pick up is necessary.

Name	Phone Number	Relation
Name	Phone Number	Relation
Name	Phone Number	Relation
Name	Phone Number	Relation

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Tuition Agreement

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

We require a non-refundable registration fee of \$80.00 per child through our enrollment link on our website. This fee ensures your child's spot in the program. There is an annual enrollment fee of \$125 due each August. Tuition is due on the Friday before the week your child will be attending. There is a \$20.00 late fee for all tuition paid after Friday. There is a \$30 surcharge fee for any payments that are declined or returned.

If it is decided you wish to withdraw your child from the center for any reason, a two (2) week **PAID WRITTEN NOTICE** is required.

I have read and understand the tuition agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_  
Date

**Registration Fee \$** \_\_\_\_\_

**Weekly Rate** \_\_\_\_\_





## Permission and Agreement

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

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### Photograph

I give permission for my child to be photographed in the center, at center functions and events. I also give permission for the photographs to be displayed in the center. I understand that photographs may be taken by center staff or professional photographers. **I understand that I will be notified** if my photographs are to be used for publicity purposes or outside of the center. I understand some of the photographs may display my child and my family. I understand I have the right to refuse permission.

\_\_\_\_\_

Parent/Guardian Signature

Date

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### Food

I give my child permission to eat and drink foods that are brought by the staff and other children for parties and special occasions. I, as a parent or guardian, will keep the staff informed of any current food allergies or any that develop. I will give the center this notification in writing. Older infants & young toddlers will be personally asked by their teacher if a food is appropriate for them to have.

\_\_\_\_\_

Parent/Guardian Signature

Date