



# Registration Forms





CHILDREN'S  
**discovery center**

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Dear Parents:

I am honored that you are considering entrusting the care of your child to the teachers and staff at Children's Discovery Center. As a parent myself, I understand how important and difficult your decisions about child care can be.

When I founded Children's Discovery Center 30 years ago in Toledo, Ohio, it was based on the belief that families, just like yours, want a warm, welcoming, secure environment in which children's unique interests and abilities will be nurtured and developed.

In order to bring the most exciting and innovative techniques to the Mount Pleasant community, I have traveled to some of the most renowned child care facilities and children's museums around the country and abroad.

Today, we have refined the Reggio Emilia method into what we refer to as the "Inspired Approach to Learning." Reggio Emilia is unlike any other educational philosophy out there. It truly encompasses all a child has to offer. Our trained teachers encourage children to use their *100 languages* to see, touch, and do – to draw, paint, weave, plant, write, take photos, sculpt in clay and more. Of course, real learning in all academic areas including reading, math, science, foreign language and music take place while children are immersed in activities and projects. In addition to all of this, we will also offer art courses and other enrichment opportunities such as foreign language, music and dance.

Because we believe so strongly that education begins with discovery, our centers include children's museum exhibits. These exhibits are featured in our discovery room as well as throughout the classrooms. This center will include many exhibits that reflect the Lowcountry community, culture and surroundings.

So with excellence as our mantra, innovation as our distinctive and faith as our foundation, it is my hope that you will find peace of mind in knowing Children's Discovery Center is committed to providing the very best care for your child.

Sincerely,

**Lois Rosenberry**  
*Founder and CEO*  
**Children's Discovery Center**



## 2016 - 2017 Tuition Information

New Enrollees		Youngest Child	Additional Child(ren)	
FULL DAY/M-F	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
Children 0 – 16 months	\$532	\$1,152	\$505	\$1,094
Children 16-36 months	\$522	\$1,131	\$496	\$1,075
Children 3 + older	\$502	\$1,088	\$477	\$1,034
<b>PART TIME</b>				
16-36 months <b>T/TH</b> (full-day)	\$261	\$566	\$248	\$537
16-36 months <b>M/W/F</b> (full-day)	\$392	\$849	\$372	\$806
Age 3 + <b>T/TH</b> (full-day)	\$251	\$544	\$238	\$516
Age 3 + <b>M/W/F</b> (full-day)	\$377	\$817	\$358	\$776

Circle your desired program. Form to be completed and returned to Children's Discovery Center with a \$100 registration fee (for new families). Registration fee is non-refundable. A security deposit equal to one week's tuition will be due upon enrollment. Tuition is due and payable according to the bi-weekly or monthly option chosen, and the current tuition schedule. Any child over three years who is not toilet-trained will be charged the rate of children 16-36 months. All policies posted in the Children's Discovery Center handbook apply.

\*\*\*Tuition includes Stretch & Grow, Spanish, Art & Music Classes.

**Limited School-Age Enrollment at Park West Location Only** - Age 5 - 10 After School Program includes snack & transportation to Laurel Hill & Jennie Moore Elem.

Age 5-10 <b>M - F</b> 2:40-6:15	\$204	\$442	\$194	\$420
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**FORMS WILL BE ENTERED FOR ENROLLMENT ON A FIRST-COME, FIRST-SERVED BASIS.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2016 - 2017 Bi-Weekly Tuition Schedule

TUITION DUE DATE	CLASS DATES	SCHEDULE NOTES
August 15	August 15 - 26	
August 29	August 29 - September 9	<i>School Closed</i> -IN-SERVICE TRAINING DAY: September 2 <i>School Closed</i> - LABOR DAY: September 5
September 12	September 12 - 23	
September 26	September 26 - October 7	
October 10	October 10 - 21	
October 24	October 24 - November 4	
November 7	November 7 - 18	
November 21	November 21 - December 2	<i>School Closed</i> - THANKSGIVING: November 24 - 25
December 5	December 5 - 16	
December 19	December 19 - 30	<i>School Closed</i> - CHRISTMAS: December 23 & 26
January 3	January 3 - 13	<i>School Closed</i> - NEW YEAR'S DAY: January 2
January 16	January 16 - 27	
January 30	January 30 - February 10	
February 13	February 13 - 24	
February 27	February 27 - March 10	
March 13	March 13 - 24	
March 27	March 27 - April 7	
April 10	April 10 - 21	
April 24	April 24 - May 5	
May 8	May 8 - 19	
May 22	May 22 - June 2	<i>School Closed</i> - MEMORIAL DAY: May 29
June 5	June 5 - 16	
June 19	June 19 - 30	
July 3	July 3 - 14	<i>School Closed</i> - INDEPENDENCE DAY: July 4
July 17	July 17 - 28	
July 31	July 31 - August 11	

\*Methods of payment: check, cash and Electronic Funds Transfer (EFT) • Late fees may apply.



## 2016 - 2017 Monthly Tuition Schedule

TUITION DUE DATE	CLASS DATES	SCHEDULE NOTES
July 25	August	
August 25	September	<i>School Closed</i> - IN-SERVICE TRAINING DAY: September 2 <i>School Closed</i> - LABOR DAY: September 5
September 25	October	
October 25	November	<i>School Closed</i> - THANKSGIVING: November 24-25
November 25	December	<i>School Closed</i> - CHRISTMAS: December 23 & 26
December 25	January	<i>School Closed</i> - NEW YEAR'S DAY: January 2
January 25	February	
February 25	March	
March 25	April	
April 25	May	<i>School Closed</i> - MEMORIAL DAY: May 29
May 25	June	
June 25	July	<i>School Closed</i> - INDEPENDENCE DAY: July 4

\*Methods of payment: check, cash and Electronic Funds Transfer (EFT) • Late fees may apply.





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## 2016-2017 Application Form

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

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

Parent's (Guardian's) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Location: Venning Rd.  Park West

Requested Start Date: \_\_\_\_\_

Child's daily schedule: M  T  W  Th  F

*Send applications and deposits to:*

*Children's Discovery Center*

*1110 Venning Road, Mount Pleasant, SC 29464*

*OR*

*3300 Stockdale Road, Mount Pleasant, SC 29466 (Park West)*





## Discipline Policy

Since discipline involves teaching children appropriate behaviors, the primary method of discipline used at Children's Discovery Center is positive guidance. Staff members will model appropriate behaviors, minimize the use of negatives and employ the following strategies when working with children:

1. Redirecting behavior or offering another activity.
2. Reflecting children's feelings by saying *"you look sad"* or *"can you tell me why you are upset?"*
3. Encouraging positive strategies, such as *"use a soft touch with your friends."*
4. Offering conflict resolution techniques, such as *"we have a problem, what can we do about it?"*
5. Reinforcing positive choices, such as *"I like the way you are helping to clean up the room."*
6. Using positive language, such as *"use your walking feet," "use your inside voices,"* etc.

The child will be taught obedience through positive reinforcement which will help him/her to develop a healthy respect for self and others. The child will be guided to understand that even though his/her behavior was unacceptable, he/she is still loved and cared for. Each child shall be treated with dignity and respect. If deliberate disobedience continues, or the child is consistently disruptive or destructive, Children's Discovery Center reserves the right to dis-enroll a child who cannot respond to our discipline. However, our intent is always to work with parents collaboratively for a successful outcome.

### **CHILDREN'S DISCOVERY CENTER DOES NOT PERMIT CORPORAL PUNISHMENT.**

In addition, staff are prohibited from using the following methods of discipline: hitting, shaking, restricting a child's movement, inflicting mental or emotional punishment, depriving a child of meals or snacks, or confining a child to an enclosed area. Staff members witnessing inappropriate discipline or behavior must report it to the director immediately.

### **I understand and agree to the above discipline policies:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Photo Release

I grant to Children's Discovery Center, its representatives and employees the right to take photographs and video of my child for promotional purposes. I authorize Children's Discovery Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Children's Discovery Center may use such photographs and video of my child for any lawful purpose, including publicity, illustration, advertising and Web content.

**Child's Name:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_







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## “No Babysitting” Policy

**Staff members may not babysit for families with children enrolled in our program.**

If Children’s Discovery Center parents wish to have Children’s Discovery Center staff members babysit for their children, they and the teacher must agree to sign a hold harmless agreement which will waive the **“no babysitting policy”** for that situation. By signing a hold harmless agreement, parents are acknowledging that they are aware of the no babysitting policy. By choosing to bypass the policy, parents are accepting full responsibility for the outcomes. If a staff member does provide babysitting services, the staff member is acting entirely in his or her individual capacity. Children’s Discovery Center will not be accountable or liable for any actions of the staff member while he or she is babysitting.

In addition, Children’s Discovery Center staff members are advised that if they are found to be babysitting for a Children’s Discovery Center family without a valid, complete and current **“hold harmless”** agreement bearing the signatures of the parents and the staff member, that staff member may be terminated. Hold harmless agreements are to be renewed annually, or whenever the parents hire a different staff member as a babysitter.





## DSS Regulations

DEAR PARENTS:

Date: \_\_\_\_\_

Please read and review the following written policies which are required for DSS:

**1. Release of Children** – Children will only be released to those persons listed on the authorization form. I understand that an original photo ID is required for pick up. I also understand that a code word is required for the release of my child \_\_\_\_\_ to anyone other than myself. Our family code word is \_\_\_\_\_.

**Parent's Signature:** \_\_\_\_\_

**2. Discipline and Behavior Management** – Since discipline involves teaching the child appropriate behaviors, Children's Discovery Center's primary method of discipline is positive guidance which includes re-direction, problem solving and positive reinforcement. I understand that CHILDREN'S DISCOVERY CENTER DOES NOT ALLOW CORPORAL PUNISHMENT under any circumstances. I have read Children's Discovery Center's discipline policy and agree to follow these policies.

**Parent's Signature:** \_\_\_\_\_

**3. Administration of Medication** – Children's Discovery Center will only administer medication in certain situations. I have read the policies and procedures for administering medication, and I agree to abide by these policies.

**Parent's Signature:** \_\_\_\_\_

**4. Confidentiality** – I understand Children's Discovery Center safeguards the confidentiality of all records of the children who attend Children's Discovery Center, and asks that parents also maintain the privacy of children at the center.

**Parent's Signature:** \_\_\_\_\_

**5. Tracking** – I understand that Children's Discovery Center staff members who are responsible for children maintain an attendance sheet which tracks children as they enter/exit the center, are transported, or move to a new location within the center.

**Parent's Signature:** \_\_\_\_\_

**6. Emergency Medical Plan** – In case of emergency, I give permission for my child \_\_\_\_\_ to be taken to \_\_\_\_\_ Hospital or a physician for treatment. I agree that the information listed on DSS Form 2900 is correct and current, including the names of persons responsible for medical treatment in case I cannot be contacted.

**Parent's Signature:** \_\_\_\_\_



**7. Evacuation Plan** – I understand and have viewed the evacuation/emergency preparedness plan for Children's Discovery Center, and I agree to abide by it.

**Parent's Signature:** \_\_\_\_\_

**8. Transportation/Field Trips** – My child \_\_\_\_\_ has my permission to participate in field trips sponsored by Children's Discovery Center. I understand that individual permission slips will normally be signed for each trip.

**Parent's Signature:** \_\_\_\_\_

**9. Care of Ill Children** – I have read the policies of Children's Discovery Center regarding children who are ill or who become ill during the course of the day. I agree to abide by these policies.

**Parent's Signature:** \_\_\_\_\_

**10. Liability Insurance/Provisional Employment/Free and Full Access** – I have been given information regarding these policies, and I acknowledge that I understand them.

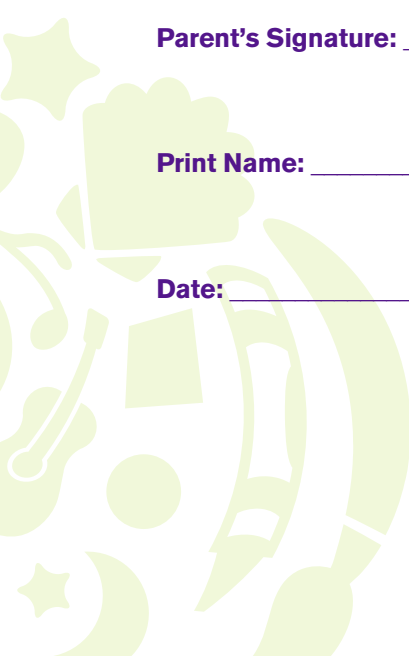
**Parent's Signature:** \_\_\_\_\_

I hereby agree to abide by policies and procedures outlined above.

**Parent's Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



South Carolina Department of Social Services  
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION  
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address – no Post Office Boxes City, State, Zip

**Child's Name:** \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_ Full Name Relationship

Address: \_\_\_\_\_  
Street Address City, State, Zip

Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_ Full Name Relationship

Address: \_\_\_\_\_  
Street Address City, State, Zip

Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

**Check** all days Child will regularly attend this facility:  Mon  Tue  Wed  Thurs  Fri  Sat  Sun

**Check** all meals Child will receive daily:  Meals are not offered  Breakfast  Morning Snack  Lunch

Afternoon Snack  Dinner  Evening Snack

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_ Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_ Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

Additional Comments: \_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee



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## Emergency Transportation Permission

**Children's Discovery Center** has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## Medication Policy

In most cases, Children's Discovery Center does not administer medication to children. Children's Discovery Center will only administer medication if a child requires breathing treatments, medication for ADHD or other chronic conditions, modified diet, food supplement, or other life-saving medication. In this case, the center must have a signed note from a physician and a designated health plan form signed by the parent or guardian. Both must be obtained before the center will administer the medication. The center will only administer topical products or lotions with written instructions from the parent or guardian on the prescribed state form. In cases where a breathing treatment must be given, parents are responsible for the maintenance and cleaning of any equipment that is used.

In cases where prescription medication is given, prescription medication will only be given to the person whose name appears on the prescription label and the dosage instruction per label should match the parent's instructions on the authorization form. Children's Discovery Center will never administer medication which has been cut, crushed or altered in any way.

Since a parent's permission is required to administer anything other than soap and water, an authorization form will also be required for any topical lotions, sunscreens, etc. Any products of this kind brought to the center must be clearly labeled with the child's first and last name.

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Emergency Contact / Parental Consent Form

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

Address: \_\_\_\_\_

Father's Name/Legal Guardian: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mother's Name/Legal Guardian: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Emergency Contact Person(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Person(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Child's Physician/Medical Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Special Disabilities (If Any): \_\_\_\_\_

Allergies (Including Medication Reactions): \_\_\_\_\_

Medical/Dietary Information Necessary in an Emergency Situation: \_\_\_\_\_

Additional Information on Special Needs of Child: \_\_\_\_\_

Health Insurance Coverage for Child or Medical Assistance Benefits: \_\_\_\_\_

Policy Number (Required): \_\_\_\_\_

### PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care

Administration of Minor First-Aid Procedures

Walks and Trips

Swimming

Transportation by the Facility

Wading

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Student Information Sheet

**Welcome to Children's Discovery Center!** We are pleased that you have chosen us to share this very important time in your child's life. In order for our teachers to learn more about your child, we ask that you supply the following information:

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

Parent's/Guardian's Names: \_\_\_\_\_

Names & Ages of Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

What is your child's favorite:

Book: \_\_\_\_\_ Game: \_\_\_\_\_

Color: \_\_\_\_\_ Toy: \_\_\_\_\_

Cartoon: \_\_\_\_\_ TV Show: \_\_\_\_\_

Activity: \_\_\_\_\_

Food: Likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_

What is your favorite family activity? \_\_\_\_\_

What is the best way to comfort your child? \_\_\_\_\_

How does your child like to transition to nap? (*story, music, blanket, etc.*) \_\_\_\_\_

How does your child respond when: *Hungry?* \_\_\_\_\_ *Tired?* \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

What else would you like us to know about your child? \_\_\_\_\_

What else can we do for you or your child to make your child care experience pleasant?  
\_\_\_\_\_  
\_\_\_\_\_

Please remember to contact your teacher or administrator at any time if you have any questions, concerns or suggestions.



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FOR OFFICE USE ONLY  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Contract

I agree to the enrollment of my child \_\_\_\_\_ at **Children's Discovery Center, Inc.** Venning Rd/Park West location (circle one). I agree to pay the tuition (bi-weekly/monthly) \_\_\_\_\_ and last week's security deposit of \_\_\_\_\_ effective as of \_\_\_\_\_ the tuition for this period is \$ \_\_\_\_\_.

**Scheduled Hours:** MON: \_\_\_\_\_ TUES: \_\_\_\_\_ WED: \_\_\_\_\_ THUR: \_\_\_\_\_ FRI: \_\_\_\_\_

Rotating days and flexible schedules can not be accommodated.

\_\_\_\_\_ (Initial) **I agree to use this payment plan for the length of this contract.**

### FOR TUITION PAID BI-WEEKLY:

Payment for bi-weekly tuition is due on Monday of the current two week period per bi-weekly tuition schedule (see tuition schedule sheet for dates). If your account shows a balance of greater than \$20 by the close of business on Wednesday of that week, a \$15 late fee will be assessed. If your tuition is not paid by the close of business on Friday of that week, your child will not be allowed to continue to attend the following week. Your child will then be considered dis-enrolled. To re-enroll, you must pay all past balances as well as pay a \$50 suspension/re-enrollment fee.

\_\_\_\_\_ I agree that when my child attends any one day of a contracted week, I am obligated to pay full tuition for that week.

### FOR TUITION PAID MONTHLY:

Payment for the monthly tuition fee is due by the 25<sup>th</sup> day of the month prior to the month of child care services rendered. If you have not paid your monthly fee, or have a balance greater than \$20 by the close of business on the 25<sup>th</sup> day of the month prior to the month of services rendered, a \$15 late fee will be assessed. If the monthly tuition is not paid by the close of business on the last day of the month prior to the month of services rendered, your child will not be allowed to continue child care services. Your child will then be considered dis-enrolled. To re-enroll, you will need to pay all past balances as well as a new enrollment fee.

You must agree to give two weeks notice in writing (*regardless of whether your child attends*) of the cancellation of this contract and will pay the full tuition for the last two weeks (*Monday-Friday*). If you choose to pay monthly, your fall re-enrollment fee will be waived for the following year.

\_\_\_\_\_ I agree that when my child attends any one day of a contracted week, I am obligated to pay full tuition for that week.

*Refer to the fee schedule for further explanation of school age hourly tuition terms.*

\_\_\_\_\_ I agree to pay a \$30 fee for each check that is returned by my bank. I understand that I will be placed on a cash only basis for 60 days following the first NSF check. A second NSF check will result in my account being put on cash only for the duration of 6 months.

\_\_\_\_\_ I agree to pay \$1 per minute per child to Children's Discovery Center when picking up my child after 6:15 p.m. I understand this fee is due at the time my child is picked up.

\_\_\_\_\_ I agree that if my account is sent to collection for non-payment that I am responsible for payment of the collection fee set forth by the collection agency. I also understand that if my account is sent to collection that I will not be able to return to Children's Discovery Center.

\_\_\_\_\_ I agree to pay any damages incurred as a result of my child's destruction of property.

\_\_\_\_\_ I agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.

\_\_\_\_\_ I agree to pay for all medical and emergency transportation expenses incurred.

\_\_\_\_\_ I agree to give two weeks notice in writing (*regardless of whether my child attends*) of the cancellation of this contract and will pay the full tuition for the last two weeks of termination. (*Children's Discovery Center week is Mon-Fri.*) Schedule changes cannot be made anytime during the final 2 weeks.

\_\_\_\_\_ I agree that if any conditions of this contract are altered, a new signed contract is required.

\_\_\_\_\_ I agree to abide by the rules and regulations of Children's Discovery Center as set forth in the Parent's Handbook and newsletters.

\_\_\_\_\_ I acknowledge that I have read, understand and agree with the policies and procedures of Children's Discovery Center.

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Children's Discovery Center uses automated attendance systems. Failure to use these systems could result in the levying of additional fees.



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## Accounting Enrollment Form

Child's Name: \_\_\_\_\_ Mother's Social Security Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Father's Social Security Number: \_\_\_\_\_

Mother's (Guardian's) E-mail Address: \_\_\_\_\_

Father's (Guardian's) E-mail Address: \_\_\_\_\_

Mother's (Guardian's) Cell Phone: \_\_\_\_\_ Carrier \_\_\_\_\_

Father's (Guardian's) Cell Phone: \_\_\_\_\_ Carrier \_\_\_\_\_

Center: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Class: \_\_\_\_\_

Bi-weekly/Monthly Tuition Amount: \$ \_\_\_\_\_

Child's Daily Schedule: M  T  W  Th  F  Hours: \_\_\_\_\_

Date Registration Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

If someone other than the parent will be paying by check what is their name? \_\_\_\_\_

How did you hear about us? (Check ALL that apply)

Drive By  Word of Mouth/Referral  Phone Book  Print Ads

TV Ads  Radio Ads  Billboards  Other

Internet Source (specify) \_\_\_\_\_

Referring Family Name: \_\_\_\_\_

(This MUST be completed for the referring family to receive credit.)

What was the primary reason you made the decision to enroll at CDC? \_\_\_\_\_

Did you come from another facility? If so, which one? \_\_\_\_\_

How many centers did you tour before choosing ours? \_\_\_\_\_

Please list any other children who will not be attending and their ages. \_\_\_\_\_

What are your expectations of Children's Discovery Center? \_\_\_\_\_

For Office Use: Parent Roster? Y or N First Day Photo Sent? Y or N

ID Code: \_\_\_\_\_ Name: \_\_\_\_\_ Security Door Code: \_\_\_\_\_

ID Code: \_\_\_\_\_ Name: \_\_\_\_\_



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## Pick-Up Authorization Form

Please indicate below the names of *at least two* individuals who are authorized to pick up your children from school. These individuals will be required to show a form of identification verifying name and address as listed below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the above individuals are authorized to pick up my children from school. This authorization will remain in effect until I notify the school in writing of any changes.

Child(ren): \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_





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## Tuition Express

Children's Discovery Center offers you the option of paying your tuition through automatic withdrawal from your bank account. This automatic payment will be a pre-authorized agreement with you, the parent, authorizing Children's Discovery Center to electronically withdraw from your checking or savings account your tuition on a bi-weekly or monthly basis. We will only be accepting automatic payment through your bank account (no credit cards).

We will need the following information from you along with a voided check or bank letter stating your account number and routing number (no deposit slips can be accepted) to set up the automatic payment.

Primary Parent Name: \_\_\_\_\_

Account Holder Name (if other than primary parent): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Checking or  Savings

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

*(the routing number is listed first on your check followed by your account number)*

**PLEASE NOTE: A separate Electronic Funds Transfer Authorization Form MUST be completed. (CHECK ONE BELOW)**

\_\_\_ I have previously completed the  Tuition Express Electronic Funds Transfer Authorization, and my banking information remains the same as last school year.

\_\_\_ I am  a new enrollee  a returning enrollee, whose banking information has changed since last year. As such, I am submitting a completed Tuition Express Automatic Payment Authorization with **a voided personal check.**

If you are a bi-weekly paying parent, the transfer date will be by the end of the day Wednesday, of current two week period per bi-weekly tuition schedule. If you are a monthly paying parent, the transfer date will be the 25<sup>th</sup> of the month prior to attendance. If the automatic payment is rejected, you will be charged a \$30 fee and you will need to pay us by cash for 60 days. If the automatic payment is rejected a second time your account will then be placed on a cash only basis for the duration of your child's enrollment.

I, \_\_\_\_\_, authorize Children's Discovery Center to withdrawal sufficient funds from the checking/savings account listed above to pay my child(ren)'s tuition as agreed upon in the parent/guardian contract. I understand that any balance on my account will be included in the automatic deduction of my bank account. I also understand that per my parent/guardian contract, any additional hours/days are to be paid for the week they are taken. If I pay weekly, these additional charges will be deducted along with my normal weekly tuition and if I pay monthly, these additional charges will be deducted by the Wednesday after the additional time is used. I also understand that if my bank denies the transaction for any reason I will be charged a fee of \$30.

Primary Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_



CHILDREN'S  
discovery center

## What is Tuition Express?

**Tuition Express is the premier payment processing service in the childcare industry.** As one of the many benefits offered by Tuition Express, parents have the ability to receive their payment receipts via email. TuitionExpress.com keeps parents in touch with their childcare center and their personal finances. *Here are some of the features of TuitionExpress.com:*

- Receive all your Payment Receipts via email.
- Email notification of all Non Sufficient Fund (NSF) items or Declined Credit Card transactions.
- View and print Transaction History reports.
- Regenerate past email payment notifications.
- All receipts are Flexible Spending Account qualified (provided center has submitted required data).
- Easy access to change email addresses notifications are sent to.

### HOW TO REGISTER AT TUITIONEXPRESS.COM

- Your childcare provider will issue you a unique Tuition Express ID number.
- Go to [www.tuitionexpress.com](http://www.tuitionexpress.com) and click on "My Account".
- Click the "Click here to Register" link to begin the account set up.
- Enter the Tuition Express ID number and the Last 4 digits of your bank or credit card account number.
- Create a username and password
- Type in your email address and check the box "Receive Notification"
- Click "Submit". When you receive an email from Tuition Express click on the link to confirm your email address.



## What is Tuition Express?

### FACTS ABOUT AUTOMATIC PAYMENTS

- Automatic Payments have been around for more than 30 years and uses the same network as Automatic Deposits. More than 2 billion transactions a year are made via Automatic Payment.
- Each Automatic Payment is deducted from your account on the due date of each payment cycle so it is easy to track.
- Automatic Payments are confidential transactions. Just one or two people see them. In contrast, checks pass through three to nine hands as they are processed and have all the information available for a criminal to steal your identity.
- Automatic Payments help you maintain a good credit rating because bills are paid on time, every time.
- Record keeping is easy. Each bill paid automatically from your checking account or credit card is listed on your monthly statement.
- Consumers who use Automatic Payment are protected by the Electronic Funds Transfer Act of 1978, known as Federal Regulation E. [www.hankersonlinc.com/re~05/205.html](http://www.hankersonlinc.com/re~05/205.html)
- Automatic Payment saves you money. It costs consumers close to \$100 a year in time and Automatic costs, such as postage, to pay bills by check instead of using Automatic Payment.
- Automatic Payments is great for travelers - since bills are paid automatically, you do not have to worry about them when you are out of town.