



# Registration Forms





CHILDREN'S  
discovery center

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Dear Parents:

We are 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.

Children's Discovery Center was founded nearly 40 years ago in Toledo, Ohio, and 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.

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,

Katie Carter  
Executive Director  
Children's Discovery Center



## 2019 - 2020 Tuition Information

New Enrollees		Youngest Child	Additional Child(ren)	
FULL DAY/M-F	SEMI-MONTHLY	MONTHLY	SEMI-MONTHLY	MONTHLY
Children 0 – 16 months	\$628.33	\$1,257	\$597	\$1,194
Children 16-36 months	\$617.50	\$1,235	\$586.50	\$1,173
Children 3 + older	\$593.67	\$1,187	\$564	\$1,128
PART TIME				
16-36 months T/TH (full-day)	\$309	\$618	\$293.50	\$587
16-36 months M/W/F (full-day)	\$463	\$926	\$440	\$880
Age 3 + T/TH (full-day)	\$297	\$594	\$282	\$564
Age 3 + M/W/F (full-day)	\$445.50	\$891	\$423	\$846

If you wish to pay 6 months in advance, you will be granted a 5% discount.

Circle your desired program. Form to be completed and returned to Children's Discovery Center with a \$100 registration fee (for new and returning 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 semi-monthly or monthly option chosen, and the current tuition schedule. Schedules must remain unchanged for a minimum of 30 days. Rotating days and flexible schedules CANNOT be accommodated. Any child over three years who is not toilet-trained will be charged the rate of children 16 months to 3 years. 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 M - F 2:40-6:15	\$242.50	\$485	\$230.50	\$461
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\* School age attendance outside of child's daily contracted times will be an additional \$40 per day.

FORMS WILL BE ENTERED FOR ENROLLMENT ON A FIRST-COME, FIRST-SERVED BASIS.

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



## 2019 - 2020 Semi-Monthly Tuition Schedule

TUITION DUE DATE	CLASS DATES	SCHEDULE NOTES
August 1	August 1 - 14	
August 15	August 15 - 31	
September 1	September 1 - 14	School Closed - LABOR DAY: September 2
September 15	September 15 - 30	
October 1	October 1 - 14	School Closed - IN-SERVICE TRAINING DAY: October 14
October 15	October 15 - 31	
November 1	November 1 - 14	
November 15	November 15 - 30	School Closed - THANKSGIVING: November 28 - 29
December 1	December 1 - 14	
December 15	December 15 - 31	School Closed - CHRISTMAS: December 24 - 25 School Closed - NEW YEAR'S EVE: December 31 3pm School Closed - NEW YEAR'S DAY: January 1
January 1	January 1 - 14	
January 15	January 15 - 31	
February 1	February 1 - 14	
February 15	February 15 - 29	
March 1	March 1 - 14	
March 15	March 15 - 31	
April 1	April 1 - 14	
April 15	April 15 - 30	
May 1	May 1 - 14	
May 15	May 15 - 31	School Closed - MEMORIAL DAY: May 25
June 1	June 1 - 14	
June 15	June 15 - 30	
July 1	July 1 - 14	School Closed - INDEPENDENCE DAY: July 3
July 15	July 15 - 31	

\*Methods of payment: Credit Cards or Tuition Express • Additional fees may apply.

\*If a tuition due date falls on a weekend or holiday, tuition payment will be due/processed on the following business day.



## 2019-2020 Monthly Tuition Schedule

TUITION DUE DATE	CLASS DATES	SCHEDULE NOTES
August 1	August	
September 1	September	School Closed - LABOR DAY: September 2
October 1	October	School Closed - IN-SERVICE TRAINING DAY: October 14
November 1	November	School Closed - THANKSGIVING: November 28-29
December 1	December	School Closed - CHRISTMAS: December 24-25
January 1	January	School Closed - NEW YEAR'S EVE: December 31 at 3pm School Closed - NEW YEAR'S DAY: January 1
February 1	February	
March 1	March	
April 1	April	
May 1	May	School Closed - MEMORIAL DAY: May 25
June 1	June	
July 1	July	School Closed - INDEPENDENCE DAY: July 3

\*Methods of payment: Credit Cards or Tuition Express • Additional fees may apply.

\*If a tuition due date falls on a weekend or holiday, tuition payment will be due/processed on the following business day.



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## 2019-2020 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 to:

Children's Discovery Center

1110 Venning Road, Mount Pleasant, SC 29464

OR

3300 Stockdale Street, 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: \_\_\_\_\_







## “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/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 Designer



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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  
Employee Child: N H S  
Payment: CC TE  
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 (semi-monthly/monthly/6 month) \_\_\_\_\_ 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 SEMI-MONTHLY:

Payment for semi-monthly tuition is due on the 1st and 15th of each month, per the semi-monthly tuition schedule (see tuition schedule sheet for dates). When the 1st or 15th falls on a holiday or weekend, tuition is due the following business day. If your account shows a balance of greater than \$20 by the close of business two days after the payment due date, a \$15 late fee will be assessed. If your tuition is not paid by the close of business on the 5th business day after the due date, your child will not be permitted to continue to attend the following day thereafter. Your child will then be considered dis-enrolled. To re-enroll, you must pay all past balances as well as pay a \$50 suspension fee.

\_\_\_\_\_ FOR TUITION PAID MONTHLY:

Payment for monthly tuition is due on the 1st day of the month for which child care services rendered. If your account shows a balance of greater than \$20 by the close of business two days after the payment due date, a \$15 late fee will be assessed. If the monthly tuition is not paid by the close of business on the 5th business day of the month for which services are rendered, your child will not be allowed to continue child care services. Your child will then be considered dis-enrolled. To re-enroll, you must pay all past balances as well as pay a \$50 suspension fee.

\_\_\_\_\_ FOR TUITION PAID SIX MONTHS IN ADVANCE:

Pre-Payment for the six month tuition period is due by August 1st, for the 6-month period of August-January, and February 1st for the 6-month period of February-July. If your account shows a balance of greater than \$20 by the close of business on August or February 1st, a \$15 late fee will be assessed. If the 6-month tuition pre-payment is not paid by the close of business on the 5th business day after the payment due date, your child will not be allowed to continue child care services. Your child will then be considered dis-enrolled. To re-enroll, you must pay all past balances as well as pay a \$50 suspension fee.

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

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

\_\_\_\_\_ I agree to pay a \$30 fee for each item/transaction that is returned by my bank. I understand that my balance and return fee must be paid by credit card (a 2.5% processing fee applies).

\_\_\_\_\_ I agree to pay \$1 per minute per family 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, I will not be able to return to any CDC 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: \_\_\_\_\_



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

Semi-Monthly/Monthly/6 Month Tuition Amount: \$ \_\_\_\_\_

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

Date Registration Paid: \_\_\_\_\_ Payment: Tuition Express or Credit Card (circle)

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: \_\_\_\_\_

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): \_\_\_\_\_



## 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 semi-monthly 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: \_\_\_\_\_ Center: \_\_\_\_\_

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 semi-monthly paying parent, the transfer date will be the end of the day on the payment due date (1st & 15th) per the semi-monthly tuition schedule. If you are a monthly paying parent, the transfer date will be the 1st day of the month for which services are rendered. If the due date of any payment falls on a weekend or holiday, the transfer date will be the next business day. If the automatic payment is rejected, you will be charged a \$30 fee and you will need to pay the balance by credit card (a 2.5% processing fee applies).

I, \_\_\_\_\_, authorize Children's Discovery Center to withdraw 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 semi-monthly, these additional charges will be deducted along with my normal semi-monthly tuition and if I pay monthly, these additional charges will be deducted on the next payment due date 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: \_\_\_\_\_



## 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 address to which notifications are sent.

### 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 use 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 are great for travelers - since bills are paid automatically, you do not have to worry about them when you are out of town.



CHILDREN'S  
discovery center



myprocare<sup>®</sup>

Dear Parents,

Children's Discovery Center is pleased to offer MyProcure, a free online portal for you to access account information. MyProcure is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcure.com.
2. Enter your email address (the email you have on file with Children's Discovery Center) and choose Go.
3. Enter the confirmation code sent to your email, choose a password, and press Go.
4. Then you may:
  - a. View your child's ledger.
  - b. Print statements and view payments.
  - c. Make payments via Credit Card (online only).
    - MasterCard, Visa & Discover
5. A service fee of 2.50% is associated with each Credit Card transaction processed through MyProcure. This is subject to change and can be reviewed prior to payment submission.
6. Payments made prior to 7:00 p.m. will be processed the same business day.

Thank you!

Children's Discovery Center