

FOR OFFICE USE ONLY

Application Received _____

Secondary Review _____

Registration Paid _____

Birth Certificate PA4D Updated

Physical Signed MM Updated

Immunizations KR Updated

Parent Agreement Photo Uploaded

File Complete Date _____

Initials _____



STARLING INTERNATIONAL CHILD CARE AND LEARNING COMPLEX

Registration Form

Update Year _____

Infant

Parent/Guardian Signature _____

Toddler

Staff Initial _____

2 Year Old

Preschool

Pre-Kindergarten

Update Year _____

Afterschool

Parent/Guardian Signature _____

Summer Camp

Staff Initial _____

Other _____

Wait List
Desired Enrollment:

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: _____

Home Phone: _____

City _____ State _____ Zip _____

Parent/Guardian: _____ Parent/Guardian: _____

SS# _____

SS# _____

SNAP# or TANF# _____

SNAP# or TANF# _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Email: _____

Email: _____

Child's Physician: _____

Phone: _____

Address: _____

Name of person(s) with legal custody: _____

Please list **2 local** persons **other than the parents**, that do not have the same address, to notify in case of emergency:

1.	Name	Phone	Relationship to child	Authorized to Pick Up?	Y	N
	Full Street Address (no PO Box Numbers please)	City	State	Zip		

2.	Name	Phone	Relationship to child	Authorized to Pick Up?	Y	N
	Full Street Address (no PO Box Numbers please)	City	State	Zip		

Please list **2 local** persons **other than the parents**, that do not have the same address, authorized to pick up your child:

1.	Name	Phone	Relationship to child
	Full Street Address (no PO Box Numbers please)	City	State
			Zip

2.	Name	Phone	Relationship to child
	Full Street Address (no PO Box Numbers please)	City	State
			Zip

Persons NOT authorized to pick up your child: _____

Divorce decree shall be attached if a parent is not allowed to pick up the child

Your child will only be release to someone with the authorization code or someone authorized to pick up your child on the registration form or with your authorization.

Name of the last child care center attended (City and State): _____

Enrollment Agreement

(Part 1 of 2)



Starling International Child Care & Learning Complex

Initial each section indicating you agree, then sign and date the last page.

I hereby agree to comply with the rules and regulations of Starling International Child Care & Learning Complex (SICCLC) regarding fees, attendance, health, and other items specified in the Parent Handbook and this agreement.

I agree to make immediate arrangements to pick up my child if he/she becomes sick. I agree to notify the center within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

The center closes at 6:30pm. I understand that I will be responsible for paying \$1 per minute/child after the center closes. The center will attempt to call the parents, emergency contacts, authorized pick-up; however, if satisfactory arrangements are not made, Virginia Child Protective Services will be called to pick up the child.

I understand that children are to enter and exit the building with their parent/guardian. For safety and security reasons, a child may not go into the parking ahead of their parent, nor may children enter the center without their parent/guardian.

Prescription medication must be in its original container and clearly labeled with your child's first and last name. Medication may not be administered without a Medication Authorization form signed by a parent/guardian. This form is good for 10 days only. Turn your medication into the front desk upon arrival. Any medications found without an authorization form will be destroyed. There is a \$5 fee per does of medication administered. Parents are welcome to administer their own child's medication to their child without a charge.

Breakfast, lunch and afternoon snack are served to all children. Formula and baby food are provided for infants under one years old. If bottles are sent they must be clearly labeled (first and last name) and remixed, ready to use. If a parent prefers to breast-feed or send their own formula/baby food, an Infant Formula Choice form must be on file.

I grant permission for my child to use all of the play equipment and participate in all of the activities of the school including permission for my child to leave the school premises under the supervision of a staff member for sponsored neighborhood walks or field trips.

I grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. I give consent to the hospitalization and performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs if an emergency occurs. The steps may include, but are not limited to, the following: Attempt to contact a parent or emergency contact; attempt to contact the child's physician; attempt to contact you through any of the persons listed on the Registration Form; call an ambulance, have the child taken to an emergency hospital or Urgent Care center in the company of a staff member; or take the child to the hospital/center in a private vehicle (any expenses incurred will be borne by the child's family); the school will not be responsible for anything that may happen as a result of false information given at the time of enrollment; the school WILL NOT assume responsibility for a child who has not been signed in when s(he) arrives for the day.

I authorize my child to participate in supervised water activities, swimming, or swim lessons. My child's swimming ability is:

Cannot Swim

Beginner

Moderate

Advanced

Starling International Child Care and Learning Complex will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in activities and from transportation to and from the program. I agree to assume these risks. I release the organization, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

The center is open from 7am to 6:30pm, Monday through Friday. The center is closed on Labor Day, memorial Day, Independence Day, Christmas Day, and New Year's Day. If any of these days fall on a weekend, the center will be closed the workday closest to the holiday. , the center will be closed the Monday after. All staff report directly to the Center Director. If the Director is absent, the staff report to the Acting Director. Staff are required by law to report suspected child abuse to the authorities. Starling International does not subscribe to an individual religious philosophy. I hereby give Starling International and its agents or assigns, the absolute right and permission to copyright and/or publish, or use photographic portraits of my child made through any media for art, advertising, trade or any other lawful purpose whatsoever used in conjunction with his/her own or fictitious name. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color national origin, sex, age or disability.

Enrollment Agreement

(Part 2 of 2)



Starling International Child Care & Learning Complex

Annual Activity Fee: \$ _____

Date Received: _____

Anticipated Start Date: _____

Actual Start Date: _____

Withdrew: _____

Child's Information

1. _____ \$ _____
First Name Last Name Classroom Date of Birth Rate

Schedule:

M T W Th F

Hours:

From: _____
To: _____

Meals:

Breakfast
Lunch
PM Snack
Afterschool Meal

School Info:

School Name: _____
Grade: _____
Teacher: _____

2. _____ \$ _____
First Name Last Name Classroom Date of Birth Rate

Schedule:

M T W Th F

Hours:

From: _____
To: _____

Meals:

Breakfast
Lunch
PM Snack
Afterschool Meal

School Info:

School Name: _____
Grade: _____
Teacher: _____

3. _____ \$ _____
First Name Last Name Classroom Date of Birth Rate

Schedule:

M T W Th F

Hours:

From: _____
To: _____

Meals:

Breakfast
Lunch
PM Snack
Afterschool Meal

School Info:

School Name: _____
Grade: _____
Teacher: _____

4. _____ \$ _____
First Name Last Name Classroom Date of Birth Rate

Schedule:

M T W Th F

Hours:

From: _____
To: _____

Meals:

Breakfast
Lunch
PM Snack
Afterschool Meal

School Info:

School Name: _____
Grade: _____
Teacher: _____

* Full weekly tuition is due by 5:30pm on the first day of the week for that week's tuition.

*If tuition is not received on time, I agree to pay a late fee of \$10 plus \$1 per day or 10% of the balance per week (whichever is more).

*I understand that I must pay even if my child does not attend.

***Agency Reimbursement:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I understand that if I fail to properly swipe attendance for any day my child is in attendance, I am solely responsible for the payment of tuition.

*I understand that I must give a two-week written notice in order to withdraw from this contract.

\$ _____

Weekly Tuition Due

Parent/Guardian Signature: _____

Date: _____

Source: _____

Parent/Guardian Signature: _____

Date: _____

Referred By: _____

Center Director: _____

Date: _____

Expiration: _____

