



**PAL Child Care Center**  
**Student Enrollment Application**

**Student Information**

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex: (check one) Male Female

**Parent/ Guardian Information**

**Email** \_\_\_\_\_

**1. Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer/ School \_\_\_\_\_ Hours \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer/ School \_\_\_\_\_ Hours \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

**Non- Parent/ Guardian Emergency Contact Information**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer/ School \_\_\_\_\_ Hours \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer/ School \_\_\_\_\_ Hours \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer/ School \_\_\_\_\_ Hours \_\_\_\_\_  
Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

**Hours of Attendance** (Not to exceed 10 hours daily)

\_\_\_\_\_ - \_\_\_\_\_ circle one MTWRF or MWF

**Child Release Information**

Persons to whom child may be released, other than parent/guardians and emergency contacts:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

PAL will not release a child to anyone under the age of 16 without prior written, parental consent.

Is there a court ordered custody or visitation arrangement?      Yes      No

**Sibling Information**

Please list any siblings who are also enrolled in care.

1. \_\_\_\_\_ Age \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_\_
5. \_\_\_\_\_ Age \_\_\_\_\_

**Medical/ Permission to Treat Information**

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Special Disabilities \_\_\_\_\_

Existing Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_ Reaction \_\_\_\_\_

Additional Information \_\_\_\_\_

Current Illnesses and Medications (Name, Dosage, Frequency)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Serious Illness or Injury \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

In case of emergency, may we release this information to medical personnel? YES NO circle

I, \_\_\_\_\_ hereby authorize emergency, medical treatment for my child, \_\_\_\_\_ in the event I cannot be contacted, to grant permission to treat. I understand that I will be financially responsible for the cost of such treatment.

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

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

# PAL Child Care Center

## Payment and Fees Policy

Effective September 1, 2016

Weekly fees are due by close of business on Friday for the upcoming week. Payments falling behind by two weeks or more are grounds for dismissal. There is a \$35 returned check fee for each occurrence. After a repeat occurrence no checks will be accepted. Full payment is due each week, even if your child is absent.

It is important to be on time to pick your child up. It compromises your child's sense of security when you are late. If you are running late, please call so that we can plan accordingly. There is a \$1 per minute/ per child late fee that will be added to your weekly invoice/bill. Ongoing lateness may result in dismissal. If no contact has been made by you or another authorized person about your lateness, the authorities will be contacted per state regulations.

Each family will be granted one week's vacation, tuition free. Two weeks' written notice is required for vacation or withdrawal. If notice is not given fees will continue through vacation. If notice is not given for withdrawal fees will continue until notice is received.

Subsidies are accepted through Purchase of Care and other agencies. Written documentation of proof of POC is required before your child/ children can start.

If your child is absent from care for sickness, vacation or any other situation payment is still required. You will be billed, weekly unless a vacation has been approved or a withdrawal has been processed.

Referral bonuses will be granted to families who have referred individuals once the referred child completes 90 days. The bonus will be in the form of tuition credit.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

**My signature indicates my understanding and agreement to this policy**

### Outings and Activities Information

I, \_\_\_\_\_ hereby grant permission to PAL for my child to attend and participate in onsite and offsite trips and activities including, but not limited to: **swimming, skating, bowling, nature walks, neighborhood walks and various sports.**

I also understand that my child will be transported by PAL vehicles when necessary.

Please list any special instructions relating to your child's needs relating to transportation:

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

### Policy and Procedure Information

I have read the parent handbook and understand my commitment to the program. I have shared the necessary information with my children. We both understand that failure to adhere to the policies and procedures may result in dismissal from the program. I also acknowledge receipt of the "Parents Right to Know" Notice as part of this application.

1. Name of Parent \_\_\_\_\_  
(please print)

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

2. Name of Parent/ Guardian \_\_\_\_\_  
(please print)

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**PAL CHILD CARE CENTER REQUIRED SIGNATURES**



**PARENTS RIGHT TO KNOW NOTICE**

UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: Ms. Ellen Linen, Office of Child Care Licensing, 4417 Lancaster Pike, Building #18, Wilmington, Delaware 19805, (302)892-5800.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

I acknowledge I received this notice as part of the application packet.

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

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



**PARENT PERMISSION FOR DVD/TV VIEWING**

Children, over the age of 2 years old, may have an educational movie or program incorporated into their curriculum. Movies shown will be age appropriate and not exceed one hour in length.

I hereby authorize my child to watch educational movies.

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

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

**PARENT PERMISSION TO PHOTOGRAPH/ DISPLAY IMAGES**



Your child's photo may be displayed throughout the facility, on the website or on the PAL's Facebook Page.

I hereby authorize PAL Child Care to display images of my child

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

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



**PARENT PERMISSION FOR COMPUTER USAGE**

Children, over the age of 2 years old, will have the opportunity to occasionally play educational games on the computer. Children will be closely supervised to ensure that age-appropriate and educational websites are being viewed while using the internet. Computer time will not exceed one hour in length.

I hereby authorize my child to use the computer.

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

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



**RECEIPT OF PARENT HANDBOOK**

I certify that I have received information regarding the Center's policies on following topics: a typical daily schedule, positive behavior management techniques, routine and emergency health care, health exclusions, and prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of child abuse and neglect, administration of medication procedures, non-discrimination, developmental and educational goals, complaints, and transportation, if provided.

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

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