



AUGUST/SCHOOL YEAR 2018/19 ENROLLMENT FORM

Central Early Childhood Center
5144 Oak Street, Kansas City, Missouri 64112
816-753-1844 central_ecc@yahoo.com
centrallyearlychildhood.com fax: 816-756-1553

OFFICE USE ONLY
Order rec. _____
Date In: ____/____/18
Class _____
Days _____
Initials _____

Child's full legal name	Nick name	Birth Date* (Children must be 3 months or older to attend.)	Male / Female	Age

Child lives with ___ Mother ___ Father ___ Both ___ Other/Please specify _____
Toileting trained?: Fully independent _____ Date _____; Almost _____; In process _____; No _____

Please **print clearly** and list, in order, the parent or guardian to contact **first** for emergency or informational purposes.

Parent/Guardian _____ Phone _____

Cell phone(s) _____ Work phones _____

Address _____ City _____ State _____ Zip _____

Email address _____ Employer _____ Hours _____

Work Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Phone _____

Cell phone(s) _____ Work phones _____

Address _____ City _____ State _____ Zip _____

Email address _____ Employer _____ Hours _____

Work Address _____ City _____ State _____ Zip _____

(MUST LIST 2 EMERGENCY CONTACTS OTHER THAN PARENTS)

The following people have permission to serve as emergency contacts and/or pick up my child from school.

Name	Local Address	Phone(s)	Relationship

Is there any one else who will be **regularly** picking up or bringing your child to school? If so, please list them below:

Name	Local Address	Phone(s)	Relationship

If there is anyone who is **NOT** allowed to pick up your child please explain below. *Attach additional documentation as needed.*

I give permission to Central Early Childhood Center personnel to call 911 in an emergency. In the event that I/we cannot be reached, I/we give permission to the attending physician, and to the hospital our child is taken, to administer emergency or other medical treatment according to sound medical judgment.

Preferred Hospital _____ Insurance Company _____

Child's Doctor _____
Name ID # Group #

Child's Dentist _____
Name Address Phone

Child's Dentist _____
Name Address Phone

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR ALLERGIES? IF YES, PLEASE SPECIFY

If your child has an allergy have you submitted the Allergy Form required by CECC? Yes No

Please Note: Your child's teacher will try to schedule an orientation visit prior to your child's first day of school. The last day of the school year will be May 24, 2019.

Enrollments will not be accepted without non-refundable enrollment fee and tuition paid in full. Thank you.

Circle age, days, and tuition choice on table below. Directors will place children in classes by age/abilities.

Tuition based on age prior to Aug 1, 2018	Days enrolled	Core hours 9:30-2:00	Core hours w/ AM 7:30-2:00	Core hours w/ PM 9:30-5:30	Core hours w/AM & PM 7:30-5:30	Total August Tuition. Refer to brochure for Sep-May rates.
3-24 mo (Children must be 3 months or older to attend.)	Mon, Wed, Fri	\$259.00	\$380.00	\$468.00	\$588.00	
	Tue, Thu	\$172.00	\$254.00	\$312.00	\$394.00	
	Mon through Fri*	\$388.00	\$530.00	\$665.00	\$750.00	
25-36 mo	Mon, Wed, Fri	\$240.00	\$361.00	\$449.00	\$570.00	
	Tue, Thu	\$160.00	\$241.00	\$299.00	\$381.00	
	Mon through Fri*	\$360.00	\$501.00	\$640.00	\$690.00	
Over 36 mo-5 years	Mon, Wed, Fri	\$232.00	\$353.00	\$441.00	\$562.00	
	Tue, Thu	\$154.00	\$235.00	\$294.00	\$376.00	
	Mon through Fri*	\$348.00	\$494.00	\$629.00	\$681.00	

*Discounts for M-F with OR without AM and/or PM extended day are included in above chart. Tuition remains at same age rate throughout school year session.

- Multi-Child Discount** (Applies towards 2nd and subsequent siblings enrolled.) Discount = \$10.00/month
OR
 Central UMC Member Discount (Applies toward all children enrolled.) Discount = \$5.00 per day child is enrolled. (For example, if child is enrolled MWF, discount=\$15.00/month) **ONLY ONE TYPE OF DISCOUNT MAY BE USED.**

Tuition Subtotal=	\$ _____
Discount applied (see left)	(-\$ _____)
New subtotal =	\$ _____
Add Non-refundable Enrollment fee	+ \$90.00
TOTAL BALANCE DUE =	\$ _____

By signing and submitting with payment, I understand and agree that....

- My child will be enrolled & payment processed unless I receive a call from the ECC director(s). Written confirmation will be sent at a later date.
- Missed days cannot be made up or exchanged and **monthly rates remain the same regardless of absences, holidays, snow days, or staff development days.**
- Tuition is due the 1st of each month and is delinquent after the 10th and a **\$30.00 late fee** will be assessed, unless specific arrangements are made with a director. Failure to pay 2 months in a row will result in suspension of enrollment until payment is made or possible disenrollment.
- Payments can be made by check or money order payable to "CECC" – NO CASH. Monthly tuition may also be set up on an automatic payment plan. Families must submit new authorization for each session.
- Enrollment accepted only if current account is paid in full. **I am responsible for returned check penalties.**
- The school year program is closed for Winter break, some holidays and some rotating days for staff development. (Refer to calendar given at enrollment and on website.)
- I will provide lunch for my child each day and/or all food and beverage for my infant following all required guidelines.
- I will provide snacks per accreditation and health department guidelines for the whole class on a periodic basis.
- I give permission for my child's photographic image to be used for publicity or information purposes. (i.e. Brochure, newsletters, website, etc.) (I will provide separate written notice if permission is not granted.)
- I give permission for my child to nap on a cot/mat after 1 year of age.
- **I agree to read and abide by all policies and procedures outlined in the most current Family Handbook.** This includes the accident and illness guidelines. The current Family Handbook is on the website. Hard copies upon request.
- I/we give permission for our child to participate in school sponsored field trips.
- In case of medical emergency, I/we understand that every effort will be made to contact a parent/guardian.
- **I will submit all required health forms including official immunizations records and a release to participate in child care signed by my health care professional.** I will submit new immunization records as they are updated.

I/we, the undersigned parent(s) or guardian(s), hereby register our child at Central Early Childhood Center as of the date signed. Checks will be made payable to: Central Early Childhood Center (CECC). We agree to provide two weeks written notice of any withdrawal or request to change schedule. We understand that if we withdraw from Central Early Childhood Center, the **enrollment fee is NEVER refundable. Before June 15, 2018 ONLY one half (1/2) of the first month's tuition is refundable. If withdrawing June 15, 2018 or after, the entire first month tuition is NOT refundable. NO EXCEPTIONS.** I/we understand and agree that due to the necessary commitments of the school, **tuition will not be prorated/reduced if withdrawing during the last full month of the school year.**

I have completed this form with the most current information available. I have listed emergency contacts. I have read, understand, and agree to comply with all the information included on this 2-page form and all program policies/procedures.

Parent/Guardian(s) Signature(s):

Date: