



ARK LEARNING CENTER – ARK SOUTH LOCATION REGISTRATION FORM 2020

Site ID # 1890789000

CHILD'S INFORMATION

First Name _____ M.I. _____ Last Name _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Gender: Female Male D.O.B. ___/___/___ Age _____ Date of Enrollment: _____

Date of discharge: _____

Student's race: _____ African American _____ American Indian/Alaskan Native _____
Asian _____ Caucasian _____ Native Hawaiian or other Pacific Islander

Hispanic/Latino Ethnicity _____ Yes _____ No

Hours and days child is scheduled to attend: _____

Place an X for the type of services needed: _____ Before care _____ After care _____ All day care

M T W Th F _____ 2 Days _____ 3 Days _____ or 5 Days

PARENT'S INFORMATION

Parent/Guardian's Name: _____

Address, if different from child's: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Email address: _____

Employer Name & Address: _____

Hours of Employment: _____ 4 digit pin code _____

Parent/Guardian's Name: _____

Address, if different from child's: _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Email address: _____

Employer Name & Address: _____

Hours of Employment: _____ 4 digit pin code _____

Official use only: P.O.C Private Pay Hours of care needed _____

Start date: _____ Date application received: _____

Transportation needed: Yes No Transportation policy signed Yes No



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2018

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone # _____

Emergency Contact Name: _____

Relationship: _____ Phone # _____

THE CHILDREN ARE OUR FIRST PRIORITY

We believe that children learn from us and that we are their role models. Children are forming habits, attitudes and patterns that will affect them throughout life. We expect all employees to treat the children in a respectful manner and for the children in turn to respond in the same way. We also expect the children to show this same manner of respect to each other and to use all the facilities equipment in an appropriate manner. Children who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the child will be sent to the Site Director for further intervention, if this does not resolve the problem, the parents will be contacted for assistance. Chronic misbehavior can result in suspension and then possible dismissal from the program.

I have read and fully understand the center’s discipline policy.

Guardian Signature

Date

EMERGENCY CARE

In case of an emergency, ARK Learning center staff members will attempt to reach either the parent or the emergency contact given by the parent. If for any reason none of these parties are available, I hereby authorize ARK Learning center staff member to use and transport my child to the closest medical facility and I grant permission to perform any emergency procedure at the direction of that medical facility.

I have read and fully understand the center’s emergency care policy.

Signature of Parent or Guardian

Date

Name of child physician:	Address:	Phone no:	Office hours:
Special Medical Information:	Health Insurance information:	Fax #:	



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PERMISSION FOR TRANSPORTATION

I hereby give consent and permission to have my child participate in all activities of the ARK Learning Center programs and to be transported with his/her caregiver on field trips, nature walks, and outings. I will not hold ARK Learning center faculty responsible for any injuries that might occur during the normal school day. (E.g. Scratched knee, cuts, bruises, bites, etc.)

I have read and fully understand the center's transportation policy.

Signature of Parent or Guardian _____
Date

ALLERGY/MEDICAL CONDITIONS & NUTRITION AND DIETARY

Child's Name _____ Allergies? Yes No
If yes please list: _____

Does your child have or is subject to any of following:
Asthma _____ Fainting _____ Heart trouble: _____ other: _____ (please specify)

Medical Conditions? Yes No: If you are requesting medication to be given please fill out our medication form.

Please list any other important information that we should be aware of regarding your child:

No medication shall be given by ARK Learning Center personnel, without the signed permission of a parent or guardian. Please complete our medication log at front desk.

Signature of Parent or Guardian _____
Date

AUTHORIZATION FOR MEDIA RELEASE

I understand that the ARK Learning Center and other grant funders may use photographs and/or digital videos for use in local publication, advertising, or images. Permission is hereby given to use my child's photo for publishing. I have read and fully understand the center's media release policy.

Signature of Parent or Guardian _____
Date



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PAYMENT POLICY

Program Fee: School fees will be collected on a weekly basis. Your first payment is due prior to the first day of school if you are private paying parent or have a Purchase of Care co-payment. Payment policy & procedures: All payments will be collected in ADVANCE, every Monday for the upcoming week's sessions. Money orders and cash payments will be the only forms of payment accepted. There will be no refunds without advance notification. Cancellation in writing is appreciated and required.

Signature of Parent or Guardian

Date

Authorized persons to pick up

Name	Relationship	Phone No	Pin code

PARENT/GUARDIAN STATEMENT OF AGREEMENT/COMMITMENT

I have read and fully support and will abide by all school policies, the Parent/Student Handbook, and the requirements set forth in the Parents Handbook for the ARK Learning Center. Furthermore, I understand and agree to abide by the following:

1. We as parents/guardians assign to the instructor and administration full responsibility in all matters of discipline according to the guidelines found in the Parent/Student handbook.
2. Grievances must be directed through the proper channels
3. It is further understood that upon voluntary withdrawal from school, I am responsible for the balance on my account as of the withdrawal date.
4. My child has permission to take part in all school activities including field trips and athletic events.
5. Should the time ever come that I can no longer support the Statement of Philosophy, School Discipline Policies, or this Statement of Agreement, I will discretely and politely withdraw my child (ren) from the ARK Learning Center.
6. I am fully aware that my payment of \$_____ is due every Monday morning.

Print parent name: _____

Parent Signature _____ Date: _____