



# ARK LEARNING CENTER REGISTRATION FORM 2020

Site ID # 1890746000

## 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

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



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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: \_\_\_\_\_



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