



# Arbor Learning Center Registration Form

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Mount Dora, FL 32757  
Phone 352-383-6322  
Fax: 352-383-6324  
arborlearningcenter@yahoo.com  
arborlearningcenter.com

## **PARENT INFO:**

Please print clearly with blue or black ink

Mothers Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City \_\_\_\_\_  
Work Hours: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City \_\_\_\_\_  
Work Hours: \_\_\_\_\_ Drivers License #: \_\_\_\_\_  
Email: \_\_\_\_\_

## **CHILD INFO:**

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M ☐ F ☐  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Nickname: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

## **Program Assignment**

I wish to enroll my child for the \_\_\_\_\_ school year in the \_\_\_\_\_ program, unless it is determined by both the director and the parents that for the betterment of the student they be placed in a different program. The weekly tuition for the program is \_\_\_\_\_ Enrollment date: \_\_\_\_\_ Exit date: \_\_\_\_\_

Days: M ☐ T ☐ W ☐ T ☐ F ☐ Time: \_\_\_\_\_ am ☐ pm ☐

Parent/Guardian with legal custody \_\_\_\_\_

Parents are: Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single ☐

Other Household Members:

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Please provide Arbor Learning Center with at least two other people who are authorized to give Arbor Learning Center guidance in the case of a medical emergency and the child's parents or guardian is unavailable. It is the responsibility of the parent to notify the director of any changes in a address, telephone numbers, emergency contacts, people allowed to pick up your child, and any changes in transportation needed. If anyone else will be picking up your child you must notify the school in writing on or before the day in question.

**Emergency Medical Transportation Authorization:**

I hereby give my consent and authorize Arbor Learning Center to seek emergency treatment for my child.

I give my consent and authorization for any health facility or physician to provide necessary medical treatment to my child, \_\_\_\_\_ in the event of an emergency, at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I will take full responsibility for payment of all medical services rendered due to an emergency situation.

**Signature (Parent / Legal Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Information:**

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Any special health conditions: \_\_\_\_\_

Insurance company covering child: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Allergies****Other Allergies****Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

State law requires that Arbor Learning Center have a complete immunization report for each child, so it is the responsibility of the parent to provide current medical reports. Please inform the director if your child should require any special needs such as physical or mental conditions, illness, hospitalization or any dietary condition.

**Authorization for student pickup**

When your child arrives at the center it is your responsibility to escort your child into the building and sign your child in at the front desk. Arbor Learning Center does not allow children to be dropped off in the parking lot and the run into the center. You will be required to sign out your child at the front desk at the end of the day. Your child will not be released to anyone who does not have written authorization in your child's life. If your child is not allowed to be picked up by a parent due to a court order it is your responsibility to notify the director and provide a copy of the court order to be kept in confidential. If there are any additions or changes it is the parent's responsibility to provide written documentation to the center. In the event of an emergency we will implement the password system.

**Others Allowed to pickup child: (Besides parents, guardians, or emergency pickups)**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Others NOT Allowed to pickup child:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

***At Arbor Learning Center the health and safety of our children are our NUMBER ONE concern.***

**EMERGENCY PICK-UP PASSWORD** \_\_\_\_\_

Please pick a word to be kept in the file for emergency pickup. It will be kept in a confidential file to be used by you and the director or designated person in authority in the event of an emergency when someone without written authorization from you must pick-up your child. This password can only be changed in writing by an authorized parent/guardian.

### **School Age Transportation Agreement**

This is to certify that I give Arbor Learning Center permission to transport my child \_\_\_\_\_ from \_\_\_\_\_ at \_\_\_\_\_ (am. / p.m.) to \_\_\_\_\_ at \_\_\_\_\_ (am. / p.m.)

Location                      Time                      Location                      Time

My child will be transported from \_\_\_\_\_ at \_\_\_\_\_ (am. / p.m.) to \_\_\_\_\_ at \_\_\_\_\_ (am. / p.m.)

Location                      Time                      Location                      Time

#### **On the following days:**

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

\_\_\_\_\_ is authorized to receive my child. In the event the authorized person is not present to receive my child, the following procedures are to be followed: \_\_\_\_\_ The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the center.

In the event that my child is not to be transported as outlined above, I agree to notify Arbor Learning Center.

Signature (Parent / Legal Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

### **Lights, Camera, Action Consent and Release**

Occasionally Arbor Learning Center and/or other local news media will take photographs of children participating in the various programs at Arbor Learning Center. These photos and/or videotapes may be used from time to time in various forms of advertising media (brochure, magazines, orientation, training, public television or newspapers). I give my permission for Arbor Learning Center and/or its agents to use any photographs and/or videotapes including my child for any lawful media purpose without compensation.

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display on daycare bulletin boards, show to current and prospective clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Display still photos on daycare website	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Videos:</b>		
Show to current clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Display video on daycare website	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

## *Arbor Learning Center*

### **Financial Enrollment Agreement**

1. I consent to the enrollment of my child \_\_\_\_\_ at the Arbor Learning Center
2. I agree to pay an annual non-refundable registration fee of \$75. A re-registration fee will have to be paid if a registered student is inactive (not in attendance) for more than 90 days. This includes drop in status.
3. I agree to pay the weekly fee for preschool / childcare services, with no discounts for partial absentees, illness, holidays or withdrawals I understand that tuition fees are paid in advance of services rendered.
4. I understand the Arbor Learning Center will be closed New Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the day after, Christmas Day and the day after – depending on what day of the week the Holiday falls on. If any of these holidays is a scheduled day for my child, I understand that I will pay tuition for this day even though my child is not in attendance.
5. I understand it is the responsibility of the Arbor Learning Center to give a 60-day notice if tuition should increase and it will be my responsibility to pay the new rate of tuition or withdraw my child.
6. I understand a withdrawal form must be filled out at least two weeks prior to withdrawing my child from the Arbor Learning Center. If a withdrawal form is not signed prior to withdrawal of my child, I understand I will be responsible for paying two more weeks of tuition.
7. I understand that a \$20.00 late charge will be charged to my account if my **balance** is not paid by closing time each Monday. Tuition that is two weeks behind will result in the termination of my childcare until the balance plus late charges are brought up to date.
8. I understand that a schedule change form must be filled out at least two weeks prior to changing scheduled days or times. A \$5 processing fee will be charged anytime a schedule is changed. A schedule change is a change in days attending, or from one status to another. There will not be a charge for time changes.
9. I understand that overtime charges will be added to my account for attendance after or before my child's scheduled hours.
10. I agree to pay a \$42.00 return check fee for any check returned and further understand that this may result in future payments being made in cash or by money order.
11. I understand that after one year of enrollment, vacation may be taken according to my child's scheduled days or times, not to exceed one week. Vacation forms are available in the office and must be filled out and turned in two weeks prior to vacation time.
12. I understand and will agree to pay \$1.00 per minute for every minute that I am late picking up my child after closing time.
13. I give consent for my child to take part in field trips or excursions under proper supervision.
14. I acknowledge that I have read and understand the Arbor Learning Center Parent Handbook. I agree to comply with all the written policies and procedures of the Arbor Learning Center and will fulfill my responsibilities as a parent/guardian.

**I understand this is a legally binding contract, and have read it and understand it.**

Mother / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wiliness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Mother / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wiliness Signature: \_\_\_\_\_ Date: \_\_\_\_\_