

# FOUR SEASONS DAYCARE

5295 Windsor Drive, King George, Virginia

Tel: 540-663-3373 Fax: 540-663-9275

Date Form Completed:

Child:	Nickname:	Sex:	DOB:
--------	-----------	------	------

Address:	Home Phone:
----------	-------------

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed:

Previous Child Day Care Programs and Schools Attended:

If Child Attends This Center and Another School/Program, Give Name of School/Program:	Grade:
---	--------

## PARENT/GUARDIAN

Father:	Place Employed:	Business Phone:	Business Fax:
---------	-----------------	-----------------	---------------

SSN:	Email:
------	--------

Home Address:	Are you our primary contact during the day? Yes No	Home Phone:	Cell Phone:
---------------	--	-------------	-------------

Mother:	Place Employed:	Business Phone:	Business Fax:
---------	-----------------	-----------------	---------------

SSN:	Email:
------	--------

Home Address:	Are you our primary contact during the day? Yes No	Home Phone:	Cell Phone:
---------------	--	-------------	-------------

Person(s) or Agency Having Legal Custody of Child:

Home Address:	Home Phone:	Cell Phone:
---------------	-------------	-------------

Business Address:	Business Phone:	Business Fax:
-------------------	-----------------	---------------

## EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:

Child's Physician:	Phone:
--------------------	--------

Names and Addresses of Two People to Contact if Parents Cannot be Reached:	Phone:
--	--------

1	1
---	---

2	2
---	---

Person(s) Authorized to Pick up Child:

Person(s) **NOT** Authorized to Pick up Child\*: (\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed)

The child day center agrees to notify the parent/guardian should the child become ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.

The parent/guardian authorizes the child day center to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. \*

Other Pertinent Information Four Seasons should be aware of regarding your child:

**SIGNATURES**

Parent/Guardian:

Date:

Administrator of Center:

Date:

Date Child Entered Care:

Date Child Left Care:

If there is no objection to seeking medical care, a statement should be obtained from the parent/guardian that states their objection and the reason for their objection.

**OFFICIAL USE ONLY  
IDENTITY VERIFICATION**

Place of Birth:

Birth Date:

Birth Certificate Number:

Date Issued:

Other Forms of Proof:

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of fee placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the United States if a certified copy of the child's birth record was previously presented. Seeing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While the programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

## Four Seasons Daycare

5295 Windsor Drive, King George, Virginia 22485

(540) 663-3373 Fax (540) 663-9275

### **Enrollment Contract**

#### ***In sending my child to Four Seasons Daycare, I agree...***

- To pay tuition weekly in advance of care.
- To pay a \$20 late fee for each week payment is not received by the close of business on Monday.
- To pay all legal fees associated with the collection of delinquent tuition.
- To pay the initial non-refundable \$50 registration fee, per child, at the time of enrollment.
- To pay the re-registration fee of \$30 per child each May.
- To expect no deductions for absences, regardless of the reason.
- To expect no deductions from my weekly tuition rate due to center closings as a result of holidays, unfavorable weather conditions, or other emergency closings deemed necessary by the owner or director.
- To pay a \$50 fee, payable in cash, for any check that is returned.
- To pay \$15 for the first 5 minutes and an additional \$2 per minute thereafter per child should my child(ren) be picked up after the center has closed, regardless of the reason the child(ren) are being picked up late.
- To comply with all Department of Social Services regulations regarding fees and subsidies, if your family receives assistance from the Department of Social Services to pay for childcare at Four Season Daycare.

#### ***I further understand that...***

- A two (2) week written notice is required before withdrawing my child. Should this be impossible, Four Seasons will accept two weeks of tuition, payable at the weekly rate from the time we are made aware of your intention to withdraw the child. Tuition is payable as long as the child's status is "currently enrolled", even if the child is no longer in attendance. It is the parent/guardian's responsibility to change a child's enrollment status from "currently enrolled" to "withdrawn".
- Tuition rates are based on annual budget considerations and that my child's scheduled fees are due whether my child is in attendance or not. It is also my understanding that tuition for weeks missed due to family vacations etc. are due at the full rate and are payable upon my child's return to the center.
- In the event of a physical accident or emergency illness, Four Seasons has my permission to act on behalf of the parent/guardian to administer care as it sees fit in the best interest of the child. It is further understood that Four Seasons is not responsible for any expenses incurred due to accidents or illnesses of any child enrolled at the center.
- Four Seasons agrees to notify the parent/guardian whenever the child becomes ill or injured and the parent agrees to pick up the child as soon as possible, not to exceed 1 hour from time of notification if deemed warranted by the center staff. Parents who work further than 1 hour away or parents who are unable to leave work should it become necessary, are required to retain an emergency contact that is available to pick the child up within the 1 hour window.
- I am responsible for informing the center within **24 hours or the next business day** should my child or any other family or household member develop a reportable communicable disease and that I must notify the center **immediately** should my child or any household or family member develop a life threatening disease.

***I have read, understand, and agree to all of the above conditions in this enrollment contract. In addition, I have read a copy of the parent handbook and I agree to abide by all of the policies outlined in the handbook.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Latest Revision: 5/1/12**