



Application for childcare

Child's Name: _____

To apply, please complete and return all forms contained in this packet and provide a current 121 Immunization form.

Preschool: 601-925-KIDS
 After-School: 924-6500
 Fax: 925-0655

Parent handbook, activity calendars, and more available online at:

funtimeclinton.com

Office use only:

Date Received: _____
 Date of Enrollment: _____
 Application completed: _____
 Immunization form: _____
 Reg. Fee collected: _____
 Calendar to parent _____
 Permission slip signed _____
 Tuition agreement signed _____
 Billing cycle established _____
 Emergency sheet printed _____
 Added to Master Roll _____
 TimeClock codes set up _____
 Camera Access granted _____
 Group Text Alerts set up _____
 Infant Consultation (preschool only) _____
 Allergies Noted _____
 Toilet Training Consultation (preschool only) _____
 Date of Dismissal: _____
 Reason for Dismissal: _____

Communication Notes: (Office use only)

Date _____ Comment _____
 Date _____ Comment _____
 Date _____ Comment _____



Application must be completed and returned to Funtime for approval. Registration fee will then be billed. All shaded areas of this application require a parent (or legal guardian) signature.

Today's Date:	Child's Birth date:	Age:
<u>CHILD'S NAME:</u>		Nickname:
Home Address:		Mail Address (if different):
City:	State:	Zip:
Daily hours you need childcare:		Proposed start date:
<u>FATHER'S NAME:</u>		SSN:
Place of Employment:		Occupation:
Address:		Work Phone:
Cell Phone:	Cell Carrier:	E-Mail:
6-digit code for Camera Access:		Daily work hours:
<u>MOTHER'S NAME:</u>		SSN:
Place of Employment:		Occupation:
Address:		Work Phone:
Cell Phone:	Cell Carrier:	E-Mail:
6-digit code for Camera Access:		Daily work hours:
<i>MARITAL STATUS:</i> Married Separated Divorced Single Engaged Widowed		
Brothers or Sisters of Child:		
Name:		Date of Birth:
Name:		Date of Birth:
Circle the meals your child will eat at Funtime:		
Breakfast	Lunch	Snack All Served
REFERENCES: I authorize Funtime to contact, if they deem necessary, the references listed below to obtain information concerning my child.		
Most recent school / child-care center attended:		Teacher:
Reference 2 (youth director, coach, etc...):		Phone:
PARENT / GUARDIAN SIGNATURE:		Date:

MEDICAL INFORMATION: I authorize Funtime to contact the physician listed below, or any other competent physician or emergency service, if I cannot be immediately contacted should my child be injured or become ill. I understand that Funtime will not be financially responsible for medical or emergency services provided to my child.

Physician:

Phone:

PARENT / GUARDIAN SIGNATURE:

Date:

PARENT SUBSTITUTES: If I cannot be contacted in an emergency situation, I authorize Funtime to contact the following people. By my signature following, I also authorize these people to sign out and pick up my child from Funtime at any time. (3 adult names required)

Name	Address	Relationship (to CHILD)	Cell / Work phone
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1.

2.

3.

4.

PARENT / GUARDIAN SIGNATURE:

Date:

Please list any critical information concerning your child's medical, psychological, or social needs that you feel we should be aware of. Also list any special needs or abilities of your child.

(fears, asthma, allergies to food or drugs, cultural practices that may affect your child's functioning in our program, suggestions to help achieve consistency between home and school, etc.)

By my signature below, I authorize Funtime to photograph my child for advertisements, website, newspaper, bulletin boards, etc... (this is NOT optional as we frequently take group photos)

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I authorize my child to attend planned field trips with Funtime .

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I authorize Funtime to provide transportation for my child from school, to extracurricular activities, and as needed in emergency situations. I also agree to a \$15.00 courtesy call fee if I fail to notify Funtime After-School that my child will not be riding the Funtime bus from school.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I declare that I understand and agree that because of limited enrollment, tuition charges are not based on attendance and there are no refunds or discounts for days missed. I also agree to give Funtime a written two-week notice to withdraw my child or I agree to pay for two full weeks of tuition after my child's last day of attendance.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I declare that I understand and agree that Funtime is a PRIVATE CHILDCARE FACILITY and has the authority and right to deny this application for any reason other than race, sex, religion, or national origin.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I agree to the discipline policy of Funtime and understand that misbehavior may result in my child being excluded from certain activities and/or field trips or being removed from the program. I understand this will not affect my account balance

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I authorize the following people to pick my child up from Funtime. Photo ID will be requested from anyone who picks up children from Funtime with whom staff is not familiar. **Please list anyone who may ever pick up your child (relatives, neighbors, coworkers, friends, etc.).** State regulations will not allow us to accept verbal permission (over the phone) for anyone not authorized on this list.

NAME

ADDRESS

PHONE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

PARENT / GUARDIAN SIGNATURE:

Date:

In consideration of my child being permitted to participate in regular activities and activities conducted by a third party while under the care and supervision of Funtime, I agree to indemnify and hold harmless Funtime Afterschool of Clinton, Inc. (dba Funtime Pre-School and Funtime After-school), Funtime Skateland of Clinton, Inc., and the respective owners of each, from all claims in any way connected with the use of the facilities or participation in activities by my child.

PARENT / GUARDIAN SIGNATURE:

Date:

Funtime follows the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of Sudden infant Death Syndrome (SIDS). According to Funtime policy, all infants will be placed on their backs in a safety-approved crib, unless a written note from the child's doctor is received requesting an alternate sleep position for a medical condition. Also, soft materials (blankets, pillows, stuffed toys, etc..) will not be placed in the infant's sleep environment, smoking is prohibited anywhere on the property, and Infants will remain lightly clothed and comfortable while sleeping. By my signature below, I declare that I understand and agree to the Safe Sleep Policy of Funtime.

PARENT / GUARDIAN SIGNATURE:

Date:

By my signature below, I give permission for Funtime to use alternate forms of transportation, as necessary, to transport my child in an emergency situation (bus unavailable, weather conditions, etc.). These may include, but are not limited to, other borrowed or rented buses, vans, cars, and trucks. All vehicles will be insured and driven by properly licensed drivers.

PARENT / GUARDIAN SIGNATURE: _____ **Date:** _____

By my signature below, I understand and agree that Funtime will conduct regular developmental assessments of my child. Results will be reviewed with parents twice a year, and confidentially will be maintained. Information will be used to provide the best learning environment. Parental permission will be obtained if the need for an external professional evaluation should arise.

PARENT / GUARDIAN SIGNATURE: _____ **Date:** _____

By my signature below, I give permission for Funtime owners, directors, and teachers to apply and/or use **non-prescription** lotion, diaper cream/ointment, ear drops, eye drops, bug spray (Off), sunscreen, teething tablets, Orajel, or any other non-prescription treatment as needed for my child. I also give Funtime Pre-School and After-School permission to apply First Aid treatment to my child in case of minor injuries (peroxide, antibiotic ointment, band-aids, sting-kill, etc...).

PARENT / GUARDIAN SIGNATURE: _____ **Date:** _____

By my signature below, I understand and agree to policies and information contained in the Funtime Parent Handbook. I also have been given a copy of the Child Care Regulations Summary from the MS State Department of Health (included in Handbook).

PARENT / GUARDIAN SIGNATURE: _____ **Date:** _____

By my signature below, I declare that I understand and agree to the charges (late pick-up, late payment, returned check, tuition, courtesy call, etc...), fees, and the following collection policy of Funtime .
Failure to pay account balances in a timely manner will result in legal collection efforts, in which case, if we are successful, you will be liable for and agree to pay all charges to your account as well as all associated collection, legal, and court fees.

PARENT / GUARDIAN SIGNATURE: _____ **Date:** _____

Immunization Form #121 - MANDATORY

Please attach a current form 121 from your child's doctor or local Health Department to this application.

Parent Handbook

If you have not received a Funtime Parent Handbook, please request a copy when you return this application, or go to our website at

funtimeclinton.com



Child / Children

Childcare Tuition Agreement

Effective May 27, 2019

By my signature below, I agree to:

1. All charges and fees listed in the **"Tuition and Fees"** schedule below.
2. **Inform Funtime if my child is not at school** or will not be riding the Funtime bus from school for any reason, otherwise I understand there will be a \$15.00 courtesy call fee applied to my account. (Applies to After-school only)
3. **Give a two-week written notice to withdraw my child from Funtime.** Otherwise, I agree to pay two weeks of tuition after my child's last day of attendance.
4. **Pay tuition balance in full** regardless of my child's attendance. I understand there are **no refunds or discounts for days my child does not attend.**
5. **Pay fines imposed by the Dept. of Health** for failure to provide Funtime with up-to-date Immunization forms, should any fine be incurred by Funtime.
6. **The collection policy as follows:** failure to pay account balances in a timely manner will result in legal collection efforts, in which case, if we are successful, you will be liable for and agree to pay all charges to your account as well as all associated collection, legal, and court fees.

Tuition and Fees (Effective May 27, 2019)

Forms of Payment: Cash, Draft, and Credit/Debit card. 1% Credit Card Processing Fee applies for all credit/debit card payments.

Registration Fees (yearly): Pre-School / After-School \$50, Summer Camp \$35

Tuition:	<u>Pre-School</u> (ages 6 weeks to 5 years)	\$ 155.00 weekly per child
	<u>Summer Camp</u> (for school-age children)	\$ 155.00 weekly per child
	<u>After-School</u>	\$ 80.00 weekly per child
	<u>Holiday Care</u> (drop-in school-age children)	\$ 40.00 daily per child

Tuition is **Due EACH MONDAY.** (late after Wednesday)

Late payment fee (after Wednesday-per child): \$10.00

Late Pick-Up (per child): \$10.00 for each 10 minutes or portion thereof.

Returned check fee: \$30.00

Optional Field Trips: As posted—charged only if you sign up.

Vacation week: When you take your pre-school child on vacation, you pay half a week's tuition *in advance* to reserve your child's place. This option is available for one week during a calendar year. After one full year of enrollment at Funtime, you may take a full week off at no charge. Attendance for one to five days counts as a full week for tuition purposes. For school-age children, during summer camp, full-time students receive 1 "free week" when absent for 5 consecutive days. Vacation weeks apply only to accounts which are current (Zero balance).

Parent Signature	Printed name	Date
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Funtime Preschool and Afterschool of Clinton Authorization for Automatic Payment

I, _____, authorize Funtime Preschool or Afterschool to initiate entries to my checking/savings account. This authorization will remain in effect until I notify them in writing to cancel it, giving Funtime a reasonable opportunity to act on it. Misc. purchases, (t-shirt, photos) late pick up, and registration fees will be drafted as well.

Please PRINT:

Name as shown on account: _____ Child's Name: _____

Physical Address: _____

Mailing Address: _____

Account to be debited (please circle one): **Checking / Savings**

Financial Institution Name (BANK) _____

Account# _____

Routing# _____
(9-digit # on bottom left corner of check)

Bank Mailing Address _____

City _____

State/Zip _____

Effective Date of Transfer: _____

(Note: Must be at least ten days from current date)

Please choose one: Tuition and other charges based on current Tuition Agreement prices

_____ Weekly - each MONDAY

One Week of tuition drafted each Monday

_____ Weekly - each FRIDAY

One Week of tuition drafted each Friday

_____ 1st and 15th of each month

Two or Three weeks tuition drafted depending on the number of Mondays in each cycle

_____ Monthly - 5th of each month

Weekly tuition price X number of Mondays in the month drafted on the 5th day of each month

Signature: _____ Date: _____

(Note: Must be signed by owner of account to be debited)

Please attach a voided check for Bank Name and Routing Number verification

I may revoke my authorization with Funtime Afterschool of Clinton at any time by writing to the following address:
Funtime Preschool/Afterschool 400 Clinton Parkway Clinton MS 39056 601-925-5437