



Norfolk Early Learning Center

APPLICATION FOR CHILD ENROLLMENT

Date of Application: _____ **Date of Enrollment:** _____ **Last Day of Enrollment:** _____

Child's Name: _____ Child's Date of Birth: _____

Child's Address: _____ City: _____ Zip Code: _____

Child Resides with: _____ Child Allergies? _____

Child's Physician: _____ Physician's Phone: _____

Parent or Guardian Information

Parent Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Parent's Employer: _____ Work #: (____) _____

Employer Address: _____ City: _____ Zip Code: _____

Parent Name: _____ Address: (if different) _____

City: _____ Zip Code: _____ e-mail address: _____

Home Telephone #: (if different)(____) _____ Cell #: (____) _____

Parent Employer: _____ Work #: (____) _____

Employer Address: _____ City: _____ Zip Code: _____

Enrollment Schedule

Please include hours of attendance for each day.

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Based on the enrollment information you provided, your weekly tuition rate will be _____.

- Payment is due on Mondays for the current week. A late payment fee of \$10 will be applied immediately, followed by \$5 each day that payment is late. Children will not be permitted to attend if tuition account is not current.
- You will be charged based on your enrollment schedule and tuition will be charged accordingly. Credit will not be given for children who do not attend on an enrolled day.
- Each family will receive one week of Vacation, in which you will receive a 50% tuition discount. All other vacations will be charged at full rate.
- Two week notice is required for the following:
 - Change in care schedule
 - Vacation time
 - Disenrollment from the program

A security deposit of one week's tuition will be due at time of enrollment to secure your child's spot. Security deposit will be held and used towards your child's last week of care.

I, _____, understand the payment terms outlined by the Norfolk Early Learning Center and agree to the terms listed above.

Parent Signature _____ Provider Signature _____ Date _____

For Office Use Only

Weekly Tuition _____

Care 4 Kids Family ID _____ Date Application Submitted _____ Initial _____

Security Deposit _____

Date Security Deposit Collected _____ Cash _____ Check # _____

Initial: _____ Date _____

Pick up Permissions & Persons to Call Case of Emergency

(child may be released to the following if parent(s) cannot be reached)

Please list all individuals that are authorized to pick your child up from NELC.

Please be advised that we will ask for identification in the event we do not know someone on your child's pick-up list!

Name: _____ Address: _____

Phone #: _____ Relationship: _____

Name: _____ Address: _____

Phone #: _____ Relationship: _____

Name: _____ Address: _____

Phone #: _____ Relationship: _____

Permissions

Emergency Care

Norfolk Early Learning Center has my permission to provide emergency care to child _____ if necessary. NELC has my permission to transport my child by ambulance, should the need arise.

Parent/Guardian Signature

Walking Trips

My child _____ has permission to take walking trips throughout town with the Norfolk Early Learning Center.

Parent/Guardian Signature

Photographs & Publicity

My child _____ has permission to have his/her picture appear in the following places (please circle all that apply):

NELC Facebook Page Website Newspaper Advertising

Non-Prescription Consent

Norfolk Early Learning Center has my permission to apply the following non-prescription medications as needed (please circle all that apply):

Diaper Cream Sunscreen Bug Spray Teething Ointment

Please print the name of the product (ex: Desitin) _____
Parent/Guardian Signature

For School Age Children Only...

Norfolk Early Learning Center has my permission to release my child to the bus company, hired by the school district, each morning before school. Likewise, the staff of NELC is responsible for my child from the time they exit the bus each afternoon.

Parent/Guardian Signature

Please share any other information you would like us to know about your child or your family including special customs, cultural traditions or holidays celebrated:
