21st CENTURY EDU-CARE CENTER – "WHERE IT'S EDU-CARE, NOT DAYCARE!" <u>Infant Program</u>

Registration fees of \$25 per family are due on the day of enrollment.

Does your child have a medical condition requiring medication?	Yes	No
(Our staff does not administer medications. However, if the meds are and medication form must be provided for the center's files.)	self-administered, a	physical care plan
For enrollment, please check preferences.		
Infant Program (5:30AM - 5:30PM) W	eekly - \$240	Part Time - \$155
Infant Program (3:15AM – 12:00AM)	Weekly - \$240 Part Time - \$155	
Drop-In Care \$15 per hour (Due when dropped off)		
Payment Type: Private Pay (Must include social security number	r)	
Title XX (Must Include case number)		
First Day of Attendance:		
Date of Birth: Age: Male:	Female:	_
Child's Name: First Middle	Last	
Ethnicity: African American Caucasian Hispan	ic Other, Sp	ecify
Home Address: City Cou	ntyState	: Zip:
Nickname child may prefer:Infant's likes a	and dislikes:	
Are there siblings in the program? Yes No If yes, pri Drop-off Times: Pick-up Time:	nt name(s)	
With whom does the child live? Mother Father Bot	h Other	
If the child lives with 1 parent, does the absent parent have shared	d or joint custody?	Yes No
Does this parent have permission to remove the child from the cer	nter? Yes No	
(If it is your desire that the absent parent does not remove the ch the center with legal document that states they are not authorized		5.50

Parent Information	on: If you're a Title XX	client, you are required by	Franklin County	y to submit weekly
Schedules if your	hours vary. The center	will require a copy of that	schedule to be or	n file weekly.
Mother / Guardia	n			
	PA-17			
		City	State	Zip
		Ext		
Work Schedule: 1	Must Provide Copy of V	Veekly Schedule if Varies		
Monday:	Tuesday:	Wednesday:	Thursday	/ :
Friday:	Saturday:	Sunday:		
School Schedule:				
Monday:	Tuesday:	Wednesday:	Thursday	7.
Friday:	Saturday:			
(PLEASE P	ROVIDE A MINIMUM	ND EMERGENCY CONT. OF TWO CONTACTS O	THER THAN TI	HE PARENTS)
contact in case of	an emergency). All pers	ild to be picked up by these sons must show picture ide persons age 16 and older.		
Name	Emerg	gency contact only B	oth release & em	ergency contact
Phone #				
Name	Emerg	gency contact only B	oth release & em	ergency contact
Phone #	to be the second of the second			

ACKNOWLEDGEMENTS / PERMISSION & RELEASES

PHOTOS

I give permission to the 21 st Century Edu-Care Center to use photos of my child(ren) in print and electronic media, includig newspaper, Facebook, and the center's website.
Your signature below indicatees that you understand and agree with this policy.
Signature of Parent / Guardian
Sharon Woods Park (Routine Permission)
I give my permission/I do not give my permission for my child to be transported to and from 1673 Karl Court (21st Century address) to Sharon Woods Park (6911 Cleveland Avenue Columbus, OH 43081). This permission is granted on (date) while my child is enrolled at the 21st Century Edu-Care Center. During this time, my child will not have access to water two feet or more in depth My child is not 4 years old and does not weigh 40 pounds. My child will accompany their class on all routine field trips away from the center as long as they are enrolled in the 21st Century Edu-Care Center. I understand I will be notified in advance about planned field trips, however routine field trips will not require additional written permission. Your signature below indicates that you undertand and agree with this policy.
Signataure of Parent / Guardian