

**NEW GULPH CHILDREN'S CENTER REGISTRATION & AGREEMENT FORM**

**DATE OF APPLICATION:** \_\_\_\_\_

**CHECK SESSION:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Fall & Spring \_\_\_\_\_ Summer \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**PARENTS' NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_ **CELL PHONE #** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**SCHEDULE:** Check the appropriate spaces. The days and hours indicated will be reserved for your child. Please note: For children enrolled on a part-time schedule, we cannot "switch" days or hours. If you need childcare at times other than your reserved time, please ask a teacher to schedule extra hours for your child.

**7:30-1:00**

**1:00-5:30**

**MON:** \_\_\_\_\_

**TUE:** \_\_\_\_\_

**WED:** \_\_\_\_\_

**THU:** \_\_\_\_\_

**FRI:** \_\_\_\_\_

**MEAL SERVICE PARTICIPATION:** NGCC participates in the Child and Adult Care Food Program (CACFP), a federal Child Nutrition program providing NGCC partial reimbursement for meals. Your child will receive the meals noted below.

**AM Snack**   X   **Lunch**   X   **PM Snack**   X  

As a requirement for NGCC participation in CACFP, please indicate the reason your child is enrolled @ NGCC for more than 8 hours/day.

**Work Schedule:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Indicate method of payment:** Single \_\_\_\_\_ Installment \_\_\_\_\_

**Please turn over and SIGN THE AGREEMENT SECTION**

**SPECIAL INFORMATION:** Please provide any information about your child that will make your child's New Gulph experience more comfortable. Please include previous group experiences, routine, habits, etc.

**AGREEMENT**

Fundraising Responsibilities: I/we agree to help work on any fundraising event planned by the Center. Parents not helping with the fundraising event will be billed \$25.

Medical Consent: In the event of an emergency, or if the parent or the child's physician can not be reached, I/we authorize the Center to use the services of the closest hospital emergency room. I/we have completed the Medical Consent Form.

Parental Assistance Responsibilities: I/we agree to be available each semester to offer help to the Center. I/we will indicate our preference for helping on the Parental Assistance Form. I/we understand we will be billed \$25 to waive this responsibility.

Corporation Membership: I/we wish to establish membership in the New Gulph Children's Center Corporation. I/we understand membership implies no other duties than voting for members of the Board of Directors at the annual Corporation Membership Meeting held each the spring.

Access To Records: I/we understand that unrestricted access to my child's records is limited to the Center's Director, staff responsible for recordkeeping and authorized agents from the Pennsylvania Department of Welfare and Department of Education. This applies to agents only for the purpose of supervising the Center.

Policy Responsibilities: As a center controlled by the working parents for whom it exists, New Gulph has always enjoyed a high level of cooperation and consideration between its staff and the families who use the Center's services. However, in the unlikely event that any family is unable or unwilling to abide by the Center's policies, as described in the Handbook, or give proper regard and respect to the staff, the Center must reserve the right to refuse to provide further service to that family. No family or child will be dismissed unless the Director is unable to conciliate the problem with the family nor without affording the family an opportunity to be heard before the Center's Board of Directors, which will make the final decision on any proposed dismissal.

Tuition Responsibilities: I/we realize that I/we are responsible for the full tuition payment for the semester(s) registered above. I/we understand that if I/we elect to make installment payments, I/we are responsible for tuition for the entire semester. I/we understand there are no refunds or deductions of tuition even if my/our child is absent, on vacation, withdrawn or dismissed from the Center. I/we understand the deposit and registration fee are non-refundable. The deposit is applicable to the final tuition payment of the semester.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***PLEASE REVIEW, INITIAL AND DATE EMERGENCY INFORMATION SHEET IF ATTACHED.***

FOR OFFICE USE:

Signature of Director: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_