



The Cub's Den

an extension of Duck Hollow Discovery Learning Center

1 University Drive

Uniontown, PA 15401

724-430-4185

REGISTRATION FORM

(Revised 11/2011)

Parent Information:

Primary Payer:

Last Name	First Name	Initial	DOB	Gender
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Email _____

Mailing Address: _____

Home Phone: _____ Cell phone: _____

Work Phone: _____

Occupation/Place of employment: _____

Relationship to child: Mother/Father/Guardian-Lives with/Emergency Contact/Pick-Up
(Circle all that apply)

Secondary Payer:

Last Name	First Name	Initial	DOB	Gender
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Email _____

Mailing Address: _____

*Only needs completed if different than primary payer

Home Phone: _____ Cell phone: _____

Work Phone: _____

Occupation/Place of employment: _____

Relationship to child: Mother/Father/Guardian-Lives with/Emergency Contact/Pick-Up
(Circle all that apply)

Parents are: Married / Divorced / Separated / Single

Parent/Guardian with legal custody _____

*If you have a custody agreement, please provide a copy.

Child's Information:

Last Name First Name Initial DOB Gender

Child's Information:

Last Name First Name Initial DOB Gender

Mailing Address: (If different than payers) _____

Did your child attend another childcare facility? Yes/No

If yes, at what age and duration of time: _____

Do you have any other children? Yes/No

If yes, what are their names and DOB: _____

Relationship Information: Emergency Contact & Authorized Pick Up Persons Only

Do not include "Payers" in this portion, as I already have your information! 😊

Only 1 person per number line/We need a minimum of 2 persons and a maximum of 4.

1.

Last Name First Name Relationship to child Contact Number

Address circle all that apply-Emergency Contact Authorized Pick-Up

2.

Last Name First Name Relationship to child Contact Number

Address circle all that apply-Emergency Contact Authorized Pick-Up

3.

Last Name First Name Relationship to child Contact Number

Address circle all that apply-Emergency Contact Authorized Pick-Up

4.

Last Name	First Name	Relationship to child	Contact Number
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Address circle all that apply-Emergency Contact Authorized Pick-Up

Child's Health Information:

Pediatrician's Name: _____

Address: _____

Telephone Number: _____

Health Insurance: _____

Policy #: _____

Last Physical Date: _____

Circle any concerns regarding your child:

Allergies/Special Dietary Needs: _____

Speech/Behavioral/Developmental/Physical/Health/Hearing/Vision/Other: _____

Does your child have an active IFSP, IEP, or Behavior Plan? Yes/No *If yes, please provide.

*****If any of the above information changes at any time, please inform the Director immediately to assure we maintain accuracy.*****

I GIVE PARENTAL CONSENT FOR MY CHILD TO OBTAIN EMERGENCY MEDICAL CARE AS WELL AS THE TRAINED STAFF TO ADMINISTER MINOR FIRST-AID PROCEDURES.

1st Review-Parent Signature

Date

2nd Review-Parent Signature

Date

TUITION CONTRACT

Anticipated Start Date: _____

Will you be receiving CCIS/PSU Subsidy/NACCRRA or any other subsidy? Yes/No

DAYS OF ATTENDANCE

DAY	DROP-OFF-TIME	PICK-UP TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please notify the staff of any changes in drop-off times in advance. Failure to do so may result in our inability to meet the schedule changes that you require.

Tuition payments are made on a bi-weekly or monthly basis. Payments are made at the *beginning* of each week or month. Rates are subject to change with a 30-day notice. There is an annual \$25.00 non-refundable activity/registration fee. A one-week deposit is due at the time of registration.

Duck Hollow Discovery Learning Center does not permit flexible scheduling or switching days that are missed. This is not possible when we must abide by a certain staff-child ratio. Also if you would like to change your child's weekly schedule, you must give the director a 2-week written notice and it will depend upon availability.

ACTIVITY/REGISTRATION FEE	\$25.00
ONE WEEK DEPOSIT/WEEKLY PAYMENT	\$
TOTAL	\$
DATE REGISTRATION PAID	/updated
DATE DEPOSIT PAID	/updated
ENROLLMENT DATE:	
DATE OF WITHDRAWAL	

AGREEMENT CONTRACT

Registration Fee and Payment Schedules:

A one-week deposit, which will be credited on your child's last week of attendance, along with an annual \$25.00 non-refundable activity/registration fee is required at the time of registration. Parents are responsible for payments on a bi-weekly or monthly basis. A late fee of \$10.00 will be added to balances not paid by Friday. If the fee isn't paid by Monday morning of the next week, your child will not be permitted to attend until the outstanding balance is paid. Continued late payments will result in termination of our contract. There is no reduction of fees due to the absence of a child. Should payment not be made for the scheduled week, the parent forfeits the one-week deposit and due payments must be made before a child can return to school. There is a \$10.00 processing fee for all returned checks. If two checks bounce in a year's time, cash payments will be required. The current rates are subject to change. A 30-day notice will be provided prior to a change in child care fees. The Center reserves the right to increase fees should a child require additional staff support in order to participate in the daily program.

Holidays/Vacation Policy:

We are closed for several holidays throughout the year. Please check our website for a complete listing of these days as they do change annually. Please remember if your child attends these days, payment is still required. You will be eligible for a one-week unpaid vacation/ per child enrolled/ per calendar year, only after 6 consecutive months of your child attending the Center. Please give the director a two-week written notice of any permanent schedule change, vacation, or enrollment termination. Failure to do so will result with payment of required weekly fee. If your child leaves the center for any amount of time and returns, you are subject to an additional registration fee.

Arrival and Departure Procedures:

When dropping off or picking up children, parents must turn off their engine and remove keys from the ignition. An adult must walk into the building with the child. Older siblings may not bring in or pick up children. No one other than the parents or designated person will be allowed to pick up your child without prior arrangement. I must be notified in advance and have a written note with the person's name and relationship to the child. If there is a court order keeping one parent away from the child, I must have a written note from the custodial parent in my file to that effect. Otherwise, I cannot prevent the non-custodial parent from picking up the child.

Emergency Contact and Authorized Pick Up: Listed within registration information.

Overtime Fees:

Parents are expected to pick up their child before 5:00 p.m. After 5:00, you will owe \$1.00 per minute/per child/per teacher, which is due upon arrival. If you fail to pay the teacher(s) directly, the amount will automatically be added to your account. Please note that there must be two teachers on site at all times.

Health Matters:

Please do not bring your child if he/she is sick with the following: fever, rash, excessive cold and/or cough, diarrhea, or vomiting in the previous 24-hour period. Children with communicable diseases such as: chicken pox, rosella, conjunctivitis, mumps, measles, influenza, etc. will not be permitted to attend school and will need a physician's note to return to school. Children too sick to participate in the program, including outside activity, should be kept at home. If a child becomes ill during daycare hours, parents will be contacted immediately to remove their child within 1 hour of being notified. If parents are not available, the emergency contact person will be notified.

Medication/Sunscreen:

Medication cannot be administered without written consent and instructions from the child’s physician. All medicine must be in the original container with the child’s name, dose, and times it is to be administered. You also must sign-in on the daily medication log. We will supply SPF 50 hypoallergenic sunscreen when outside for longer periods of time.

Permission to Photograph/Video: Periodically, my child’s picture or video footage may be taken for publication in the newspaper, Duck Hollow’s website, brochures, & flyers. I give permission for all of the above. Yes/No (Please circle)

Medical Emergencies:

In case of a serious accident or sudden illness requiring medical attention, the following procedures are followed:

- 1) A phone call is made to 911
- 2) Child’s parents or emergency contacts are called.
- 3) Child and health records are taken to emergency service at Uniontown Hospital.
- 4) In all cases, an emergency report is completed and a copy given to parents as well as the Dept. of Public Welfare.

* Parents will be responsible for all costs involved in emergency medical treatment, including emergency transportation if required.

Trial Period and Termination:

A period of 2 weeks trial is given for adjustment. After this time period the director may decide to terminate care without prior notice. If it is found that the child of parent is unable to adjust to the program provided by the Center, the director reserves the right to request the withdrawal of the child.

Withdrawal Procedures:

The director is to be notified in writing TWO WEEKS in advance, before a child is to be withdrawn. Parents are required to pay for those two weeks regardless of when the child leaves the Center. The director is also to be notified TWO WEEKS in advance of a child’s permanent schedule change and will be honored if availability permits. A child that leaves the center for any amount of time and returns is subject to an additional registration fee.

Damage to Property or Equipment:

Parents are held responsible for Center property or equipment damaged by their child. The center does not assume any responsibility for lost jewelry or broken toys that belong to the children. Dangerous items or toys for pretend violence are not permitted in the Center.

*****If any information that you have provided us changes at any time, please inform the Director immediately to assure we maintain accuracy.*****

I HAVE REVIEWED THIS CONTRACT WITH THE DIRECTOR AND I AGREE TO ABIDE BY ALL OF THE PROCEDURES AND CONDITIONS THAT ARE STATED IN THIS AGREEMENT AND TUITION CONTRACT.

Signature of Parent _____ Date: _____

Signature of Parent/Review _____ Date: _____

Signature of Director _____ Date: _____ Date: _____