

# NEW BEGINNINGS DAYCARE APPLICATION FOR ENROLLMENT

PLEASE MAIL COMPLETED APPLICATION TO:  
 2770 Memorial Blvd.  
 Tobyhanna, PA 18466

While completing this application if you find it necessary to provide additional comments or explanations to questions asked, please attach additional sheets of paper. PLEASE PRINT OR TYPE ALL INFORMATION!

## STUDENT INFORMATION

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Last                                      First                                      Middle                                      Nickname

Child's Address: \_\_\_\_\_

No.                      Street                                      City                                      State                      Zip

Child's Mailing Address: \_\_\_\_\_

No.                      Street                                      City                                      State                      Zip

Primary Days of Care: M    T    W    TH    F                      Total number of Days: \_\_\_\_\_

Primary Hours of Care      From : \_\_\_\_\_ To: \_\_\_\_\_

Before School Only: \_\_\_\_\_      After School Only: \_\_\_\_\_      Both: \_\_\_\_\_

## FAMILY INFORMATION

Child Lives With: \_\_\_\_\_

Custody:      Mother      Father      Both      Other (specify): \_\_\_\_\_

Mother's Name: _____ Address: _____ Home Phone: _____ Employer: _____ Address: _____ Work Phone: _____ Email: _____	Father's Name: _____ Address: _____ Home Phone: _____ Employer: _____ Address: _____ Work Phone: _____ Email: _____
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Siblings and their ages: \_\_\_\_\_

## MEDICAL INFORMATION

**I hereby grant permission for the staff of New Beginnings Daycare to contact the following medical personnel to obtain emergency medical care if warranted.**

Doctor/Dentist/Hospital	Phone	Address

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONTACTS**

Your child(ren) will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name	Home Phone	Work Phone	Address

**HELPFUL INFORMATION ABOUT THE CHILD**

Please list or describe your child's special interests, talents or pertinent anecdote(s) you would like to share:


**CONDITIONS FOR REGISTRATION – PLEASE READ CAREFULLY**

If you wish to reserve a spot for your child(ren), the following information and conditions are provided for your understanding of the process and procedures:

1. The application must be submitted with a \$75.00 non-refundable registration fee for each child. Incomplete application forms will not be considered or received.
2. If for some unforeseen reason due to construction delays, we are unable to open as expected on January 5, 2009, your registration fee(s) can be refunded if requested in writing. However, you will forfeit your registration placement(s).
3. Weekly fees are: Infants - \$150.00; Toddlers (Ages 13 to 36 months) - \$145.00; Preschool (Ages 3.1 to 5 years) - \$140.00; Before/After School - \$130.00; Before Care Only - \$65.00; After Care Only - \$75.00.
4. All checks should be made out to New Beginnings Day Care Center.
5. Payments are due at the time of service in order to maintain enrollment slots. Delinquent payments will result in a cessation of day care services.
6. All day care enrollees must have a current physical and immunizations within 30 days of enrollment.
7. A parent handbook with additional policies, procedures, and helpful information will be available for all of our clients.
8. Registrations are considered to be incomplete if any of the above conditions are not met.

This initial information is provided in the spirit of fostering honesty and integrity, two of our Core Values. Healthy communication facilitates healthy relationships. Because we wish to establish and maintain healthy relationships with all of our clients and their children, open and honest communication will always be our goal. These standards are established to provide the best care for your child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

