



Enrollment Form

Parents' Name (Father) _____
(Mother) _____

Address _____
(Full Street Address)

City _____ State _____ Zip Code _____ Home Phone # _____

Father's Employer _____

TDL# _____ Phone # _____

Cell or Pager # _____

Mother's Employer _____

TDL# _____ Phone # _____

Cell or Pager # _____

May we publish your home address and phone # in a class directory? yes no (check one)

May we publish your child's picture to be used in media Publications (i.e. web-site, brochures, newspaper & magazine reports, posters promoting S.E.E.D.S.)? yes no (check one)

Email address _____
(we can send you weekly reminders of events)

Authorization to Pick up Form

Parents may always pick up children at any time. Please list the names of other responsible adults to pick up child if ill.

Name _____ Phone # _____ Cell # _____ Relationship _____

Name _____ Phone # _____ Cell # _____ Relationship _____

Name _____ Phone # _____ Cell # _____ Relationship _____



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Parent's Marital Status (check one) Married Single Divorced Widowed Other

Custody: (check one) Both Parents Mother Father Other

Address Mail to _____
(i.e. Mr. & Mrs. Smith, Ms. Lisa Jones, John Smith & Lisa Jones, etc.)

Student's Name _____ Date of Birth _____ Male Female

Session enrolling for _____ Age on Sept. 1st _____

Sibling(s) in S.E.E.D.S. ? Yes No

Name _____ Age _____

Name _____ Age _____

Allergy and Illness Report

Present medical or chronic conditions (asthma, epilepsy, etc) If none exists, write "none".

Allergies (drug, food, insect bites, etc.)

Special precautions and other information



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Emergency Medical Information

Family Doctor _____ Phone # _____

Family Dentist _____ Phone # _____

Hospital or Medical Facility _____ Phone # _____

Medical Insurance Company _____ Phone # _____

Insurance Policy/ Group # _____

Consent Form for Medical Treatment

Parent Release: In case of an emergency and neither I nor any of the listed names on this emergency form can be reached, I give permission for a member of the S.E.E.D.S. staff to transport my child with them to a licensed physician or emergency room facility. Please accept this as authorization to provide any necessary treatment for my child at such facility.

Parent or Guardian Signature _____ Date _____

Subscribed and sworn to me before this ____ day of _____ year _____.

Notary Public _____



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Fee Schedule

A non-refundable \$115 registration fee is due at the time of registration. Class placement is determined by the child's age on Sept. 1st. All 4 yr olds will have a Vision/Hearing Screening Fee of \$20 due at registration.

<input type="checkbox"/> Toddlers	M/W 9:00-12:00	\$150	<input type="checkbox"/> Toddlers	T/Th 9:00-2:00	\$205
<input type="checkbox"/> Two's	M/W 9:00-12:00	\$150	<input type="checkbox"/> Two's	T/Th 9:00-2:00	\$205
<input type="checkbox"/> Three's	M/W/F 9:00-12:00	\$200	<input type="checkbox"/> Three's	T/Th 9:00-2:00	\$205
<input type="checkbox"/> Three's	M/W 9:00-2:00, Fri. 9:00-12:00	\$275	<p>Early Care (8am drop off)</p> <p>2 days/wk \$20/mo</p> <p>3 days/wk \$30/mo</p> <p>5 days/wk \$50/mo</p>		
<input type="checkbox"/> Three's	M-Th 9:00-2:00, Fri. 9:00-12:00	\$400			
<input type="checkbox"/> Pre-k4/5	M/W 9:00-2:00, Fri. 9:00-12:00	\$275			
<input type="checkbox"/> Pre-k4/5	T/Th 9:00-2:00, Fri. 9:00-12:00	\$250			
<input type="checkbox"/> Pre-k4/5	T/Th 9:00-2:00	\$205			
<input type="checkbox"/> Pre-k4/5	M-Th 9:00-2:00, Fri. 9:00-12:00	\$460			

Account Agreement

The undersigned agrees and understands that the services rendered for child care are subject to the following conditions:

A Security Deposit, equal in amount to your child's class tuition, is due within 60 days of your child's registration. This deposit insures that your child is placed on a class list. This deposit will be applied towards your last month's tuition. A written notice must be received in the S.E.E.D.S. office at least two weeks prior to the first of the month if withdrawing a child from the program. For example, if you are planning to drop for the month of November, then notification must be received by Oct. 15. Failure to do so will result in forfeiture of the Security Deposit.

S.E.E.D.S. has a Mandatory Fundraiser and all families must sell \$100 worth of Raffle tickets, or be subject to \$100 being added to your account.

Tuition is due the 1st day of each month. A \$10 late fee is added after the 10th of the month.

According to your session choice late pick up fees begin accruing after 12:00 or 2:00. You will be charged \$1 per minute after the scheduled pick up time.

If a check is returned, there is a \$25 charge. After two returned checks, the remaining tuitions, fees, or other monies must be paid with money orders or cash. (Please refer to the Parent Handbook for more info.)

The customer (parent or guardian), agrees to pay, in the event the account is turned over to an agency or attorney for collection, reasonable attorney fees, plus all attendant collection costs, or court costs.

Your monthly tuition obligation is \$_____.

I understand these financial Obligations and agree to follow them.

Parent's Signature _____ Date _____

For Office Use Only:

- | | | | | |
|------------------------------------|---|--------------------------------------|-------------------------------|----------------------------------|
| <input type="checkbox"/> Reg. Amt. | <input type="checkbox"/> Security Deposit | <input type="checkbox"/> Check # | <input type="checkbox"/> Cash | <input type="checkbox"/> Check # |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Hearing/Vision | <input type="checkbox"/> Age/Session | | |