

**The Children's Ark
Christian Child Development Center
Enrollment Agreement**



By signing this form, I affirm the following:

- Hours of operation are from 6:30am to 6:30pm. Late pick-ups will incur a fee of \$1.00 per minute per child starting at 6:31pm.
- I understand that I must provide STATE REQUIRED documents and fulfill medical requirements in compliance with Texas Department of Protective and Regulatory Services standards for my child to attend.
- A Registration Fee of \$125 per child or \$200 per family is required to secure a class position for my child. **This fee is non-refundable.**
- Tuition is due each Friday by close of business for the upcoming week.
- Tuition not paid by Monday at closing will incur a \$10 late fee. An additional \$10 late fee will be charged to your account EACH DAY that tuition is late, starting at the end of Tuesday.
- Tuition is due in full whether a child is in attendance or not unless other arrangements are made.

Person responsible for payment:

Name (print) _____

Relationship to child: _____

Phone number _____ Email: _____

Child's Name & DOB: _____

(print)

Child's Name & DOB: _____

(print)

Child's Name & DOB: _____

(print)

Current tuition rates are:

Full Time Care

Infants/Crawlers/Toddlers: \$235 per week

Preschool Classes (One and Two) \$210 per week

Pre-K Classes (One and Two) \$185 per week

Club Impact \$ 85 per week

Camp 360 \$190 per week

Part Time 2 Day/week \$100 per week

Part Time 3 Day/week \$150 per week

(Registration fees and tuition rates are subject to change.)

Parent Signature and Date: _____

Director Signature and Date: _____



The Children's Ark Christian Day School
 3701 W. Spring Creek Pkwy,
 Plano, TX 75023
 972-491-0844
 Thechildrensark.org

Child's Name _____

Start Date _____

ADMISSION INFORMATION

Child's Full Name: _____ Date of Birth: _____

Address: _____ Gender: ___ Male ___ Female

1st PARENT
(Primary Guardian responsible for tuition payment)

Name: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Work #: _____

Place of Employment: _____ Address: _____

City: _____ Work Hours: _____ Email address: _____

2nd PARENT

Name: _____ Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Work #: _____

Place of Employment: _____ Address: _____

City: _____ Work Hours: _____ Email address: _____

Child's Legal Guardians Both Parents Mother Father Other: _____

Child's Living Arrangements Both Parents Mother Father Other: _____

Enrollment Type: Infant – PreK After School Summer school age Camp 360

School Child Attends: _____ Grade _____ Teacher's Name _____

School Address: _____ Phone # _____

I give permission for my child to be transported from the above named public school to The Children's Ark Christian Day School to attend the after school program, Club Impact.

Water Activities

Parent's Initials _____ My child (12 months & older) may participate in Splash Day. I understand that on my child's splash day, I need to provide a swimsuit, water shoes, and a towel.

How did you hear about us? _____

Parent/Legal Guardian Signature _____ Date _____



Child's Name _____

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List any **allergies** or **special diets** your child has (if none, write "NONE"): _____

Please explain the **reaction** your child has in **HEALTH AND EMERGENCY PERMISSION**

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long term continuous use, and any other information that caregivers should be aware of: _____

I, _____, give permission for The Children's Ark to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release The Children's Ark Christian Day School from liability. I further agree to keep the facility informed of changes in telephone numbers, etc, where I can be reached.

The emergency medical procedure for The Children's Ark will be:

- Call emergency medical team, if necessary
- Contact parent (If parent cannot be reached, the 1st emergency contact will be called.)
- Have emergency medical team transport child to nearest hospital
- Medical attention will be sought from the doctor on call at:

Medical City of Plano, 3901 W. 15th St, Plano, TX 75075 972-596-6800

CHILD'S PHYSICIAN INFORMATION

Doctor: _____ Phone #: _____

Street: _____ City: _____ Zip: _____

1st EMERGENCY CONTACT – cannot be a parent

This contact will be the first one called after all attempts to reach the child's guardians have been made. This contact must be someone local who will also be authorized to pick up the child.

Full Name _____ Address: _____

City _____ State _____ Zip _____ Relationship to your child _____

Cell Phone: _____ Home phone: _____ Work Phone _____

OTHER CONTACTS

These contacts are additional pick-up contacts and/or emergency contacts.

Name	Relationship	Home #	Cell #	Work #	Is this person authorized to pick up your child?	Can this person be contacted in an emergency?
	1st Parent				YES	YES
	2 nd Parent				YES	YES

Parent/Guardian's Signature _____ Date _____



Child's Name _____

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POLICIES AND PROCEDURES

Although all policies and procedures in the Parent Handbook are important, The Children's Ark would like to emphasize the following for the overall well-being of the school. Please read and initial next to the following policies:

Tuition Policies

	Initials
I understand that tuition is due each Friday by closing for the upcoming week. Tuition is late after 6:30 pm on Monday. Tuition not paid by Monday at closing incurs a \$10 late fee. An additional \$10 per day, starting on Tuesday morning, will be charged to your account until tuition is paid. Tuition still not paid by Friday at closing gives The Children's Ark the right to deny care for your child until your account is paid in full. Late fees will be waived when payment plan is set up with director, providing payments are kept current.	
I understand there are no credits to my child's account for holidays or partial week attendance.	
I understand a two-week written notice is required when withdrawing. A charge of up to two weeks will be incurred for improper notification.	
I agree to pay the weekly tuition rate throughout my child's enrollment, including the 2-week withdrawal notice period.	

Other Important Policies

I understand The Children's Ark does not have the right to withhold my child from any parent having custody or joint custody. If there is a current court order stating that one parent may not have access to a child, the school must have a copy in the child's file. The Children's Ark cannot deny any parent access to their child without such an order. The center cannot become involved in custody disputes. My child will be dis-enrolled if such disputes occur.	
I understand that one free week of vacation credit each 6 months will be given after 6 months of enrollment. The school must be notified at least two weeks in advance that my child will be absent all five consecutive days of a week (Monday-Friday). After the free week is used, tuition is due in full whether my child is in attendance or not. Vacation credit cannot be carried over to the next year.	
I understand I am totally responsible for any food not on the menu required by my child. This is a peanut free school. No peanut products or traces of peanut products will be in the school, and none may be brought in. If my child's diet consists of formula taken from a bottle, I understand I will provide the appropriate number of prepared bottles containing the formula necessary for my child each day. Each bottle will be clearly labeled with my child's first and last name. If my child wears diapers, I understand that I must provide them. If my child runs out of diapers, The Children's Ark will provide them for \$1 each. Charges for diapers will be billed to my account. The Children's Ark Policies & Procedures continued	
I understand that if my child is ill, including but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature (see Parent Handbook for details), severe headaches, upset stomach, vomiting, pink eye or diarrhea, he/she cannot be accepted in the center until well. CHILDREN MUST BE SYMPTOM FREE FOR 24 HOURS (without fever reducing medication) before returning to the school.	

In the event my child has a communicable disease, a release form from a medical source may be required before my child re-enters the school. The Children's Ark will notify me if a reportable disease has been introduced into the school.	
I understand that the center has a specific policy regarding the administration of medicine. I agree to provide the center with all required information in accordance with this policy. The school requires written authorization from my child's physician to accompany any medication. Over-the-counter drugs can only be dispensed by The Ark if proper dosage is on the bottle of medication. Medication is administered once daily at 11 am.	
I understand that it is my responsibility to keep the school advised of changes to address, phone numbers and contact information.	
I understand the school closes at 6:30 pm, and my child must be picked up by that time. After 6:30, \$1.00 per minute will be charged. If I have not picked up my child by 7:00 pm and all attempts to contact me and all my emergency contacts fail, The Children's Ark is obligated to call Family Protective Services and the Police.	
I understand that my child's classroom learning and circle times begin by 9 am and my child will receive maximum benefit from their classroom experience by being in class by 9 am.	

HANDBOOK ACKNOWLEDGEMENT

I have read and understand the above statements. I have received and agree to abide by all policies and procedures of The Children's Ark as outlined in this agreement and the Parent Handbook.

Parent/Guardian's Signature _____ Date _____

PHOTO POLICY AGREEMENT

- ❖ I give The Children's Ark permission to take my child's photograph while at the center. I authorize The Children's Ark to use photographs taken to advertise and promote within the school.
- ❖ I give The Children's Ark permission to use photos taken for advertising on the website and/or paper advertising. I understand the photos will not be used to harm the child or his/her reputation in any way.

Parent/Guardian's Signature _____ Date _____

Manager's Signature _____ **Date** _____



Child's Name _____

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1. Has your child had previous preschool/child care experiences: YES NO

Explain

2. What would you like most for your child to experience with us? _____

3. Does your child have any particular fears? _____

4. Does your child play well with other children? YES NO NOT SURE

5. List the names and ages of other children in your family:

_____ _____
_____ _____

6. Does your child take a nap? YES _____ NO _____ How long? _____

At The Children's Ark, there is a daily quiet time when children are expected to nap. If they are unable to nap, they will read or work on a quiet activity during that time.

7. What is the primary language spoken in your home? _____

8. FOR CHILDREN AGES 2-4:

❖ Is your child potty trained? YES NO

❖ If not, what stage is he/she in? _____

9. Does your child have any allergies? YES NO

If YES, please explain in detail _____



Child's Name _____

HEALTH INFORMATION

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INFANTS THROUGH PRE-K ONLY

TO BE FILLED OUT BY CHILD'S PHYSICIAN

I have examined the above named child within the past year and find that he/she is physically able to take part in the child care program.

Physician's Name _____

Street: _____

City _____ Zip _____

Phone Number _____

Physician's Signature _____ Date _____

Status of:
 Vision: _____

TO BE FILLED OUT BY CHILD'S GUARDIAN (to fulfill requirements until the above box is signed)

My child has been examined within the past year by a health professional and is able to participate in the child care program. **Within one (1) week of admission**, I will obtain a health care professional's signed statement and will submit it to The Children's Ark.

Parent/Guardian's Signature _____ Date _____

I understand that The Children's Ark is required to have a copy of my child's updated shot records. A copy must be turned in with this enrollment package. I also understand that if my child's shot records are not up to date, I will be sure my child received the appropriate immunizations within the time frame set by The Children's Ark.

Signature of Parent or Guardian _____ Date _____

SCHOOL AGE CHILDREN ONLY

My child, _____, has a current immunization record and vision and hearing screening record on file at the following elementary school:

Name of School _____

Address of School _____

Phone # of School _____

Signature of Parent or Guardian _____ Date _____

**AUTHORIZATION FOR
EMERGENCY MEDICAL ATTENTION**

Child's Name:	Home Address:	Phone:
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In the event that I cannot be reached to make arrangements for medical attention, I authorize the facility Director or the person in charge to take my child to:

Name of Physician:	Address:	Phone:
Name of Hospital:	Address:	Phone:

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

Date