

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ City/zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ City/zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ ☐Male ☐Female \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Social Security# \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
If different from above if different from above

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Emp. \_\_\_\_\_ Mother's Emp \_\_\_\_\_

Emp. Address \_\_\_\_\_ Emp. Address \_\_\_\_\_

Work # \_\_\_\_\_ Work# \_\_\_\_\_

Home # \_\_\_\_\_ Home# \_\_\_\_\_

Cell # \_\_\_\_\_ Cell# \_\_\_\_\_

Parent you prefer we contact first? \_\_\_\_\_ Best way to reach you? \_\_\_\_\_

☐ cell phone \_\_\_\_\_ ☐ home # \_\_\_\_\_ ☐ work# \_\_\_\_\_

Person(s) **other than parents** who are authorized to pick up your child and who can be contacted in case of illness or emergency. List in the order you wish to be contacted.

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Wk# \_\_\_\_\_ Hm# \_\_\_\_\_ cell \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Wk# \_\_\_\_\_ Hm# \_\_\_\_\_ cell# \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Wk# \_\_\_\_\_ Hm# \_\_\_\_\_ cell# \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_

Name, Address and phone # of Hospital of Choice \_\_\_\_\_

Ins. Carrier and ID# \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Ph# \_\_\_\_\_

Approximate time your child will \_\_\_\_\_ arrive \_\_\_\_\_ depart \_\_\_\_\_

How did you learn about our center? \_\_\_\_\_

If parents are divorced or separated, who has legal custody? \_\_\_\_\_. Custody papers or restraining orders must be on file at the center if one parent is denied pick up or visitation rights

## NEW THOMAS LEARNING CENTERS BACKGROUND DATA

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Chronic medical issues:	
Medicine taken routinely:	
Allergies: Foods:	
Medicines:	
Animals:	
What language is spoken at home?	
Brothers or sisters at home? (List names and ages)	
Pets at home? (list names and types)	
Is the entire family together any time during the day?	
Length of nap:	
Attitude toward going to bed:	
Does your child wet the bed?	
Is your child toilet trained?	
Can your child manage clothing at the toilet without assistance?	
What words does your child use for urinating and BMs?	
What type of discipline is used at home?	
Does your child normally have a good appetite?	
What is your child's attitude toward eating?	
If your child refuses to eat, how is this handled?	
Favorite foods:	
Disliked foods:	
Outstanding fears:	
Does your child have other children to play with at home?	
Does your child get along well with other children?	
Does your child have trouble sharing with other children?	
What types of activities does your child like best?	
Does your child have previous experience in a child-care center?	
What was his/her response?	
Do you have any objections to your child leaving the school for field trips if you are notified in advance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Signed:

Please keep us advised of changes in the home.

## PRIVATE PAY TUITION AND SCHEDULE AGREEMENT

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

My child's contracted days of attendance will be:

Monday      Tuesday      Wednesday      Thursday      Friday

**TUITION PAYMENT SCHEDULE:** Please choose one of the following payment options:

- Monthly Tuition Payments - Due no later than the 5th of each month.
- Weekly Tuition Payments - I understand weekly tuition balances are billed and automatically posted to my Family Ledger each Monday. **Tuition is expected no later than the first day of weekly attendance.**
- Drop In Payments - I understand drop-in services are based on daily availability. Tuition for Drop In services is due on the day of service.

**TUITION PAYMENT OPTIONS:** Families please select the payment method you plan to use to make tuition payments:

- ☐ **Personal Check** - Please make your check payable to N.T.L.C. and include your child's full name in the memo section; along with the dates of attendance being covered with check payment.
- **1Core Parent Portal.** Families will be requested to set up a parent portal account. From this parent portal you will have the following 2 payment options to sign up for:
  - TAP (Tuition Auto Pay) - This process requires a manual payment submission by the Director. The Director will post payments on Monday of each week - for any scheduled days that fall into the week.
  - TPD (Tuition Pay Direct) - Enables families to make 1-time payments. \*This is the recommended option

Please read the following Tuition and Scheduling Agreement statements carefully. Then place a check in the box next to each statement to indicate that you understand and agree to the statement.

- I understand there is no TUITION DEDUCTION for sick days or changing of schedule without Camp Director prior approval.
- I understand I am BILLED FOR DAYS RESERVED and NOT ATTENDANCE.
- I understand TUITION IS ALWAYS PAID IN ADVANCE of care.
- I understand MY CHILD'S SPOT IS NOT CONSIDERED RESERVED until I have submitted all camp registration related paperwork.
- I understand my child WILL NOT BE ACCEPTED for care with past due balances.
- I understand New Thomas Learning Centers is an organization that truly cares for its families and will work with me to find solutions to tuition payment issues and scheduling requests, as long as I communicate DIRECTLY and PROMPTLY with the Camp Director. 303-332-9334
- I understand this agreement is not terminated or changed without written notice.
- I have read and understand the 2-page Scheduling and Tuition Agreement and indicated my choice for: Tuition Payment, Tuition Payment Schedule, as well as, agree to pay and process all payment according to my choices listed in this 2 page agreement

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## CONSENT FORM

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

### EMERGENCY PROCEDURE

In the event my child becomes ill or sustains an injury while in the care of Thomas Learning Center, I \_\_\_\_\_ give my permission to those in charge to take appropriate first aid measures. If it is not possible to contact the doctor named on the registration form, I give my permission to any licensed doctor (or dentist) to care for my child, \_\_\_\_\_ on an emergency basis. It is understood that a conscientious effort will be made to locate us and that this expense will be accepted by me.\*

Our insurance carrier is: \_\_\_\_\_ Phone # \_\_\_\_\_  
Parent Signature \_\_\_\_\_ date \_\_\_\_\_

### MEDIA PARTICIPATION

My child may participate in video viewing that is limited to "G" rated or educational features in conjunction with our curriculum, themes, and special activities. My permission will be requested for any other viewing.

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

### TRANSPORTATION

Bus drivers are at least 23 years of age with 7 years of good driving records and CPR/First Aid certification. They undergo training to drive the bus and are subject to random drug and alcohol testing. We include van emergency cards for each child in the child care vehicle. Parents are only a phone call away as cell phones are kept on the van. All children will be in seatbelts and quietly seated when the child care vehicle is in motion. Children under 4 years and/or 40 lbs must have an approved car seat. Children 4-6 years under 47" tall must have an approved booster seat from home.

Children are transported only with prior written permission from parents or under emergency/disaster situations. Emergency information is on Van Emergency cards kept on the van.

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

### FIELD TRIP PERMISSION

My child may participate in field trips, walking or riding, for which I have been given prior notice and signed up for.

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

### SUNSCREEN

I give permission for the staff to apply sunscreen to my child. I understand I must pay a \$5/child sunscreen fee monthly or I must provide sunscreen for my child. Should my child run out of sunscreen, the center will provide PABA free SPF 30 sunscreen to be applied to my child. I understand that there will be a \$1.00/day charge for using the center's sunscreen. My special instructions are: \_\_\_\_\_

**I have received a copy of, have read, and understand the Parent Handbook (Guidelines for the Thomas Learning Center. I agree to comply with the Guidelines as they are set forth.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date