

FUTURE WORLD EARLY LEARNING CENTER REGISTRATION FORM

Today's Date: _____

Date of Admission: _____

Applicant: _____

Completion of this Agreement along with a registration fee of \$___ is required for enrollment. This information is necessary for Future World's Learning Center to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs. The registration fee will secure your child's spot for 1-month.

Child's Information:

Child's Full Name:	
Child's Date of Birth:	
Child's Age:	
Sex:	
Child's Phone Number:	

Primary Contact Information:

Future World ELC may elect to send out emails/text messages to all families regarding important information that may need to be given at short notice. By including your e-mail address, you authorize Future World to send such e-emails to the e-mail address below and cell number for text

Mother's Full Name:	
Mother's Home Address:	
Father's Full Name:	
Father's Home Address:	
Mother's / Father's Place of Employment:	
With Whom Does The Child Live With?	

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Parent/Guardian Information

Parent/Guardian Home Phone:	
Parent/Guardian Work Phone:	
Parent/Guardian Cell Phone:	

Parent/Guardian Home Phone:	
Parent/Guardian Work Phone:	
Parent/Guardian Cell Phone:	

Emergency Contact Information

Emergency Contact Person:	
Person Contact's Phone:	
Emergency Contact Person:	
Person Contact's Phone:	
Emergency Contact Person:	
Person Contact's Phone:	

Third Party Release

*The persons designated in this section will be contacted by Future World and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. In addition, the released person must be 18 years of age or older. *

**Center staff will release your child only to you or to those persons you have listed. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified to pick up your child, you must notify center staff in writing or email in advance.

Your child will not be released without prior authorization**

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Name:	
Relationship:	
Phone Number:	

Name:	
Relationship:	
Phone Number:	

Name:	
Relationship:	
Phone Number:	

Child Medical History

Name of Child's Physician: _____ Telephone Number: _____

Location of Physician Office: _____ Medication: _____

List Any Medical Conditions/Pass Illness: _____

Describe Child's physical limitations: _____

1. Special medical conditions: _____

2. Chronic Illnesses: _____

3. History of serious injuries or hospitalizations of which we should be aware: _____

4. Special Dietary needs: _____

5. Physical restrictions: _____

6. Is your child able to fully participate in all of the activities offered by FWELC? _____

7. Is your child able to walk? Yes/No Explain: _____

8. Does your child require any assistance at mealtime? _____

9. Does your child rest in the middle of the day? _____

10. Is your child toilet trained? Yes/No If so, does he/she need assistance? _____

11. Does your child use any special equipment, such as a breathing machine, wheelchair, hearing aid, braces, etc.? _____

12. Describe child's habits where applicable: _____

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Likes: _____

Dislikes: _____

Emergency Medical Treatment Policy

In case of medical or other emergency while my child is under the center's supervision, I understand that Future World staff will attempt to contact me immediately; however, in the event that I cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize FWELC to act on my behalf and to take the emergency measures including those listed below if deemed necessary by FWELC staff or by medical authorities for the care and protection of my child. I hereby authorize Future World to:

- Consult the physician or dentist named on the previous page if I cannot be reached
- Administer first aid and/or cardiopulmonary resuscitation.
- Administer medication for excessive fever or severe allergic reaction/outbreak
- Transport my child via ambulance or other emergency medical service to a local hospital or other urgent care facility, if deemed necessary by paramedics, police, or other emergency personnel.
- Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of FWELC facility.
- Release my child to designated persons listed in above sections

Parent/Guardian Signature: _____

Medical Policy

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information must be updated yearly and kept current. I understand that children without appropriate current medical records may not attend the center.
2. I agree to promptly provide information to the center regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If the center staff notifies me that my child is ill, I must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, I must notify the center immediately and my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.

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Parent/Guardian Signature: _____

Allergies

Medications _____	Reaction _____
Food _____	Reaction _____
Respiratory _____	Reaction _____
Bee Sting _____	Reaction _____
Other _____	Reaction _____

Are any of the allergies severe or life-threatening? Yes / No If yes, please provide specific instructions:

Tuition

(To Be Filled Out by Administration)

I agree to pay this amount _____ (Due Friday of each week in advance)

***** Tuition payment is due if the child is absent or out sick. *****

I am currently receiving assistance from: _____

I have received this application with the Director at Future World Early Learning Center and have been given the center's policies and procedures (Parent Handbook). I accept responsibility for the contents of the application and the policy and procedure manual.

1. A nonrefundable annual registration fee is due at the time of enrollment and payable each year by August 1st. If my child has withdrawn from the program and subsequently re-enrolls, a new registration fee is due at that time.
2. A late pick-up fee of \$5.00 for the first minute and an additional \$1.00 per minute per child will be assessed when a child is left beyond the center's operating hours. The late pick-up fee does not constitute an agreement to provide after hours service, nor will the late fee be applied toward tuition. Chronic lateness at closing time may be grounds for termination of service.
3. Tuition fees are not subject to proration for illness, holidays, or emergency closure of the center. If the hours my child attends change in any way, I will notify the center immediately so appropriate staffing may be arranged.

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4. I agree to pay the full tuition fee even if my child is absent for one or more days.
5. All tuition is due in advance of services rendered. Tuition payments received after the close of business the Friday prior to service shall be assessed a late fee. If tuition is not paid in advance as listed above, a late fee of \$30.00 will be assessed per day until tuition is paid in full. If I choose to pay tuition monthly, I understand that tuition is due on the last day of the prior month and is considered late as of the close of business on that day. A \$30.00 late fee will be assessed per day until tuition is paid in full. If the last day of the month falls on a weekend or holiday, tuition will be due on the first school day of that month.
6. Accounts two weeks in arrears may result in immediate termination of service; however, upon payment, enrollment may be reinstated with applicable paid tuition and registration fee. Accounts in arrears may be referred to a collection agency. In the event an account is sent to collections, I will be responsible for the balance of my account and any reasonable collection and attorney fees and costs associated with the collection of the account. In the event that an account is in arrears or shared payment of an account is in dispute any part of the arrears payment not paid will be the responsibility of the parent/guardian.
7. My child may have the opportunity to participate in a special program or fieldtrip. This may result in an additional fee due before the day of the event and may require completion of a permission slip.
8. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks regardless of my child's attendance.
9. I authorize FWELC to initiate electronic debits to my checking account using Tuition Express. If any check or electronic payment is returned unpaid, I authorize FWELC to electronically debit my account for the amount of any returned item and a returned item fee in the maximum amount allowed by state law. Additionally, upon written notice from FWELC, I authorize FWELC to initiate one-time ACH debits to my checking account for any amounts owed that become past due. These authorizations will remain in full force and effect until FWELC has received written notification from me of the termination of my authorizations.

Credit/Debit Card Number _____

Expiration Date _____ / _____ **Security Code** _____ **(On back of card)**

11. Payments from customers must be in the form of a money order, cashier's check, or cash. Accounts containing returned checks are subject to immediate termination of service.
12. All Enrollment / Registration Fees will hold your child's place for 1 month. (Excluding Newborns).

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13. I understand that if I receive Child Care Assistance from the State of Louisiana, I am responsible for any amount of tuition that may not be paid by the state. I understand that I am responsible for clocking my child in/out on the TOTS finger imaging machine as well as Pro care. If I receive any type of assistance, I agree that I will not receive any reimbursements for daycare overpayment. Credit balances will go towards daycare tuition only.

Parent/Guardian Signature: _____ **Date:** _____

Transportation

Will your Child Utilize Future World transportation Service: Yes or No (circle yes or no)

Child's Address: _____

Phone Number: _____

Transportation Changes

I agree to notify the center if my school-age child will not arrive by scheduled school bus on a particular day.

Parent Initials

Regular Schedule

Tuition is based on the child's regular schedule. I will be charged additional tuition if my child's attendance increases beyond this schedule. If my child's schedule changes in any way, I will notify the center immediately. Tuition and fees are not pro-rated for illness, holidays, or emergency closures. I agree to pay the full tuition even if my child is absent for one or more days.

Parent Initials

Absences

I will notify the center by 9:00 am when my child will be absent or if my child will be late due to doctor appointment *Refer to Handbook*

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Parent Initials

Admission Agreements

FWELC reserves the right to alter its policies and program at any time. I understand that if there is a change in any information provided in this Agreement, I will promptly update such information. I consent to FWELC communicating with me by telephone, e-mail, or other means. Written communication may be sent home with emergency contact and release persons when necessary.

Parent Initials

Registration Fee/Supply Fee

I understand that there is an annual registration fee. I further understand that registration will be due by August 1st for the upcoming school year. I understand that Future World Early Learning Center, LLC cannot guarantee my child's placement in the program for the upcoming school year unless I pre-register and pay the annual registration fee. I understand that this registration fee is from August-July each year. (This does not include Summer Camp).

Parent Initials

Registration fee will hold your child's spot for ONE month. If you do not enroll within that time frame, your registration fee will be void. (This only pertains to new enrollment).

Parent Initial

Attendance

I understand that my child must arrive at school no later than 9:00 a.m. and that students will not be admitted into the center after 9:00 a.m. Exceptions to this rule will only be for pre-scheduled doctor's/therapist appointments, which will require a doctor's excuse. I understand that I must notify Future World Early Learning Center ahead of time when my child/children will be arriving late to school due to a pre-scheduled doctor's appointment. Children will not be allowed into the center after 11:00 a.m. for any reason.

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Parent Initial

Consent to Contact

I consent to FWELC communications by mail, telephone, email, text messages or any other means during & after my child's enrollment.

Parent Initial

Water Activities

I give permission for my child to participate in supervised water activities at the center.

Parent Initial

Holidays/Center Closings

I understand that Future World is closed for the holidays posted at the center and may change from year to year. I agree that I am not entitled to any refund, credit, make-up day or any other allowance for holidays or closures due to unforeseen circumstances.

Parent Initial

Publicity Release/ Social Media Release / Photographs/Recordings/Information

Future World licenses and assignees MAY / MAY NOT (please circle one) release information, photographs, reproductions, and/or sound recordings from which my child might be identified. Such use may include advertising and publicity purposes. (Ex. Facebook, or any other social media network)

Parent Initial

Snacks & Meals

Excluding Infants, all snacks and meals will be provided by Future World. I understand that parents are not allowed to bring any outside food into the center with the exception of infants and children with special dietary needs because of allergies or Religious reasons (a signed note from a physician is required). The only exception to this will be birthday and holiday parties. Any food items brought into the

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center for birthdays or holiday parties must be store-bought/pre-packaged with an ingredient label. Food items MAY NOT contain peanut/peanut products or be produced in a peanut factory.

Parent Initial

Proper Attire

I understand that my child is to wear uniform clothes to school. The clothes must be easy for my child to manage. Children must wear tennis shoes and socks every day. Flip-flops/Sandals of any kind are not permitted. All children shall have two changes of clothes left at school.

Parent Initial

Graduation Fee/ Conference Attendance

All children going into our Pre-K program must pay a Graduation Fee in the amount of \$30.00 per child in order to participate in graduation activities. The graduation fee is due no later than September 1. (Depends on class size) All Pre-K parents are required to attend at least 2 parent conferences on their child/children's progress and be notified of at least one child assessment during the year unless more communication is needed.

Parent Initial

Withdrawal/Disenrollment Policy

I understand that I may withdraw my child from the center by completing a withdrawal form (available in the office) and returning it back to the Director/Assistant Director. Future World requires a 2-week notice of withdrawal. I understand that I am responsible for the payment of tuition regardless of whether or not my child attends the center for the two weeks. I understand that if my child is dis-enrolled from the program I am not responsible for the 2-week notice. (See Handbook for Disenrollment Policy)

Parent Initial

Transportation

I give Future World permission to transport my child daily in a licensed, Insured Future World vehicle to and from the childcare center to school/ and or to and from the childcare center on a field trip.

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Parent Initial

Acknowledgement of Receipt

I certify that I have received a pre-enrollment visit, center tour, community resource list, and medical home information.

Parent Initial

About Your Child

1. Has your child ever been in childcare before? What type (center, family daycare, grandma etc.)

2. Was it a positive experience? _____
3. How does your child feel about daycare and being left by his/her mommy/daddy?

4. Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? _____
5. What is your normal method of discipline?

6. What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc. _____
7. Are there any food restrictions? _____
8. What is your child's favorite food? _____
9. What food does your child dislike? _____
10. Can your child be relied upon to indicate bathroom wishes?

11. What words does your child use for:
Bowel movements: _____ Urination: _____
12. What time does your child awaken? _____

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13. What time does your child go to sleep at night?

14. Do they sleep through the night? _____

15. Does your child sleep in a bed or crib? _____

16. Are there any siblings?

Please name them and specify ages and gender.

17. Has your child had experience playing with other children?

18. What language(s) are spoken at home? _____

19. Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

20. What are your child's favorite activities, toys, books, or games?

21. Are there any comments, tips or advice you can give us to help your child transition into the school's environment? _____

22. Are there any other comments or information you would like to let me know about?



Medical Information and Consent

Child's Name: _____

I confirm that my child is up to date on their immunizations _____(Initial)

I have attached a copy of my child's immunization and health records _____(Initial)

1. Does your child have any known allergies?

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2. Are you concerned that your child may be prone to any type of allergies?

3. Does your child have any medical conditions which I should be made aware of?

4. Has your child had the following common childhood illnesses? (please circle)

Does your child have any problems with any of these? Has your child had any of these diseases?

Constipation

Convulsions

Diarrhea

Fainting Spells

Frequent Colds

Frequent Ear

Frequent Sore

Lice

Ringworm

Skin Rash

Soiling

Stomach Upsets

Urinary Problem

Worms

Asthma

Bronchitis

Chicken Pox

Diabetes

Heart Disease

Infections Hepatitis

Throats Impetigo

Measles

Mumps

German Measles

Polio

Scarlet Fever

Tuberculosis

Whooping Cough



5. Does your child have any speech, hearing or visual problems?

6. Does your child wear glasses or contacts?

7. Would there be any restrictions on play or activities?

Emergency Treatment and Transportation

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I hereby give permission to Future World ELC, to secure emergency medical and or dental treatment and to provide emergency transportation for the above-named minor child while in care. Non-emergency medical treatment is not included in this authorization.

Signature of Parent/Guardian: _____

I certify that I have read, understand and accept all the terms and conditions described in this Agreement. This agreement will be effective on _____.

Parent/Guardian Signature Date: _____

Director Signature: _____

