

Child's Name _____

CHILD'S MEDICAL HISTORY

1. Special Medical Conditions _____

2. Chronic Illnesses _____

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

4. Medication that will be administered regularly: _____

5. Special Dietary Needs (Please fill out a *Modified Diet Form* and submit it to the front office) _____

6. Physical Restrictions _____

7. Is your child able to fully participate in all of the center activities (please explain, if you answered no):

8. Is your child able to walk without assistance? _____

9. Is your child able to communicate his/her needs? _____

10. Does your child require assistance during meal time? _____

ALLERGIES

Please list:

Medications _____ Reactions _____

Food _____ Reactions _____

Respiratory _____ Reactions _____

Insect bites _____ Reactions _____

Environmental _____ Reactions _____

Food, (including breakfast), candy, gum or toys MAY NOT BE BROUGHT INTO THE CENTER.



FINANCIAL AGREEMENT

Child's Name _____ **Grade Completed** _____

CENTER HOURS

Cradlerock Children's Center is open from 7:00 am to 6:00 pm, Monday through Friday. Center closing dates are posted in the hallway near the office, but may be changed at any time. *There is no reduction in tuition as a result of center closures.*

If you or any other authorized persons fail to pick up your child and/or center staff cannot reach you or any other authorized persons within 30 minutes after closing time, the local authorities or child protective services may be called.

The center will be open whenever possible. You will be notified by phone, if an emergency closing should occur during camp hours. You could be notified by email and/or phone, if a closing is mandated before 7am or after 6pm. If it becomes necessary to close the center early, it is your responsibility to arrange for your child to be picked up early. *There is no tuition credit for any center closings.*

TUITION AND OTHER FEES

I understand and agree to pay the following tuition:

Registration Fee: \$50.00

Name	Tuition
Child #1	
Child #2	

- Weekly tuition must be paid in advance.
- Full tuition must be paid if even if my child is absent or the center is closed for holidays, scheduled closings or emergency closings.
- A non-refundable annual activity fee of \$ 50.00 is charged upon registration.
- Camp dates may not be changed after a child is registered.
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My child will be attending camp on the following week(s):

- ___ July 5-8th
- ___ July 11-15th
- ___ July 18-22nd
- ___ July 25-29th
- ___ August 8-12th
- ___ August 15-19th

On most days, my child will arrive at (time): _____ & leave at (time): _____

Parent Signature

Date

Director Signature

Date



3/29/2011