

Simply...SpareTime, Incorporated
8310 Turning Leaf Lane
McLean, VA 22102
703.752.6131 Fax: 703.288.8983 (call first)
Mobile Moms-Full Day Program
REGISTRATION FORM 2009/2010

Name: _____ Nickname: _____ Date of Birth: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone: _____
Child's Social Security Number: _____ Sex (circle): Male Female

Parents: Single Married Separated Divorced

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____

Mother's Employer: _____ Father's Employer: _____
Mother's Work Phone: _____ Father's Work Phone: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Mother's Email Address: _____ Father's Email Address: _____
Social Security No: _____ Social Security No: _____

Persons or Agencies Having Legal Custody:

Special Instructions Regarding Child Custody: _____
Persons Authorized to Pick Up Child: _____
Persons NOT Authorized to Pick Up Child: _____

Note: Appropriate documentation such as divorce decree will be attached if a parent is not authorized to pick up the child.

Emergency Information: Please complete the following information with complete address and phone numbers. In an emergency, persons listed below will be contacted in the event that a parent cannot be reached. **Contacts MUST BE LOCAL.**

1. Name: _____ 2. Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Relationship: _____ Relationship: _____

Physician Name: _____ Phone: _____
Last Tetanus Shot: _____ Allergies or Intolerance to food: _____
Actions to take in an Emergency Situation: _____

Nationality: _____ Language Spoken at Home: _____
Center/School Previously Attended: _____
Reason(s) for Leaving: _____

How Did You Find Simply...SpareTime?
 Parent Referral Signs Internet

Are there other children in your family? _____
Entrance Date: _____ Class: _____

Simply...SpareTime, Incorporated
AGREEMENT OF ENROLLMENT

Enrollment: The parent(s)/guardian(s) of _____ submit herewith, \$75.00 non-refundable registration fee, and a \$200 Security deposit for the enrollment of the child in Simply...SpareTime, Inc.'s Mobile Moms Childcare, located at 8310 Turning Leaf Ln., McLean, VA 22102. The child is enrolled under the following circumstances:

1. **Tuition:** Parent(s) agree to pay tuition of \$250.00 per week or \$1,000 per month. **Tuition is due on the first of each month if paying monthly or each Thursday if paying weekly.** It is also agreed that parent(s) shall be entitled to no deduction for absence of child from the Center for any reason.
2. **Use of Pictures:** Parent(s) hereby gives permission for use of picture(s) or video/audio recording of their child participating in Center activities for Center publicity purposes; unless specified in writing.
3. **Disenrollment/Suspension:** Reasons for disenrollment or suspension include, but are not limited to: acts or threats of physical violence, unresolved differences with a parent or child, non-payment of fees, and unacceptable behavior of children. The Director and Executive Administrator make the final decision.
4. **Care/Supervision:** The center shall exercise reasonable care in the supervision, education, and welfare of the child during the period the child is at the center. In a medical emergency, the Center shall attempt to contact the parent(s) and personal physician as soon as practicable, but it shall be free and hereby authorized to secure the most available medical assistance, with what appears to be the best interest of the child at the time of the emergency.
5. **Open Door Policy:** The Custodial parent(s) has the right to be admitted into the center at any time.
6. **Health Policy:** Parent(s) agrees that if the child's temperature rises above 100 degrees or shows signs of communicable illness while at the Center, the parent will make every effort to have the child picked up within the hour. We are required to take the children outside, weather permitting. If your child is too ill to go outside, then your child is too ill to be at the program. Parent(s) agrees that they will inform the center within 24 hours or the next business day after if any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.

Mother's Signature: _____ Date: _____
Father's Signature: _____ Date: _____
Simply...SpareTime, Inc.: _____ Date: _____

Proof of Identification: (Must be shown to Center Director before enrollment.)

Child's Name _____ Child's Date of Birth: _____
Document: _____ Document #: _____
Document State/Country: _____ Information received by: _____
Withdrawal Date: _____ Effective: _____
Reason: _____

Simply...SpareTime, Inc.

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McLean, VA 22102
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Child's Emergency Medical Authorization

Name of Child: _____ Date of Birth: _____

Name of Parent (s) or Guardian: _____

Home Address: _____, _____, _____
Street City Zip

Mother's Work Address: _____ Phone#: _____

Father's Work Address: _____ Phone#: _____

The Parent(s)/ Guardian authorizes Simply...SpareTime, Incorporated, to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/ her child or ward if emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only when he/ she expects to be notified immediately. I authorize emergency medical personnel to transport my child to a medical facility to receive immediate medical attention.

1.) I will be responsible for payment of medical care expenses _____

2.) Medical Treatment costs are covered by:

Name of Insurance Company: _____

Policy Number: _____

No Insurance: _____

a.) Medicaid Coverage Number: _____

b.) Other Medical Insurance: _____

Child's Physician or clinic attended: _____

Child's Allergies (if any): _____

Child's Doctor: _____ Phone#: _____

Family Doctor: _____ Phone#: _____

Medications child is taking: _____

Last Tetanus Shot: _____

Outstanding Medical History (i.e. diabetes, heart disease): _____

Signature: _____ Date: _____