

APPLICATION FOR ADMISSION TO MTI CHILD DEVELOPMENT CENTER

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Child's Name _____ Preferred Name/Nickname _____ Birth Date _____

Home Address _____ City/State _____ Zip Code _____ Phone Number _____

Allergies & other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.) _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent/Guardian Name _____ Home Phone _____

Home Address _____

Place of Work _____ Work Phone _____

Work Schedule _____

Parent's Martial Status: _____ Married _____ Separated _____ Divorced _____ Single

Is Either Parent Deceased? _____ Remarried? _____

Custody Arrangements? _____

Is Anyone restricted from seeing the child(ren)? If so please list. _____

In an emergency contact:

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Who will pick up the child(ren):

Name

Relationship

Name

Relationship

Child/Family Physician:

Physician Name

Clinic

Phone Number

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for my child(ren) _____
if requested by Mitchell Technical Inst. Child Development Center, who is our child care provider.

Please note that my child is allergic to the following medications: _____.
It is also important to note that my child has the following special medical conditions _____.

Parent Signature

Parent Signature

Date

Parent Permission

Yes

No

I hereby grant permission for my child to leave the CDC premises under the supervision of a staff member for neighborhood walks.

I hereby grant permission for my child to join the class in any field trips they may take. I understand I will be notified of this event.

I hereby grant permission for my child's name and/or picture to be used in publicity connected with the Center.

I/We attest that the information listed on this application is as accurate and complete as possible.

Parent Signature

Parent Signature

Date

For Office Use Only

Date of Contact ___/___/___

Room: Infant/Toddler/Preschool

New Child: Yes No

MTI Community Other

Date Enrollment Complete ___/___/___

Items Completed Reg. Fee ___ Appl. ___

Immunizations ___ Emergency ___

Permission ___ Schedule ___

Payment Agreement ___ Food Prog. ___

Policy Checklist ___ CCA Verification ___

**MTI CHILD DEV. CENTER-PARENT/GUARDIAN
CHILD CARE AGREEMENT**

The following agreement is made between:

Mother/Guardian

Father/Guardian
and

MTI Child Development Center

For the care of: _____
Child(ren) Name

Rates/Payment Policies:

The payment fee is \$2.95/infants, \$2.75/toddlers, and \$2.55/preschool, an hour per child with a minimum of 40 hours per week. A registration fee of \$50.00 is required prior to the first day of enrollment.

The MTI CDC is open from 7:15 am to 5:00 pm Monday thru Friday.

The MTI CDC will be notified by 8:30 am that your child(ren) are not attending the CDC that day. Failure to do so will result in a fee of \$3.00 a day to cover nutrition costs.

Tuition is due on the 5th of every month to ensure continued child care services. Weekly and bi-monthly payment is also acceptable.

If a child is dropped off before 7:15 am or fails to pick up a child by 5:00 p.m. an additional fee of \$5.00 for every 15 minutes will be charged.

The MTI CDC is typically closed on these days: Labor Day, Veteran's Day, Thanksgiving, Christmas/New Years Break, Martin Luther King Day, Presidents Day, Spring Break and Good Friday.

Each child has 5 sick days for the school year. Any time missed beyond the five days will be subject to payment.

Parents need to inform the CDC of changes in address, phone number, class schedule, employment, emergency information, immunization updates, or any changes in family situations.

No medication can be administered to a child without written consent and instructions from the parent, medical doctor or pharmacists. This includes prescription and over-the-counter medications.

We understand and agree to the conditions of this contract agreement. Any changes in this agreement must be approved and agreed upon by both parties (parent and provider).

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

Provider Signature

Date