



Enrollment Form

Child

Full Name: _____ Date of Birth: _____ Sex: M F

Nickname: _____ Home Phone: _(_____) _____

Address: _____ City: _____ Zip: _____

Primary Caregivers

Mother or Guardian: _____ Email: _____

Home Phone:_(_____) _____ Cell Phone:_(_____) _____ Work Phone: _(_____) _____

Father or Guardian: _____ Email: _____

Home Phone:_(_____) _____ Cell Phone:_(_____) _____ Work Phone: _(_____) _____

Primary Caregivers Address (if different from above)

Address: _____ City: _____ Zip: _____

Session Desired

Check One	
Preschool 3-4 yrs	<input type="checkbox"/>
Pre-K 4-5 yrs	<input type="checkbox"/>
Kindergarten 5-6 yrs <small>(available M-F Afternoons)</small>	<input type="checkbox"/>
Summer School 3-5 yrs	<input type="checkbox"/>

Check One	2-Day	3-Day	5-Day
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All-day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See payment information for details on extended care.

Extended Care:	
Check All that Apply	<input type="checkbox"/>
Before School	<input type="checkbox"/>
Midday (Lunch)	<input type="checkbox"/>
After School	<input type="checkbox"/>

Emergency Contacts (other than parent)

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Signature

<p>In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.</p> <p>_____</p> <p>(Parent / Legal Guardian Signature)</p>	<p>I give Hobble Creek Learning Center permission to take photos of my child while attending Hobble Creek Learning Center. Further, I give permission for Hobble Creek Learning Center to utilize these photos in their marketing efforts including brochures, websites, or newsletters.</p> <p>_____</p> <p>(Parent / Legal Guardian Signature)</p>
<p>I have read the policies and procedures. I understand and agree to abide by all policies and procedures.</p> <p>_____</p> <p>(Parent / Legal Guardian Signature)</p>	<p>I understand the payment policy that tuition is due the 1st through the 15th of the month.</p> <p>_____</p> <p>(Parent / Legal Guardian Signature)</p>

Pick up Authorization

Name of Child: _____

Please list all individuals who are authorized to pick up your child/children. See our pick-up policy for full details. We require the individuals below to show photo I.D. and sign out at the front desk before picking up a child.

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

5. Name: _____ Relationship: _____ Phone: _____

Out of State Contact

As part of our emergency preparedness plan we request an out of state or out of area contact.

Name: _____ Relationship: _____ Phone: _____

Health Information

Does your child have any known allergies or sensitivities to:

	YES	NO	If yes, please list:
Medication			
Food			
Other			

Does your child have any of the following:

	YES	NO		YES	NO
Asthma			Visual Impairment		
Diabetes			Development Delays		
Seizures			Physical Impairment		
Heart Problems			Behavioral or Emotional Problems		
Hearing Impairment			Other		

If yes, please explain: _____

List any additional health information or special instructions we should be aware of:

List any regular medications your child takes: _____

Name of Child's Primary Physician: _____ Phone: _____

This form must be reviewed and updated annually by the parent/guardian, and any changes noted.

Reviewed/Updated: ____/____/____ Parent/Guardian Signature: _____

Reviewed/Updated: ____/____/____ Parent/Guardian Signature: _____

Reviewed/Updated: ____/____/____ Parent/Guardian Signature: _____

Questionnaire

Help us get to know your child!

Tell us about your family and help us understand what's important to you as a parent. Give us some insight into your child so we can see if Hobble Creek Learning Preschool is an appropriate match for your family. The more we know about your wants and needs, the better your child's preschool experience will be.

Child's Name: _____ Age: _____ Parent's Names: _____

1. How did you hear about Hobble Creek Learning Center? _____

2. Tell us what makes your child unique.

3. What kinds of things do you and your child like to do together?

4. Is this your child's first preschool experience? Yes No, my child attended _____

If yes, how often has he or she been away from you or the primary care giver?

5. How much interaction has your child had with children his or her own age?

6. What are your goals for your child at Hobble Creek Learning Preschool?

7. What are your child's best and worst times of the day?

Best _____

Worst _____

8. How many siblings does your child have and what are their ages?

9. Use five words to describe your child (e.g., loud, quiet, serious, affectionate, stubborn, etc.)

10. Would you be interested in being part of our Parent's Advisory Board? Yes No

The Parent's Advisory Board gives you the opportunity to improve your child's experience by providing direct feedback to our director and administrators. Our director will send out brief emails requesting your feedback once a month, and will invite you to a special director's luncheon to interact with our staff and provide solutions, suggestions and new ways to make Hobble Creek Learning Center unique!

Payment

Payment Options

There are several payment options available for families. Read over the choices and decide which payment plan is right for you. Please note that with each payment option a \$35.00 registration fee and the last month's payment is due (last month's payment will be applied to May's tuition or to the last month the child attends with a 30 day notice from parents).

Please complete this form and return it to Hobble Creek Learning Center. Check the payment plan desired. Payments may also be made for the year in full at the Automatic Debit Rate.

Option #1 – Automatic Debit/Charge Card (Best Value)

VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS. If you choose this option you must complete and return the Charge Card Authorization Form below. You will receive a significant discount on the monthly payment if you choose this option (see payment schedule).

Option #2 – Monthly payments

It is the responsibility of the parent to make sure payment for preschool is received the first day of each month. A \$5.00 late fee will be assessed per each business day past due after the 10th of the month.

(Please Check One)

Option	2-Day	3-Day	5-Day
1 (Automatic)	\$118.00	\$175.00	\$290.00
2 (Monthly)	\$130.00	\$193.00	\$319.00
Summer	\$90.00	\$125.00	N/A

Automatic Debit Authorization

I hereby give Hobble Creek Learning Center permission to charge my credit card indicated below, on a monthly basis for my child's educational monthly payment. The charge will be processed by Hobble Creek Learning Center on the first day of every month, beginning the month of registration. No bill will be sent. We will automatically charge your account each month.

Circle one: VISA MASTERCARD DISCOVER AM. EXPRESS Exp. Date (mm/yy) ____/____

Card Number: _____

Cardholders Name (please print): _____

Cardholders Signature: _____

Child's Name: _____

Thank you for choosing Hobble Creek Learning Center!

If you ever have any questions or concerns please feel free to contact us. (801) 491-0825