

Curiosity Shoppe & Toddler Center
Child Registration Form
Summer 2012
School Year 2012-2013



▲ Child's Full Name

▲ Age

▲ Start Date



Contact Information

Child Information:

▲ First Name

▲ Middle Name

▲ Last Name

Male Female / / / /

▲ Group

▲ Gender

▲ Date of Birth

▲ Age

▲ Start Date

Attending in the Fall

▲ Address Line 1

▲ Address Line 2

▲ City

▲ State

▲ Zip Code

▲ Home Phone # 1

▲ Home Phone # 2

Referral:

How did you hear about our center?

▲ Name of Referral

Parent Attended

Friend Attended

Drove by Center

Friend Currently Attending

Newspaper

Internet

Other: _____

Sibling Information: Please list any siblings who will be attending this Center (including Camp Curiosity)

▲ Sibling 1 Full Name

/ /

▲ Sibling 1 Birth Date

▲ Sibling 2 Full Name

/ /

▲ Sibling 2 Birth Date

▲ Sibling 3 Full Name

/ /

▲ Sibling 3 Birth Date



Contact Information

Parent/Guardian 1 Information:

Responsible for Payment Yes (please sign below)
 No

▲ First Name

▲ Last Name

▲ Employer Name

▲ Daytime Phone #

▲ Email Address

▲ Mobile Phone #

▲ Signature of Parent/Guardian 1

Parent/Guardian 2 Information:

Responsible for Payment Yes (please sign below)
 No

▲ First Name

▲ Last Name

▲ Employer Name

▲ Daytime Phone #

▲ Email Address

▲ Mobile Phone #

(If different than child's)

▲ Home Phone #

▲ Address Line 1

▲ City

▲ Address Line 2

▲ State

▲ Zip Code

▲ Signature of Parent/Guardian 2

Marital Status (Parent 1 & Parent 2):

- Married Divorced Widowed
 Single Separated

Court Order?

- Yes (please provide copy)
 No



Medical Care Information

Medical Information:

Do we have permission to give your child any of the following medications? Tylenol Yes No
 Benadryl Yes No
 Ibuprofen Yes No

Do we have permission to administer first aid? Yes No
 Do we have permission to use the school nurse? Yes No
 Do we have permission to transport your child to Doylestown E.R., if needed? Yes No
 Do we have permission to assist your child in applying sunscreen? Yes No

Type of sunscreen provided by parent: _____
 * Parents should administer in the morning before drop off and we will re-administer during the day.

Does your child have special needs or disabilities? (if yes please explain) Yes No

Does your child have any food allergies? Low Moderate Severe Critical } Yes No
 If Yes, please rate the level of the child's allergy and explain in the space provided.

Does your child's food allergies require the following? Epi-Pen Benadryl
 * Please submit all Epi-Pens and Medications to the office. Specific Medication _____

Does your child have any food restrictions? Low Moderate Severe Critical } Yes No
 If Yes, please rate the level of the child's allergy and explain in the space provided.

Does your child have any seasonal allergies? Low Moderate Severe Critical } Yes No
 If Yes, please rate the level of the child's allergy and explain in the space provided.

Does your child have any additional allergies or restrictions? Low Moderate Severe Critical } Yes No
 If Yes, please rate the level of the child's allergy and explain in the space provided.



Physician Care Information

Child's Physician/Medical Care Provider

▲ Pediatric Office Name ▲ Physician's Name ▲ Pediatric Office #

▲ Address, City, State, Zip Code

▲ Health Insurance Coverage for Child or Medical Assistance Benefits ▲ Policy # (required)

Parental Consent

Parent's signature is required for each item below to indicate parental consent.

Do we have permission to photograph your child (for advertisement/news release purposes)? Yes No

▲ Obtaining Emergency Medical Care

▲ Walks and Trips

▲ Administer First-Aid Procedures by School

▲ Swimming

▲ Transportation by the Facility to E.R.

▲ Wading

Contact Information

Person Responsible for Payment: (if different than Parent/Guardian 1, Invoices will be forwarded to the person listed below.)

▲ First Name ▲ Last Name

▲ Address Line 1 ▲ City

▲ Address Line 2 ▲ State ▲ Zip Code

▲ Email Address (used for billing purposes) ▲ Daytime Phone #



Emergency Contact/Parental Consent

Emergency Contact 1: (other than parents)

Child may be released to this person Yes
 No

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▲ First Name

▲ Last Name

▲ Relationship to Child

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▲ Home Phone # 1

▲ Daytime Phone #

▲ Email Address

Emergency Contact 2: (other than parents)

Child may be released to this person Yes
 No

--	--	--

▲ First Name

▲ Last Name

▲ Relationship to Child

--	--	--

▲ Home Phone # 1

▲ Daytime Phone #

▲ Email Address

Emergency Contact 3: (other than parents)

Child may be released to this person Yes
 No

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▲ First Name

▲ Last Name

▲ Relationship to Child

--	--	--

▲ Home Phone # 1

▲ Daytime Phone #

▲ Email Address

Person 1 to whom the child may be released: (if different than above and other than parents)

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▲ Full Name

▲ Daytime Phone #

▲ Relationship to Child

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▲ Address, City, State, Zip Code

Person 2 to whom the child may be released: (if different than above and other than parents)

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▲ Full Name

▲ Daytime Phone #

▲ Relationship to Child

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▲ Address, City, State, Zip Code



Child Profile

Characteristics: Please check all those that are appropriate.

- Cooperative Strong Willed Cheerful Active Easy Going Sensitive Assertive Tires Quickly
- Leader Social Easily Led Reticent Alert Shy Aggressive Out Going
- Does your child enjoy peer interaction? Yes No

Additional Information:

Describe any activity interests.

Describe any activity restrictions.

Describe any apprehensions.

Parental comments.

I hereby acknowledge that the preceding registration information is correct and approved for my child.

▲ Signature of Parent/Guardian 1	▲ Date

▲ Signature of Parent/Guardian 2	▲ Date



Programs and Schedule

Summer 2012

Directions:

1. Check the days and program your child will be attending.
2. There is a two days per week, four week minimum or two weeks full time minimum for all campers.
Due to limited space, we will consider full time schedule before part time schedule.
3. Register your child for the program/grade **that they will be entering the following fall.**

Select Program:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Babies | <input type="checkbox"/> Nursery | <input type="checkbox"/> 1st Grade |
| <input type="checkbox"/> Toddlers | <input type="checkbox"/> Pre-Kindergarten | |
| <input type="checkbox"/> Young Nursery | <input type="checkbox"/> Kindergarten | |

 / /

▲ Start Date

 Desired hours attending: : to :

Desired days attending: Please check which days your child will be attending.

Week #1 June 18th—22nd:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Week #6 July 23rd—27th:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Week #2 June 25th—29th:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Week #7 July 30th—Aug. 3rd:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Week #3 July 2-3, 5-6 *Closed 7/4:	<input type="checkbox"/> M <input type="checkbox"/> T <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Week #8 Aug. 6th—10th:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Week #4 July 9th—13th:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Week #9 Aug. 13th—17th:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Week #5 July 16th—20th:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Week #10 Aug. 20th—24th:	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Parent Notes:

*We are closed Wed. July 4th, 2012.

Additional Lessons Offered: These lessons are booked on a **first come first serve basis** in order of registration received. Scheduling for these lessons will be completed by the Instructors of each area. Please follow the instructions below to contact the appropriate Instructor:

Pre-K, Kindergarten, & 1st grade are you interested in:

	Lessons	Length	Cost	
<input type="checkbox"/> Young Riders Equestrian Lessons	4	30 min.	\$120.00	Kara Smith Equestrian Director Email: kara@campcuriosity.com
<input type="checkbox"/> Group Tennis Lessons "Little Aces"	6	45 min.	\$60.00	Rich Hodelka Tennis Director
<input type="checkbox"/> Private Swimming Lessons	5	30 min.	\$125.00	Certified Lifeguard

▲ Parent Phone #



Programs and Schedule

School Year 2012-2013

Directions:

- 1. Check the days and program your child will be attending.
- 2. Due to limited space, we will consider full time schedule before part time schedule.
- 3. Our school day begins at 9am and ends at 4pm. Hours before 9am and after 4pm are considered extended hours which are billed at a higher rate. (See Parent Handbook)
- 4. We DO NOT exchange days if your child is out due to vacations or illness (See Parent Handbook)

Select Program:

- Babies
- Nursery
- Pre-Kindergarten
- After School
- Toddlers
- Enriched Nursery
- Kindergarten
- (Grades 1-6)
- Young Nursery
- Edu-Gym (p/t Pre-K)
- Enriched Kindergarten

Desired days attending: Monday - Friday -OR-

M T W Th F

Desired hours attending: : to : / /

▲ Start Date

For Enriched Kindergarten & After School Program:

I authorize the Camp Curiosity van to pick up my child from _____ .
(please list school)

Please note that this service is only for the
 Enriched Kindergarten and After School Program.

 ▲ Signature of Parent/Guardian

 ▲ Date



Civil Rights Compliance/Tuition Contract

Tuition Contract:

I hereby acknowledge that I will follow the payment schedule listed and explained in the billing policy for (check all that apply at time of registration):

Summer _____ days/ week for _____ (weeks) from _____ (scheduled hours) in the _____ Program.
School Year _____ days/ week from _____ (scheduled hours) in the _____ Program.

Kindergarten Fall Registration requires an additional \$100.00 non-refundable deposit to confirm your child’s enrollment in either of our Kindergarten programs. This deposit will be applied toward June’s tuition.

I also acknowledge that I will pay the tuition of \$ _____ per month by the first day of the prior month (i.e. February’s tuition is due January 1st) and any special fees as listed in the billing policy to my account for the following month. I understand that this amount is for child care services provided for my child. Any additional services could result in additional fees. I am aware that if payment is not received and/or posted by the first of the actual month of attendance my account will be served with a finance charge of 1.5% monthly, 18% annually. I realize that if my account becomes overdue my child may be dismissed from the Curiosity Shoppe, Inc. and/or The Toddler Center, Inc. Any special payment arrangements are on a separate document accompanying the registration form.

If for any reason your child’s attendance is to be discontinued, we require 4 weeks notice in writing. You are financially responsible for those 4 weeks. No reimbursements will be considered until the end of the season.

I have read and understand, the **Parent Handbook** of the Curiosity Shoppe, Inc. and the Toddler Center, Inc. I have read and fully understand the **tuition procedure** of the Curiosity Shoppe, Inc. and the Toddler Center, Inc. **Please note both parents or person responsible must sign Financial Agreement.**

Child’s Name: _____ Enrollment Date: _____

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▲ Email Address (will be used for billing purposes)

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▲ Signature of Parent/Guardian 1

▲ Date

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▲ Signature of Parent/Guardian 2

▲ Date

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▲ Staff Signature

▲ Date

Civil Rights Compliance:

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to , equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

The Curiosity Shoppe & Toddler Center, 4425 Landisville Road, Doylestown, PA 18902

Department of Public Welfare
 Bureau of Equal Opportunity
 Room 223, Health & Welfare Building
 PO Box 2675
 Harrisburg, PA 17105

PA Human Relations Commission
 Harrisburg Regional Office
 1101 S. Front St., 5th Floor
 Harrisburg, PA 17104

U.S. Dept. of Health & Human Services
 Office for Civil Rights
 Suite 372, Public Ledger Bldg.
 150 South Independence Mall West
 Philadelphia, PA 19106-9111

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▲ Parent/Guardian Signature

▲ Date

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▲ Staff Signature

▲ Date

Bureau of Equal Opportunity
 Southeast Regional Office
 Room 1105-B Philadelphia SOB
 1400 Spring Garden Street
 Philadelphia, PA 19130