**CHILD'S APPLICATION FOR ENROLLMENT**

Date Application Completed _____ Part Time or Full- Time (Please Circle) M T W TH F
Date of Enrollment _____

**SCHOOL:** (Please Circle One) Hillsborough- Davis Rd. Hillsborough- Meadowlands Dr. Cary- High House Cary- Carpenter Village

**CHILD INFORMATION:** Date of Birth:_____

Full Name:_____ Nickname:_____

Child's Physical address:_____

**FAMILY INFORMATION**: Child lives with: _____
Mother/Parent/Guardian's Name _____Occupation:_____
Address (if different from chid's) _____
Cell Phone_____ Work Phone _____
Email: _____ Home Phone _____

Father/Parent/Guardian's Name _____Occupation:_____
Address (if different from chid's) _____
Cell Phone_____ Work Phone _____
Email: _____ Home Phone _____

**CONTACTS:** Child will be released only to the parents/guardians listed above and the following individuals listed below, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals. (Please list two alternate contacts other than parents/guardians.)

_____
Name Relationship Address Phone Number

_____
Name Relationship Address Phone Number

**HEALTH CARE NEEDS**:
For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes_____ No_____
List any allergies and the symptoms and type of response required for allergic reactions._____
List any dietary restrictions _____
List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____
_____
List any particular fears or unique behavior characteristics the child has _____
_____
List any chronic illness the individual has and any types of medication taken for health care needs _____
_____
Share any other information that has a direct bearing on assuring safe medical treatment for your child _____
_____

**EMERGENCY MEDICAL CARE INFORMATION:**
Name of health care professional _____ Office Phone _____
Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian_____ Date_____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instruction from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator_____ Date_____

# SOUNDS AND COLORS

## Enrollment Acknowledgement Form

Please initial each paragraph and sign at the bottom.

_____ I acknowledge that the Commitment Fee is non-refundable and is used to hold the space for the agreed upon start date.

_____ I acknowledge that tuition will start on the agreed upon start date. If I request to push the start date back, tuition will still start on the original, agreed upon start date. If tuition is not paid starting the original start date, I forfeit my space.

_____ I acknowledge that Sounds and Colors does not accept religious waivers for vaccinations and that my child has and will continue to receive his/her vaccinations according to the NC Division of Health and Human Services schedule. I further understand that failing to have my child receive or continue vaccinations will result in my child/children being excluded from Sounds and Colors.

_____ I acknowledge that tuition is due on or before the 1st of the month. If payments are received after the 3rd, a late payment fee will be invoiced.

_____ I acknowledge that all forms from the Enrollment packet must be turned in before the first day of enrollment. The medical form and immunization history form **MUST be turned in before the start date.**

_____ I acknowledge that Sounds and Colors is a year-round school and is closed for certain holidays and professional development days, and that the tuition is not reduced for this time or time children are away on vacation. The school calendar can be found in classrooms and on the website under 'program information.' I also understand that if the school or specific

classroom(s) is closed for any reason, or if my child is quarantined due to COVID, that tuition is still due.

_____ I acknowledge that if I have any outstanding balances, whether tuition or fees, Sounds and Colors reserves the right to legally pursue each parent, either individually or collectively, for any outstanding balance, including, legal fees, costs, and interest at a rate 1.5% monthly.

Parent name: _____

Signature: _____

Date: _____