



Curious Critters Early Learning Tree

7415 Buchanan St

Hyattsville, MD 20784

301-577-KIDS

CuriousCriticrELT.com

Admin@CuriousCrittersELT.com

STUDENT INFORMATION:

NICKNAME: _____ START DATE: _____

CHILD'S FULL NAME: _____

CHILD'S ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ DOB: ___ / ___ / ___ SEX: MALE FEMALE

DAYS AND HOURS OF CARE: _____

FAMILY INFORMATION:

CHILD LIVES WITH: _____

MOTHER/GUARDIAN:	FATHER/GUARDIAN:
ADDRESS	ADDRESS
CELL PHONE: HOME PHONE: WORK PHONE:	CELL PHONE: HOME PHONE: WORK PHONE:
EMPLOYER:	EMPLOYER:
WORK ADDRESS:	WORK ADDRESS:
EMAIL ADDRESS:	EMAIL ADDRESS:

ARE THERE ANY CUSTODY CONCERNS? : _____

EMERGENCY/MEDICAL INFORMATION:

DOCTOR: _____

ADDRESS: _____

PHONE: _____

INSURANCE PROVIDER: _____ POLICY NUMBER: _____

ANY KNOWN ALLERGIES, MEDICAL, DIETARY NEEDS OR OTHER AREAS OF CONCERN: _____

HOSPITAL PREFERENCE: _____

EMERGENCY CONTACTS: Child will be released only to the custodial parents/ legal guardians and the persons listed below. The following people will be contacted and authorized to remove the child from the center in case of illness, accident or emergency, if the custodial parents/legal guardians cannot be reached:

NAME: _____ CONTACT NUMBER: _____

NAME: _____ CONTACT NUMBER: _____

NAME: _____ CONTACT NUMBER: _____

ALL EMERGENCY CONTACTS MUST PRESENT PHOTO ID UPON ARRIVAL. THE CHILD WILL NOT BE RELEASED IF PHOTO ID AND CONTACT INFORMATION DOES NOT MATCH.

PLEASE LIST ANY SIBLINGS ENROLLED AT CURIOUS CRITTERS EARLY LEARNING TREE:

NAME: _____ AGE: _____

1.) _____

2.) _____

3.) _____

EMERGENCY AUTHORIZATION State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization.

Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child. **TO THE BEST OF MY KNOWLEDGE I HAVE COMPLETED THE ABOVE INFORMATION TO BE TRUE AND ACCURATE AND I FURTHER UNDERSTAND THE FOLLOWING TERMS AND AGREEMENTS:**

1.) I UNDERSTAND THERE IS A LATE PICK UP FEE FOR ANY STUDENT/FAMILY IN THE BUILDING AFTER 7:00PM. STARTING AT 7:00PM UNTIL 7:05PM THE RATE IS \$1.00 PER MINUTE PER STUDENT. STARTING AT 7:06PM THE RATE INCREASES TO \$5.00 PER STUDENT, PER MINUTE. PLEASE SEE HANDBOOK FOR ADDITIONAL LATE PICK UP PENALTY.

2.) I UNDERSTAND THERE IS A LATE PAYMENT FEE OF \$10 PER DAY DUE MONDAY PRIOR TO DROP OFF, FOR TUITION PAYMENTS THAT ARE RECEIVED AFTER 7:00pm FRIDAY. ALL PAYMENTS ARE DUE THE WEEK PRIOR TO SERVICE. PLEASE SEE HANDBOOK FOR LATE PAYMENT SCHEDULE.

3.) I UNDERSTAND THAT MY REGISTRATION FEE, DEPOSIT AND FIRST WEEK TUITION IS DUE ONE BUSINESS DAY PRIOR TO MY CHILDS START DATE.

4.) I HAVE READ AND REVIEWED THE CENTER HANDBOOK AND I WILL ADHERE TO CURIOUS CRITTERS POLICIES AND PROCEDURES. THE PARENT HANDBOOK IS AVAILABLE ON WWW.CURIOUSCRITTERSELT.COM

PARENT/GUARDIAN SIGNATURES:

PLEASE SIGN HERE: _____ DATE: _____

PLEASE SIGN HERE: _____ DATE: _____

CCELT ADMIN SIGNATURE:

PLEASE SIGN HERE: _____ DATE: _____

FOR OFFICE USE ONLY

CLASSROOM:	REGISTRATION: \$
WEEKLY TUITION RATE: \$	
START DATE:	END DATE: