



carepointe
ACADEMY

Application for Admission

Carepointe Academy

APPLICATION FOR ADMISSION

CHILD and PARENT INFORMATION:

child's first name: _____ m.i.: _____ child's last name: _____

address: _____ city: _____ state: _____ zip code: _____

date of birth: _____ nickname: _____

names and ages of siblings: _____

father's first name: _____ m.i.: _____ father's last name: _____

address: _____ city: _____ state: _____ zip code: _____

employer: _____ hours worked: _____

employer's address: _____

home phone: _____ work phone: _____

cell phone: _____ social security #: _____

email address: _____

mother's first name: _____ m.i.: _____ mother's last name: _____

address: _____ city: _____ state: _____ zip code: _____

employer: _____ hours worked: _____

employer's address: _____

home phone: _____ work phone: _____

cell phone: _____ social security #: _____

email address: _____

FAMILY STATUS:

_____ married living together

_____ separated, child with _____

_____ single parent

_____ divorced, child with _____

_____ father and stepmother

_____ mother and stepfather

_____ child living with guardian

_____ I will supply a copy of documentation for custody

OFFICE USE ONLY:

date paperwork received: _____

date registration fee paid: _____

date child will start: _____

enrolled status: _____

notes: _____

LEGAL STATUS / UNAUTHORIZED PICK UP ALERT

indicate "none" if none exist

If divorced or separated, who has legal custody*:

*documentation required

List the full names of any persons who are SPECIFICALLY DENIED permission to pick up your child:

name:

reason:

name:

reason:

EMERGENCY CONTACTS:

The following persons may be contacted should we not be able to reach you in an emergency or in case you are unable to arrive to pick up your child by closing time (6:00 p.m.).

These persons are hereby granted permission to pick up my child. Please call the center to let the staff know when one of these persons will be picking up your child.

1. name:

relationship:

work phone:

cell phone:

2. name:

relationship:

work phone:

cell phone:

3. name:

relationship:

work phone:

cell phone:

MEDICAL INFORMATION:

physician:

phone:

address:

dentist:

phone:

address:

insurance provider:

policy number:

ALLERGIES and MEDICAL NEEDS:

Please provide information regarding special needs your child may have. Please write "none" if conditions do not exist.

allergies:

treatment:

other serious medical conditions:

treatment:

other information:

MEDICAL PERMISSION:

I HEREBY AUTHORIZE the staff of Carepointe Academy to take whatever emergency medical measures that are deemed necessary for the protection of my child while in their care. I understand that this includes calling the physician named above, implementing the doctor's instructions, and/or transporting my child to a hospital or clinic without obtaining any further consent. I further agree and by my signature I give consent that in case of an accident or illness of a serious nature, my child will be given emergency medical treatment and care as deemed necessary by the EMS staff or emergency room personnel of a hospital or medical clinic.

parent/guardian signature:

date: preferred hospital:

ACCEPTANCE of Carepointe Academy POLICIES and PROCEDURES:

Unless hindered by reasons outside of our control, Carepointe Academy agrees to be open from 6:00 a.m. to 6:00 p.m. Monday through Friday for children ages 6 weeks to 12 years old. We will be closed for the following holidays - New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day. We will close at 4:00 p.m. on Christmas Eve and New Years Eve.

Carepointe Academy agrees not to close due to weather unless Allen County declares a state of emergency or our Director determines that the weather conditions present an unsafe environment for the children and staff.

Carepointe Academy agrees to feed infants according to the instructions and provisions given by their parents and within the guidelines of the State of Indiana. Carepointe Academy agrees to provide breakfast , lunch, and two snacks a day to children (except infants) in full-time care and appropriate meals and snacks in part-time care.

Carepointe Academy agrees to dispense medications as directed by your physician.

You agree to the following:

- *To pay a non-refundable registration fee, and due annually on September 1st.
- *To pay a late pick up fee of \$10.00 per every 15 minutes after close time of 6:00 p.m.
- *To pay each Monday the current week's tuition. \$15.00 late fee will be added to accounts not paid by Monday at close.
- *To pay a return check / NSF payment of \$20.00 for payments denied by your bank. You understand that only money orders will be accepted after a payment has been returned.
- *To pay for 2 hour delays and school out day fees by the following Monday.
- *That during weeks when your child will not attend, you will pay 50% of normal tuition, which will be a reservation fee to hold your child's spot while your child is gone. You will be limited to 6 reservation weeks.
- *To inform the center of your child's absence.
- *To accompany your child to their classroom, making sure staff is aware of your child's arrival and departure.
- *To pick up your child if they have a temperature of 100+ or is vomiting or has diarrhea or other illness.
- *To provide adequate supply of diapers, wipes, diaper cream as needed for your child.
- *If you chose to disenroll from our program, you will give the center a 2 week notice prior to leaving.

Carepointe Academy accepts children whose developmental stage enables them to benefit from our programs and for whom we are properly equipped to provide care. We cannot admit or maintain care for children whose needs we cannot meet or whose behavior might present a danger for others.

I have read the above and hereby agree to these terms and policies for Carepointe Academy.

signature of parent: date:

management: date: