

APPLICATION FOR ENROLLMENT

Tots Land Day Care/ Learning Center

2939 N. Harlem Ave

Chicago, IL 60707

Date of Birth: _____		Sex: _____	
Date of Enrollment: _____		Date of discharge: _____	
Full Name: _____			
Last	First	Middle	Nickname
Home Address: _____			
No	Street	City	State Zip
Language spoken at home: _____			
Primary Days of Care: M T W TH F		Total number of Days: _____	
Primary Hours of Care From: _____ To: _____			
Before School Only: _____		After School Only: _____ Both: _____	

Child Lives With: _____			
Custody: Mother	Father	Both	Other (specify): _____
Mother's Name: _____	Father's Name: _____		
Address: _____	Address: _____		
Home Phone: _____	Mobile: _____	Home Phone: _____	Mobile: _____
Occupation: _____	Occupation: _____		
Work address: _____	Work address: _____		
Work Phone: _____	Work Phone: _____		
Email: _____	Email: _____		
Child's siblings and their ages: _____			

I hereby grant permission for the staff of Tots Land Day Care to contact the following medical personnel to obtain emergency medical care if warranted. I will reimburse any expenses incurred by the child's service.

Doctor/Dentist/Hospital	Phone	Address

Please list allergies, special medical or dietary needs, or other areas of concern. _____

EMERGENCY CONTACTS

The following people will be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name	Home Phone	Work Phone	Address

Your child(ren) will be released only to the custodial parent or legal guardian and the persons listed below.

CONTACTS

		Home/ Work Phone:	Address .
Names of persons authorized to pick up the child regularly.	1.		
	2.		
	3.		
Names of persons authorized to pick up the child occasionally:	1.		
	2.		
	3.		

1. A parent manual with additional policies, procedures, and helpful information will be given to all of our clients.
2. All day care enrollees must have a current physical and immunizations prior to admittance.
3. No child will be admitted to Tots Land if he/she appears ill, is not feeling well or has a fever.
4. Upon acceptance of your child at Tots Land a deposit equivalent to one week's tuition must be paid, plus the first week's tuition in advance. Tuition is due and payable each Friday for the following week in advance. There will be a late charge of \$10 for past due tuition.
5. You are obligated to give Tots Land two weeks notice, in writing, that you wish to disenroll your child. At that time you will pay for one week, and your deposit will be applied to the last week's tuition. Deposits are not refundable.
6. All checks should be made out to Tots Land, INC.
7. Registrations are considered to be incomplete if any of the above conditions are not met.

The foregoing regulations and standards are established to provide the best care for your child.

Signature of Parent/Guardian _____

Date _____