

Imagine That Childcare
Registration

Childs Name _____

DOB _____

Parents Name _____

Phone # _____

Full Time _____ Class: Preschool _____ School Age _____
Part Time _____ Toddlers _____ Tiny Tots _____ Infants _____

Do you receive any financial Assistance

CCA _____ OCS _____ JOBS _____ TCC _____ No Assistance _____

If so do you have an Authorization from the program Y N

Date your child will start attending _____

I would like to receive tuition invoices via Email. My email address is _____

I would like to receive Kaymbu moments via Text message # _____ and or email _____

Our Registration fee is \$100.00 per child and is non refundable.

This registration fee is due at time of enrollment and a \$50.00 annual fee will be billed every June.

We can only reserve a spot for your child for 14 days from the time this registration is submitted unless a Holding deposit is also submitted If your child does not start within this 14 day period or if you decide not to enroll your child for any reason the registration fee or Holding Deposit paid will be forfeited.

Parent Signature

Date



Imagine That Childcare
Enrollment Agreement

I agree to enroll my child _____, age _____ at
Imagine That Childcare

My child will require care **Full Time** _____ (over 25 hours weekly) **Part Time** _____ (up to 25 hours weekly)

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off	_____	_____	_____	_____	_____
Pick Up	_____	_____	_____	_____	_____

My child's monthly tuition is \$ _____ and will be payable on or before the 1st of each month of current enrollment.

I am currently authorized for assistance from:

OCS _____ JOBS _____
CCA _____ TCC _____ No Assistance _____

Tuition payments must be made in form of check, money order, cash, or e-payment.

I understand tuition and copayments are due promptly and will be considered late on the 6th of each month. Late payments will be subject to a \$50.00 late fee. If I receive assistance to pay tuition I am aware that I am responsible for any portion of tuition not paid by the assistance program I am enrolled in. If tuition or copayments are not paid in full for the current months services by the 10th of the month care will be terminated. Accounts over 60 days delinquent will be sent to collections. If this occurs a 33% interest charge will be charged to the account to compensate for collection fees incurred.

I am responsible for providing a current authorization of assistance to the center. Not doing so will result in suspension or termination of care.

We will not give tuition refunds for days your child is absent, however, after being enrolled for a minimum of 1 year you will qualify for 10 days of vacation time (1/2 month). A notice of vacation will need to be submitted and approved for this prior to the billing month that the vacation time is requested for.

If I choose to withdraw my child **I will provide a written two week notice to the director.** If I do not provide this required notice I will be financially responsible for 2 weeks tuition.

If the facility can no longer care for my child, they will also provide me with a two week notice.

I understand that in addition to the enrollment registration fee there is an annual registration fee of \$50.00 which is due each June. I also understand that the 3% early payment discount will not apply to this annual fee.

I have received and read the parental handbook and understand all conditions as stated. This agreement is entered into jointly.

Name _____

Signature _____

Parent or Legal Guardian

Address _____

Date _____

Phone _____

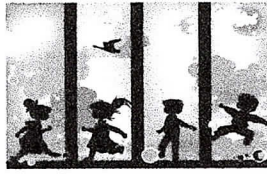
Signature _____

Director or Administrator

Drivers License# _____

Child Emergency Record

CHILDS NAME:		BIRTHDATE:	
LAST	FIRST	MIDDLE	
HOW TO REACH PARENT(S) OR LEGAL GUARDIAN			
NAME	PHYSICAL ADDRESS	HOME PHONE	EMPLOYMENT ADDRESS WORK PHONE
MOTHER:			
FATHER:			
OTHER PEOPLE TO CONTACT IN CASE OF EMERGENCY			
NAME	PHYSICAL ADDRESS	HOME PHONE	EMPLOYMENT ADDRESS WORK PHONE
CHILDS USUAL PHYSICIAN	TELEPHONE		
ADDRESS	TELEPHONE		
WHAT HOSPITAL DO YOU USE?			
AUTHORIZED PEOPLE TO PICK UP YOUR CHILD FROM IMAGINE THAT CHILDCARE			
1	2		
3	4		
SIBLINGS ALSO ENROLLED		FOR SCHOOL AGE CHILDREN	
1	2	CIRCLE GRADE	TEACHER
3	4	K 1 2 3 4	SCHOOL
SIGNATURE OF PARENT OR LEGAL GUARDIAN		DATE	



Imagine That Childcare
1007 Evergreen Street
Fairbanks, AK 99709
456-5478

Child Care Assistance Program Agreement

I _____ authorize Imagine That Childcare to
Parents name
contact my Child Care Assistance Caseworker regarding the eligibility or status of my assistance case at any time. I agree to provide Imagine That Childcare with a current Authorization for each month that my child is enrolled in their program. If I fail to provide an authorization or if I am disqualified from the Assistance Program for any reason, I am aware that any balance remaining on my child's account will become my financial responsibility. I am aware that I will have a copayment each month and that it will be due on the 1st of each month. Copayments not received by the 6th of each month will be charged a \$50.00 late fee.

Parents Name (please print) _____

Child's Name (please print) _____

Parent Signature _____ Date _____

Parent Release Form for Photos

I, the undersigned, do hereby grant or deny permission to Imagine That Childcare to use the image of my child _____ as marked by my selection(s) below. Such use includes the display, publication, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Imagine That Childcare Web site.

- ☐ Grant permission to use my child's image in the following ways (mark all that apply):
- ☐ Limited usage: I want my child's image used within Imagine That Childcare setting only (Bulletin boards & Kaymbu).
 - ☐ Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Imagine That Childcare for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video, digital or printed images.

Parent/guardian signature _____ Date _____

Imagine That Childcare
1007 Evergreen
FBKS, AK 99709
(907)456-5478

If you have questions please ask!