

Email: info@nurturewithcarekidsacademy.com Phone: (360) 682-8920 1162 SW Fort Nugent Ave, Oak Harbor, WA 98277

## **ENROLLMENT & REGISTRATION FORM**

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Date Child Entered:		Date Cl	nild Left:				
CHILD INFORMATION							
Child's Full Name:			Birthdate	):			
Preferred Name:		Gende	r:				
PRIMARY PARENT/GUARDIAN INFORMATION							
Full Name:							
Relationship to Child: Mobile Phone:							
Home Phone: Work Phone:							
Parent/Guardian Email:							
Home Address:							
Work Address:							
SECONDARY PARENT/GUARDIAN INFORMATION (If Applicable)							
Full Name:							
Relationship to Child: Mobile Phone:							
Home Phone: Work Phone:							
Parent/Guardian Email:							
CHILD CARE SCHEDULE							
Days and times my child will receive care:							
	Monday	Tuesday	Wednesday	Thursday	Friday		
Arrival							
Departure							



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EEEO AND DAYME	V IVI-								
FEES AND PAYME	NT INFO	DRMATION							
Fees: \$	per	Hour	Day	Week	Month				
Date Payment Due:			D	eposit Fee: \$			(Non-Refundable)		
Contract Period From:			To:						
Co-pay: \$		per mont	h						
Registration Fees: \$75									
Overtime rate: \$1.00 per									
EMERGENCY CON	TACTS	(Other than	n parents/gu	ardians)					
Nam	Name		Relationship			Phone (	Phone (Work/Home/Mobile)		
AUTHORIZED PICK	UP PE	RSONS (Ot	her than par	ents/guardia	ns)				
Nam	е		Address			Phone Number			
PERSONS NOT AU	THORIZ	ZED TO PIC	K UP CHILD						
Name Reason									



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Nurture with Care Kids Academy h	as my permis:	sion to:				
Transport my child on field trips	Yes No					
Transport my child to obtain medical	care Yes	No				
Take photographs of my child Y	es No					
Use my child's photograph for our we	bsite/social me	edia \	'es No			
AGREEMENT TERMS						
<ul> <li>I agree to promptly notify Nurture with Ca</li> <li>I understand that I am fully responsible for I agree to give 2 weeks' notice to termina</li> <li>I have read, understand, and agree to co</li> </ul>	or the terms of thate this agreemer	is agreement (tuition du	nt as stipulated.	notice period).	e Kids Academy.	
PARENT/GUARDIAN SIGNATU	JRES					
By signing below, I confirm that all informa	ation provided is a	accurate an	d I agree to the terms	above.		
			Date:			
Parent/Guardian Signature			Date:			
Parent/Guardian Signature (if applicable)			-			
FOR PROVIDER USE ONLY						
I agree to provide child care services acco	ording to the abov	ve plan and	to promptly notify par Date:	ent(s)/guardian(s) of a	any changes.	
Provider Signature			-			
OUT OF STATE EMERGENCY	CONTACT					
If telephone service is interrupted due to a Please list a friend or family member who						
Name:		Phone:		State:		