

**Imagination Station
Childcare and Learning Center, LLC
10912 Joor Road
Baton Rouge, LA 70818
(225) 262-4481**

Registration Form

Student Information

Child's Name _____
(Last) (First) (Middle) (Nickname)

Address _____ Sex _____
_____ Date of Birth _____
Home Phone _____ Social Security _____

Parent/Guardian Information

Mother's Name _____ Employer _____
Address _____ Home Phone _____
_____ Work Phone _____
Social Security _____ Cell Phone _____
Drivers License _____ E-mail _____

Father's Name _____ Employer _____
Address _____ Home Phone _____
_____ Work Phone _____
Social Security _____ Cell Phone _____
Drivers License _____ E-mail _____

Person(s) with whom child lives _____
(If child does not reside with mother or father, provide Guardian information)

Guardian's Name _____ Employer _____
Relationship to Child _____ Home Phone _____
Address _____ Work Phone _____
_____ Cell Phone _____

Emergency Contact Information

In case of emergency, **parents will be called first.** If parents cannot be reached, please specify person to be notified:

Name _____ Home Phone _____
Relationship to Child _____ Work Phone _____

Name _____ Home Phone _____
Relationship to Child _____ Work Phone _____

Medical History

Child's Physician _____ Phone _____
Child's Dentist _____ Phone _____
Insurance _____ Policy Number _____
Preferred Hospital _____

Does your child take any medication on a daily basis? YES NO

If yes, describe _____

Does your child have any difficulties or disabilities which require our special help or attention? YES NO

If yes, describe _____

Has your child had any major illnesses or surgeries? YES NO

If yes, describe _____

Has your child been diagnosed with any dietary restrictions, allergies or other medical condition? YES NO

If yes, describe _____

Has your child had any difficulty with hearing or vision? YES NO

If yes, describe _____

Authorization for Release of Child/ren

I hereby authorize the following people to pick up my child from Imagination Station Childcare and Learning Center, LLC:

Name _____ Phone _____
Relationship to child _____

Name _____ Phone _____
Relationship to child _____

Name _____ Phone _____
Relationship to child _____

Name _____ Phone _____
Relationship to child _____

Any deviations from this list will require prior knowledge from the parents/guardian in writing **ONLY**. ID must be presented when deviating from this list. **No exceptions will be allowed.** The person picking up the child will fill the proper sign out log that day.

General Information

How did you hear about our center? _____

Is your child potty training? YES NO

If yes, describe your technique _____

Does your child have any favorite items (i.e. blanket, stuffed animal, etc.)? YES NO

If yes, specify _____

Has your child interacted with other children on a regular basis? YES NO

Does your child have any problems playing with other children? YES NO

If yes, describe _____

Has your child attended any other childcare centers? YES NO

If yes, please list _____

Do we have your permission to speak with your child's previous teacher? YES NO

What would you like your child to accomplish while attending our center?

Policy Acknowledgements & Financial Agreement

I hereby authorize Imagination Station Childcare and Learning Center, LLC:

1. To care for my child during the time he/she is in the facility.
2. To secure emergency medical care for my child in case of inability of the center to reach me. To administer medication upon an emergency.
3. To feed my infant a bottle (if child is taking a bottle for food) while in the facility.
4. To allow my child to go to sleep with a bottle (if child is taking a bottle at nap times).

I hereby agree:

1. To pay the amount of \$ _____ per week.
2. To pay the \$100.00 (non-refundable) registration fee (per child) at the time of enrollment and then yearly in August.
3. That a late fee of \$5.00 will be included in my weekly fees if tuition is not paid by 6:00 p.m. Tuesday of the current week; or by the 5th of each month when paid monthly. In addition, there will be a \$1.00 late fee per each subsequent day of late payment. In the event an account is delinquent and collection proceedings are instituted to satisfy the outstanding indebtedness, reasonable attorney, and/or collection fees, and interest will be added to the total due.
4. That there will be a \$35.00 fee for all NSF checks and that after 2 NSF's I will be required to pay by cash or money order.
5. To provide the center with a **two week written notice** before withdrawing my child and to pay the final two weeks tuition in full at the time of notification. If no notice is given, I will be billed for 2 weeks as a non-notice withdrawal fee.

I have **read** the above and thoroughly **understand** the terms stated.

I authorize Imagination Station Childcare and Learning Center, LLC to secure emergency medical treatment for my child.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Office Use:

Admittance Date _____

Withdrawal Date _____