



**Child's Personal History:**

List any medical problems in which the CDC should be aware:

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List any allergies: \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Has your child had any prior childcare experience? \_\_\_\_\_ if so,  
please list where. \_\_\_\_\_

List any additional information such as comforting needs that the  
center should be aware of: \_\_\_\_\_

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**INFANTS ONLY:**

Special feeding instructions:

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Special sleeping instructions: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:**

This should be someone we can reach if we cannot get in touch with the parent(s). This is someone that you have given the authority and necessary information to so they can take your child to the doctor if deemed necessary.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ADDITIONAL PERSONS AUTHORIZED TO PICK UP:**

(Please include name, relation, and a contact number)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**PERMISSION FOR EMERGENCY HEALTHCARE:**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In the event of an emergency, where the parent cannot be contacted, the emergency contact will be notified and emergency personnel called if so needed. THE CDC WILL NOT TRANSPORT CHILDREN TO THE DOCTOR OR HOSPITAL.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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## DISCIPLINE POLICY:

Clear, consistent rules which are age appropriate will be explained to your child concerning classroom and playground behavior. The rules will be maintained through positive techniques of guidance such as redirection and positive reinforcement. Should further intervention be necessary, it will be in the form of removal from the group. Methods like time out will be used on children two and older. Time out will not exceed more than one minute for each year of age. Corporal punishment will not be used in any form or fashion at the CDC.

Any severe discipline issues will be handled on an individual basis and may include conferences with teachers and parents. If after using all means possible, if problems still exist, removal of child from the center may result.

As the parent of \_\_\_\_\_, I acknowledge that I have reviewed the policy on discipline used by St. Mark CDC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FINANCIAL AGREEMENT:

In placing my child, \_\_\_\_\_ in the St. Mark CDC I agree to pay the following fees:

- A registration fee of \$65.00 is due upon entrance into the center. It is due again as a yearly fee each June on the 1st. This fee is nonrefundable.
- A registration fee to the summer program for school age children of \$35.00 is due before the start of the summer program or for enrollment to begin. This fee is nonrefundable.
- Tuition of \_\_\_\_\_ per week beginning the first week my child attends. Tuition is due by Monday of each week.
  - **A \$5.00 late fee will be applied to the account on Friday's of the current week if payment is not received by 5:30pm.**
- There is a \$30.00 fee for returned checks. After two returned checks, client will be asked to pay account by money order.
- If the account is more than two weeks past due, a lock out notice will be sent home. If the account is not paid up or arrangements made with the director, the code will be locked out and the child may not return until the bill is settled. If not settled within a timely manner (10 days after receiving a mailed letter, then balance due will be sent to collections and paying party will be responsible for court costs and collection fees.
- I understand that after one consecutive year of my child attending St. Mark, I am granted one "free" week of childcare that may be used whether my child attends or not. If not used by the end of the year, this week will automatically carry over to the account's end of year balance as a credit.

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ST. MARK CDC EMERGENCY NOTIFICATION FORM**

(This information must be current and accurate in case of an emergency.)

Child's Name \_\_\_\_\_  
Parent's Names \_\_\_\_\_  
Home Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Emergency Phone numbers must be where parent can be reached during the center's hours of operation from 7:00 am – 5:30pm

Mom's Work Name and Phone \_\_\_\_\_  
Mom's cell / pager \_\_\_\_\_  
Dad's Work Name and Phone \_\_\_\_\_  
Dad's cell / pager \_\_\_\_\_

Other Emergency Contact (This is a person you authorize with information who can take your child to the doctor in case of emergency.)

Full Name and relationship of people authorized to pick up:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical conditions that the center should be aware (ex. Asthma, allergies, etc.)  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Infants Only: Parents must be notified that we cannot heat breast milk in the microwave. We also cannot heat bottles of formula in the microwave without parent consent. By signing below, you give consent to heat bottles in the microwave. The only other means to heat a bottle will be by crockpot.

Parent Signature to heat in microwave \_\_\_\_\_

Date \_\_\_\_\_