

**ROSE MEKEEL CHILD CARE CENTER ENROLLMENT
APPLICATION**

Date _____ Enrollment Date _____

Registration Fee _____ Security Deposit _____

Check one: University Student _____

Faculty/Staff _____

Community _____

Family Information

Child's Name _____

Birthdate _____

Health Insurance Company Name and Number for child

Home Address _____

Mother's/Guardian Name _____

Occupation _____

Home Address _____

Work Address _____

Work # _____

Cell # _____

E Mail _____

Father's/Guardian Name _____

Occupation _____

Home Address _____

Work Address _____

Work # _____

Cell # _____

E mail _____

Sibling(s) Name and age

Medical Information

Physician's Name _____

Address _____

Phone Number _____

Allergies _____

Family History of Bee Stings ____ No ____ Yes ____

Emergency Contact:(other than parents)

Name _____ Address _____

Phone # _____

Cell # _____

My child can be released to:

Name _____ Address _____

Phone# _____

Name _____ Address _____

Phone# _____

Tuition Information

Check one:

Pre School Age 3-5

Student Rate: (\$6.50/hour) _____

Faculty/Staff/Community Rate: (\$235.00/week) full time care _____

(\$47.00/day) full day _____

(\$42.00/day) 1/2 day _____

Toddler Age 1 yr.

Student Rate (\$7.50 /hour) _____

Faculty/Staff/Community Rate :(\$310.00 /week) full time care _____

(\$62.00 /day) full day _____

(\$51.00 /day) 1/2 day _____

Toddler Age 2 yr.

Student Rate (7.50/hour) _____

Faculty/Staff/Community Rate: (\$295.00/week) full time care _____

(\$59.00/day) full day _____

(\$48.00/day) 1/2 day _____

Please be aware that tuition rates and payments will be assessed every year.

Parental Consent

Sign the following items for which you give written consent:

_____ emergency first aid by the staff

_____ emergency medical care at the hospital

_____ administration of prescription medication

(after signing the medication log

_____ speech/hearing screening if deemed

necessary

_____ campus field trips

_____ university student experiences

Tuition Agreement

Upon completion of the application form, a \$25.00 registration fee, and a security deposit equal to one week's tuition, the center agrees to provide an age appropriate child care experience for your child/children for the year.

Child's Schedule

Name _____

Age Group- Toddler 1
Toddler 2
Pre-K 3-year-old
Pre-K 4-year-old

Monday	Tuesday	Wednesday	Thursday	Friday

I agree to pay the monthly tuition of \$ _____ . I understand that the tuition will be billed 2 weeks in advance of services and non-payment may result in dismissal from the program.

Signature (Mother/Guardian) _____

Date _____

Signature (Father/Guardian) _____

Date _____

Director's Signature _____

6-month review Signature _____

Date _____

12-month review Signature _____

Date _____

Please return this application and a \$25.00 registration fee to:
Mekeel Child Care Center
200 Prospect St.
East Stroudsburg University
East Stroudsburg, Pa. 18301