ROSE MEKEEL CHILD CARE CENTER ENROLLMENT APPLICATION

Date_____ EnrollmenDate_____
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 _____
Allergies_____
Family History of Bee Stings _____No Yes__

Emergency Contact:(other than parents)
Name_____
Address_____
Phone #_____

Cell #_____

My child can be released to: (other than parents)

1. Name_____
   Address_____
   Phone#_____
2. Name_____
   Address_____
   Phone#_____

Medical Information

Physician's Name_____
Address_____
Phone Number_____

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
_____ 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.

September 2026	Pre K	Toddler 1	Toddler 2
Full time	255.00	325.00	310.00
Full day	51.00	65.00	62.00
Half day	46.00	57.00	54.00
Student rate	6.50/hour	7.50/hour	7.50/hour

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

Child's Schedule

Circle Age Group- Toddler 1/ Toddler 2/ Pre-K 3/ Pre-K 4-year-old
Indicate what days and times you would like to enroll your child

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) _____

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