

Date \_\_\_\_\_ Enrollment Date \_\_\_\_\_  
Registration Fee \_\_\_\_\_ Security Deposit \_\_\_\_\_  
Check one: University Student \_\_\_\_\_  
Faculty/Staff \_\_\_\_\_  
Community \_\_\_\_\_

**Family Information**

Child's Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Phone # \_\_\_\_\_  
Health Insurance Company Name and Number for child  
\_\_\_\_\_

Home Address \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_  
Social Security # of parent \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone # \_\_\_\_\_  
Home Address \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
E Mail \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_  
Social Security # of parent \_\_\_\_\_  
Occupation \_\_\_\_\_ Phone # \_\_\_\_\_  
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: (\$173.00/week) full time care \_\_\_\_\_

(\$46.00/day) full day \_\_\_\_\_

(\$41.00/day) 1/2day \_\_\_\_\_

*Toddler Age 1 yr*

Student Rate (\$7.50 /hour) \_\_\_\_\_

Faculty/Staff/Community Rate :(\$233.00 /week)full time care \_\_\_\_\_

(\$61.00 /day) full day \_\_\_\_\_

(\$50.00 /day) 1/2 day \_\_\_\_\_

*Toddler Age 2 yr*

Student Rate(7.50/hour) \_\_\_\_\_

Faculty/Staff/Community Rate: (\$207.00/week) full time care \_\_\_\_\_

(\$58.00/day) full day \_\_\_\_\_

(\$47.00/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 medication(prescription)

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.

ESU students must enroll for a minimum of 2 days a week for 3 hour blocks of time. Additional time for any other days can be scheduled in two hour intervals.

**Child's Schedule**

**Name** \_\_\_\_\_

**Class- Toddler 1, Toddler 2, 3 year old, 4 year old**

**Summer Sessions**

Monday	Tuesday	Wednesday	Thursday	Friday

**Fall Semester**

Monday	Tuesday	Wednesday	Thursday	Friday

**Spring Semester**

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