

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: (\$190.00/week) full time care _____

(\$46.00/day) full day _____

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

Toddler Age 1 yr

Student Rate (\$7.50 /hour) _____

Faculty/Staff/Community Rate : (\$256.00 /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: (\$230.00/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