

Pick Up – In addition to Parents & Emergency Contacts

No Pick Up! – If Applicable

Name, Address & Phone Number

Name and Number

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Name and Number

Statement of Authorization

I, _____, hereby give permission for Discovery Kids Learning Center to call a Doctor for medical or surgical care for my child, _____ should an emergency arise. It is understood that a conscientious effort will be made to locate me before any action is taken. However, if it is not possible to locate me/us, I agree to make Discovery Kids Learning Center my true and lawful attorney, for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency and Family Physician, on my child.

Signature: _____ Date: _____

Schedule Info

My child will attend Discovery Kids Learning Center, Inc. the following days and hours:

Monday: _____	Hours: _____
Tuesday: _____	Hours: _____
Wednesday: _____	Hours: _____
Thursday: _____	Hours: _____
Friday: _____	Hours: _____

I wish to be enrolled on a regular schedule of _____ days per week. I understand I may change my schedule if my work schedule changes as long as there is space available and the number of days does not change. The weekly amount I agree to pay is _____. **Check one** Child Care Assistance Program Self Pay
If Self Pay, would you prefer to pay tuition: monthly, due on the 1st or 15th weekly bi-weekly
Please complete our **Tuition Express Automated Payment Processing** form with checking or savings account.

I agree to be responsible for all fees incurred at Discovery Kids Learning Center, Inc., including all attorney fees and collection fees necessary in collecting any outstanding balances.

Signature of Parent or Responsible Party: _____ Date: _____

Service Contract Info

I, _____, have thoroughly read of the policies and procedures outlined in the Family Handbook. I agree to abide by each and every one of them.

Signature: _____ Date: _____

Signature: _____ Date: _____