



Summer Camp

Enrollment Date to _____ from _____

Before Care _____ After Care _____

Student Information

Child's Name _____ School _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Sex: Male Female

Parent/ Guardian Information

Email _____

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Employer/ School _____ Hours _____

Address _____

Work Phone _____ Extension _____

2. Name _____ Relationship: _____

Address: _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Employer/ School _____ Hours _____

Address _____

Work Phone _____ Extension _____

Non- Parent/ Guardian Emergency Contact Information

1. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Employer/ School _____

Address _____

Work Phone _____ Extension _____

2. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Employer/ School _____

Address _____

Work Phone _____ Extension _____

3. Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Employer/ School _____

Address _____

Work Phone _____ Extension _____

Hours of Attendance (Not to exceed 10 hours daily) _____ - _____

Check all that apply: M T W TH F

Child Release Information

Persons to whom child may be released, other than parent/guardians and emergency contacts:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____

PAL will not release a child to anyone under the age of 16 without prior written, parental consent.

Is there a court ordered custody or visitation arrangement? Yes No

Sibling Information

Please list any siblings who are also enrolled in care.

- 1. _____ Age _____
- 2. _____ Age _____
- 3. _____ Age _____
- 4. _____ Age _____
- 5. _____ Age _____

Medical/ Permission to Treat Information

Health Care Provider: _____ Phone: _____

Address _____

Special Disabilities _____

Existing Medical Conditions _____

Allergies _____

Reaction: _____

Additional Information: _____

Current Illnesses and Medications (Name, Dosage, Frequency)

Previous Serious Illness or Injury: _____

Insurance Provider _____ Policy _____

In case of an emergency, may we release this information to medical personnel? YES NO

I, _____ hereby authorize emergency, medical treatment for my child,
_____ in the event I cannot be contacted, to grant permission to treat. I
understand that I will be financially responsible for the cost of such treatment.

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

PAL Child Care Center

Payment and Fees Policy

Effective September 1, 2016

Weekly fees are due by close of business on Friday for the upcoming week. Payments falling behind by two weeks or more are grounds for dismissal. There is a \$35 returned check fee for each occurrence. After a repeat occurrence no checks will be accepted. Full payment is due each week, even if your child is absent.

It is important to be on time to pick your child up. It compromises your child's sense of security when you are late. If you are running late, please call so that we can plan accordingly. There is a \$1 per minute/ per child late fee that will be added to your weekly invoice/bill. Ongoing lateness may result in dismissal. If no contact has been made by you or another authorized person about your lateness, the authorities will be contacted per state regulations.

Each family will be granted one week's vacation, tuition free. Two weeks' written notice is required for vacation or withdrawal. If notice is not given, fees will continue through vacation. If notice is not given for withdrawal fees will continue until notice is received.

Subsidies are accepted through Purchase of Care and other agencies. Written documentation of proof of POC is required before your child/ children can start.

If your child is absent from care for sickness, vacation or any other situation payment is still required. You will be billed weekly unless a vacation has been approved or a withdrawal has been processed.

Referral bonuses will be granted to families who have referred individuals once the referred child completes 90 days. The bonus will be in the form of tuition credit.

Name _____ Date _____
Signature _____ Withdrawal Date _____

My signature indicates my understanding and agreement to this policy

Outings and Activities Information

I, _____ hereby grant permission to PAL for my child to attend and participate in onsite and offsite trips and activities including, but not limited to: **swimming, skating, bowling, nature walks, neighborhood walks and various sports.**

I also understand that my child will be transported by PAL vehicles when necessary.

Please list any special instructions relating to your child’s needs relating to transportation:

Parent/ Guardian Signature _____ Date _____

Policy and Procedure Information

I have read the parent handbook and understand my commitment to the program. I have shared the necessary information with my children. We both understand that failure to adhere to the policies and procedures may result in dismissal from the program. I also acknowledge receipt of the “Parents Right to Know” Notice as part of this application.

1. Name of Child _____ (please print)

Name of Parent/ Guardian _____

Signature of Parent _____

Date _____

2. Name of Parent/ Guardian _____

Signature of Parent _____

Date _____

Child's Name _____ **PAL CHILD CARE CENTER REQUIRED SIGNATURES**

PARENTS RIGHT TO KNOW NOTICE



UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: Ms. Ellen Linen, Office of Child Care Licensing, 4417 Lancaster Pike, Building #18, Wilmington, Delaware 19805, (302)892-5800.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent/Guardian Signature

Date

I acknowledge I received this notice as part of the application packet.



PARENT PERMISSION FOR DVD/TV VIEWING

Children, over the age of 2 years old, may have an educational movie or program incorporated into their curriculum. Movies shown will be age appropriate and not exceed one hour in length.

Parent/Guardian Signature

Date

I hereby authorize my child to watch educational movies.

PARENT PERMISSION TO PHOTOGRAPH/ DISPLAY IMAGES



Your child's photo may be displayed throughout the facility, on the website or on the PAL's Facebook Page.

Parent/ Guardian Signature

Date

I hereby authorize PAL Child Care to display images of my child

PARENT PERMISSION FOR COMPUTER USAGE



Children, over the age of 2 years old, will have the opportunity to occasionally play educational games on the computer. Children will be closely supervised to ensure that age-appropriate and educational websites are being viewed while using the internet. Computer time will not exceed one hour in length.

Parent/Guardian Signature

Date

I hereby authorize my child to use the computer.

PARENT PERMISSION TO SLEEP ON A MAT



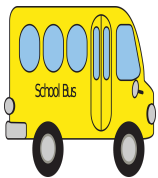
Children between the ages 12 and 18 months will transition from sleeping in a crib to a cot, mat, or bed when they are able to walk.

Parent/Guardian Signature

Date

I hereby authorize my child to sleep on a cot, mat, or bed

PARENT PERMISSION FOR ROUTINE OUTINGS



I hereby give permission for my child to be transported to field trips and other outside adventures by the Police Athletic League of Wilmington authorizing transportation vehicles.

Please list any special needs or problems which might require special attention during transportation and directions on how to handle the need or problem.

Parent/Guardian Signature

Date

PARENT PERMISSION TO SWIM



My child _____ has my permission to participate in any swimming activity/outing with the PALW Childcare, School-Age Program, and/or Summer Camp. I understand the child will be under supervision by a staff member on site and/or a certified lifeguard during any water activity.

My child is a swimmer _____ non-swimmer _____

Parent/Guardian Signature

Date

RECEIPT OF PARENT HANDBOOK



I certify that I have received information regarding the Center's policies on following topics: a typical daily schedule, positive behavior management techniques, routine and emergency health care, health exclusions, and prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of child abuse and neglect, administration of medication procedures, non-discrimination, developmental and educational goals, complaints, and transportation, if provided.

Parent/Guardian Signature

Date