

Discovery Kingdom

ADMISSION AGREEMENT AND STATEMENT OF VERIFICATION

(revised 10/27/06)

I, _____ desire to enroll my child
(parent / guardian name(s))
_____ in the Discovery Kingdom child care
(child's name & DOB)
program. My child will attend on a _____ basis.
(full or part time)

_____ will be in attendance on:
(child's name)

MONDAYS _____ to _____,
(drop off time) (pick up time)

TUESDAYS _____ to _____,
(drop off time) (pick up time)

WEDNESDAYS _____ to _____,
(drop off time) (pick up time)

THURSDAYS _____ to _____,
(drop off time) (pick up time)

FRIDAYS _____ to _____.
(drop off time) (pick up time)

I agree to pay the program rate of \$ _____ per day. I
(amount)
choose to be billed for the child care program, as well as any additional
routine services that I have selected below on a _____ basis.
(weekly/monthly)

The additional routine services that I would like to provide for my child
include:

Disposable Diapers \$ _____ week/month

Wipes \$ _____ week/month

Blanket Laundry Service \$ _____ week/month

Clothing Laundry Service \$ _____ week/month

Special Accommodations \$ _____ week/month

Other _____ \$ _____ week/month

I agree to notify the director if there are any changes to my child's attendance schedule, or to the additional routine services that I desire to purchase for my child.

I understand that special individualized classes or services will be offered periodically by the Discovery Kingdom (i.e. swim / water safety classes, infant massage). If I choose to have my child participate in one of those classes or services, I agree to have the charge for this service added to my _____ bill.
(weekly/monthly)

I completed a personal interview with _____,
(name & title – director or asst director)
on _____. I have received a current copy of the Discovery Kingdom's
(date)
Parent Handbook. I have read the Discovery Kingdom's policies and procedures (as outlined in the handbook), and I have been given the opportunity to ask questions about them. I understand the Discovery Kingdom's policies and procedures, and agree to abide by them through out my child's participation in the program.

I understand that the Discovery Kingdom will not process my child's enrollment in the program until I have paid the \$100 enrollment fee.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

Director signature _____ Date _____

Phone (419) 728-0282 or 419-728-7014 * Fax (419) 728-7030