



### Admissions Agreement

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Start Date \_\_\_\_\_ Class \_\_\_\_\_ Days Enrolled \_\_\_\_\_

We look forward to getting to know you and your child. Enclosed you will find enrollment forms that you need to bring with you to your orientation appointment.

**Your \$1000.00 non-refundable deposit is due on or before your orientation date. This deposit will be credited towards the last month of your child's tuition at the Center. In order to receive this credit a 30-day written notice must be submitted to the office.**

The following admissions agreement checklist is for your convenience and should be signed and returned with the enrollment forms (some forms are reference only; please initial that you have reviewed those noted as "reference")

____ Identification and Emergency Information	____ Physician's Report
____ Consent for Medical Treatment	____ 2 Emergency Cards (print 2)
____ Parents' Rights	____ Financial Agreement
____ Personal Rights	____ Deposit Form
____ Preadmission Health History- Parent's Report	____ Picture of Family & Picture of Child
____ Directory Information	____ Parent Handbook (reference)
____ Field Trip/Picture/Sunscreen/Diaper Cream Consent	____ CA Caregiver Check (reference)
____ Discipline Policy	____ Effects of Lead Exposure (reference)
____ Parent Participation Info & Contract	____ Parent Square Information (reference)
____ Infant Needs and Services Plan (24 months and under)	____ Amazon- Shop Online (reference)
____ Infant Sleeping Plan (12 months and under)	____ E-scrip Information (reference)
____ Parent Consent for Administration of Medications and Medication Chart (if applicable)	

**When you have completed this packet call our office at (626) 395- 6860 to arrange an orientation appointment with the director and your child's teacher. At this meeting, you will review the paper work and will have an opportunity to ask questions and receive information about the center and share information with the teacher about your child.**

Orientation/Intake Date \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Facility Representative \_\_\_\_\_ Date \_\_\_\_\_

Termination Date \_\_\_\_\_