

# APPLICATION FORM

## CHILD'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Gender: MALE / FEMALE (Please circle)  
Proposed Start Date: \_\_\_\_\_

## PARENTS' INFORMATION

Father's Name: \_\_\_\_\_ (Last), \_\_\_\_\_ (First)  
Father's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Father's Email: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ (Last), \_\_\_\_\_ (First)  
Mother's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact if parents cannot be reached:  
Name: \_\_\_\_\_ (Last), \_\_\_\_\_ (First)  
Phone: \_\_\_\_\_ (Cell / Work / Home)

Who will usually pick up the child? \_\_\_\_\_  
If other individuals are authorized for pickup, please complete the "Pickup Authorization Form" on the FFDC website upon enrollment.

What language(s) does the child speak at home? \_\_\_\_\_  
Is the child toilet-trained? YES / NO (Please circle)  
Does the child have any medical conditions or allergies? If yes, please list:

\_\_\_\_\_

Is the child taking any medications on a regular basis? If yes, please list:

\_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_  
Primary Care Physician's Phone: \_\_\_\_\_  
Health Insurance Plan / Policy #: \_\_\_\_\_

*I have read and understood the Procedures and Policies on the back of this application form. A non-refundable enrollment fee is due upon enrollment of my child into Fun Fun Daycare.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **FFDC Staff Use Only (Do Not Fill)**

Date Received: \_\_\_\_\_ Placement on Waiting List: \_\_\_\_\_

## ENROLLMENT PROCEDURES AND POLICIES

We greatly appreciate your interest in choosing Fun Fun Daycare (FFDC) for your child's preschool needs. Due to a high number of applicants currently placed on our waiting list, we highly recommend that you contact the FFDC director first to discuss your needs and inquire about any questions you may have before submitting an application. Please note that this form is intended to collect information for your child's placement on the waiting list and does not guarantee enrollment in FFDC.

The application process and enrollment procedures are as follows:

1. Complete the Application Form and return it to FFDC via [email](#). Once received, we will place your child on the waiting list and notify you when an opening becomes available.
2. Upon notification of availability, we ask that each family respond within 30 days whether to accept or reject the offer to enroll their child in FFDC.
3. Once accepted, a **one-time non-refundable Enrollment Fee, which equates to 50% of the monthly Tuition Payment, and \$100 Registration Fee** will be collected to reserve and confirm your child's enrollment in our facility. If under any circumstances a family decides to withdraw or no longer enroll, these fees will not be refunded.
4. Complete and sign the following forms found on the FFDC [website](#) > "DAYCARE" tab > "FORMS" section; and submit them to FFDC prior to / on the first day of daycare.
  - Enrollment Agreement
  - Emergency Form
  - Pickup Authorization Form
  - Health Inventory
  - Medication Administration Form (if applicable)
  - Allergy / Anaphylaxis Medication Plan (applicable for kids with allergies)

## WITHDRAWAL / TERMINATION

FFDC may terminate a child's enrollment upon two weeks' notice for the following reasons:

- Parental failure to abide by FFDC policies and enrollment agreement.
- FFDC's program is not meeting developmental or special needs of the child as determined by the FFDC director.

Immediate withdrawal may result for the following reasons:

- Health or behavioral issues that threaten the safety, health, or well-being of the child or other children and staff.
- Chronic disregard of tuition policies.
- A pattern of late pickup.
- A parent/guardian or a child's other conduct that threatens the well-being of other children or staff.