

Welcome to Generations Kidz Learning Center

**Generations House of Worship
121 Hillcrest Shopping Center
Lower Burrell PA, 15068
GKLC@GHOW.NET
724-212-7975**

Please use this checklist as a guide to ensure you have everything you need for enrollment! All forms must be completed and turned in before enrollment

Child's Name: _____
Age: _____ Birthday(MM/DD/YYYY): _____

- Registration Form with fee (checks payable to Generations Kidz Learning Center)
- Enrollment agreement for Generations Kidz Learning Center
- Enrollment agreement for the State of PA
- All about your child form
- Child emergency contact/consent form
- Child pickup authorization
- Child health report
- Medication Log (Please attach Dr. note if medication is brought on site for your child)
- Infant/Young Toddler Feeding schedule
- Diaper cream consent form
- Sun Block consent form
- Emergency plan/communication for parents/legal guardian
- Receipt of handbook
- All forms listed below
 - Infant enrollment form (child 12 months or under)
 - Standard enrollment form (required for all children)
 - Income eligibility form (required for all children)

Child Registration Form

\$50.00 registration is due upon submission of this form

Child Information

Full Name: _____ Gender: _____

Preferred Name: _____ Date of Birth: _____

Class/Program: _____ Allergies: _____

Address: _____

Parent/Guardian Information

Full Name: _____ Relation: _____

Cell Phone: _____ Email: _____

Address: _____

(If Different From Child's)

Occupation: _____ Employed By: _____

Marital Status: Married Single Divorced Separated Widowed Other

Full Name: _____ Relation: _____

Cell Phone: _____ Email: _____

Address: _____

(If Different From Child's)

Occupation: _____ Employed By: _____

Marital Status: Married Single Divorced Separated Widowed Other

For Office Use Only

Date Registered _____ Deposit Paid Yes No

Notes _____

Enrollment Agreement

Rate Agreement and Contract:					
Child's Name:					Birthdate:
Hours of Operation:					
Regular operations hours are Monday through Friday, 6:00 a.m. to 6:00 p.m., except for closing for various holidays, inclement weather, and building evacuations, as listed in the handbook. There is no reduction in tuition as a result of center closures. The procedure to notify families upon closings will be through text messages/phone calls, etc., using available information provided to our staff. If it becomes necessary to close early, we will contact you or someone listed in the emergency information consent form, and it will be your responsibility to arrange for your child to be picked up					
Scheduled attendance:					
The days and hours I wish to contract for childcare are as follows:					
Day of week:	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Fee Policy (to be completed by staff, reviewed initialed, and dated by parent/legal guardian after completion)					
					Initial and Date:
Starting on _____ A weekly fee of _____ is due					
Tuition is due and payable in advance by close of business Friday prior to the start day for services to be accommodated.					
A late fee of \$5.00 will be added per day if your payment is not received on time and added each day until payment is received in full.					
Tuition is not subject to any credits for closings, holidays, etc., unless hospitalization or such matter is discussed and approved by the Director (please note that the Director will have final approval and Dr. note must be provided					
I agree to pay the total fee even with closings or the absence of my child.					
A non-refundable enrollment fee of \$50.00 is due upon enrollment.					
A late pickup fee of \$5.00 per 5 minutes (\$1.00 per minute) will be applied and paid on the day of pickup.					

If tuition is late/not paid in full by the end of the week, I understand my child may not be permitted to return until an in-person meeting with both parents/legal guardians and the board is completed.	
My child may have the opportunity for field trips/special events with possible additional fees to be paid prior to event day.	
I understand an additional fee will be added for return checks/payments, as well as a mandatory payment option change.	
A receipt for tax purposes, etc., will be provided upon request.	
Private Employment Acknowledgement Release:	
Any arrangements/employment between staff and me outside of this facility (babysitting, etc.) is an individual endeavor and private matter not connected to or sanctioned by GKLC. GKLC shall remain harmless from any such endeavor	
Media Release: occasionally, photos are taken throughout the day and may be posted on social media, used for our website, etc. Please note if you do not wish to have your child photographed.	
I give my child permission and understand they will take daily walks outside and will provide proper clothing for the weather.	
I understand that it is my full responsibility to read and understand all policies and information in the handbook and paperwork given to me.	
I understand it is my responsibility to discuss any questions or concerns with the Director.	
Information, tuition, policies, procedures, and facilities may be subject to change at any time.	
Contract Approval:	Date:
Primary Parent/Legal Guardian Signature:	
Learning Center Director Signature:	
Pastor Signature:	

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR

DATE

SIGNATURE-PARENT OR GUARDIAN

DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN

DATE

About my Child

Date: _____

Child's Name: _____ Date of Birth: _____

Family Information

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Cell: _____

Mom Cell: _____ Mom work: _____

Dad Cell: _____ Dad work: _____

Guardian Cell: _____ Guardian work: _____

Primary Email: _____

Please list all members living in your home:

Are there any family traditions or cultural/religious customs you observe?

Do you have any family pets? Please tell us about them:

What are your child's favorite things? (color, character, etc.)

Changes at home and family dynamics can be hard, please share any previous changes or upcoming changes that could be difficult for your child. How does your child react to changes?

Please list any previous group/center experiences(childcare, play group, church, etc.) What were your and your child's experiences there? _____

How does your child react when they are not with you? (at church, with a sitter, etc.)

Please list any other information you would like to share with us regarding your child.

Child Health Information

Was your child full term? If not, how many weeks premature?

Please list any factors that may affect your child's comfort or adjustment to care (disabilities, hearing, vision etc.)

Does your child have any allergies?(food, seasonal, pet, etc.)

Sensitive skin/prone to skin rashes etc.?

Does your child have any dietary restrictions?

Does your child take medications regularly?

If so,what type and will they need it during childcare?

Child's personal habits, interests, and personality

I am proud that my child knows;

I think my child is good at;

My child really likes_____

My child loves the book_____

How would you describe your child's temper?

How does your child interact with other children?

When is your child most alert?

My child's favorite toy is _____

What is your child's favorite activity and game?

My child's favorite color is _____

How is your child when they are separated from you and what is a good way to comfort your child?

Sleep Habits

Does your child wake; Happy___ Fussy___ Active___ Tired___

How does your child sleep; Heavy_____ Light_____ Restless_____

What time does your child wake in AM_____ Go to bed PM_____

What is your child's nap pattern?(time/lengths)_____