

# Growing Station Day Care

730 Canal Drive  
Chesapeake, Va. 23323  
(757) 487-5513

## Enrollment Contract

### Child's Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

### Mother's Information

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/ Pager: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Do you work outside your home? \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Place Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hours worked (circle one) Full time/ Part time: \_\_\_\_\_

Education: (Circle Highest Completed) High School, Trade School, College

### Father's Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone/ Pager: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Do you work outside your home? \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Place: \_\_\_\_\_

Work Place Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hours worked (circle one) Full time/ Part time: \_\_\_\_\_

Education: (Circle Highest Completed) High School, Trade School, College

### Brothers and Sisters

Name	Date of Birth
_____	_____
_____	_____
_____	_____

List members of your household not listed above (other relatives, roomers, maid, etc.)

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Does your child enjoy outdoor play? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

If yes, how does it affect him/ her? \_\_\_\_\_

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***Name, address and phone number of person who would assume responsibility for your child in an emergency when day care would be unable to contact parents:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Relation: \_\_\_\_\_

Cellular Phone/ Pager: \_\_\_\_\_

What are the ages and sexes of the children with whom your child has played most during the past year?

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What type of play do they engage in and how does your child get along with others?

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What serious illness if any has your child had? \_\_\_\_\_

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**What about the following?**

Sleep and nap habits: \_\_\_\_\_

Eating habits and difficulties: \_\_\_\_\_

Fears: \_\_\_\_\_

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.) \_\_\_\_\_

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How do you correct your child? \_\_\_\_\_

Favorite play activities. \_\_\_\_\_

Favorite books and stories: \_\_\_\_\_

Does your child attend Sunday school or any other children bible study? \_\_\_\_\_

List other organizations of the church he/she attends. \_\_\_\_\_

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Is family affiliated with a church in this community? (Please circle one) YES/ NO

If so which, \_\_\_\_\_

Has your child attended any other childcare centers? (Please circle one) YES / NO

Name the center. \_\_\_\_\_

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## Growing Station Day Care

### **EMERGENCY TREATMENT PERMISSION FORM** **(Must be signed and returned to Growing Station Day Care Immediately)**

Child's Name: \_\_\_\_\_

In the event reasonable attempts to contact me at (Phone Number) \_\_\_\_\_  
or \_\_\_\_\_ (other parent or guardian) have been unsuccessful, I hereby give my  
consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_  
(Preferred Physician) or in the event the designated preferred practitioner is not available, by  
another licensed physician, and the transfer of the child to \_\_\_\_\_  
(Preferred Hospital) or any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed  
physicians, concurring in the necessity for such surgery are obtained prior to the performance or  
such surgery:

*Signature:* \_\_\_\_\_  
(Parent or Guardian)

I do not give my consent for emergency medical treatment of my child. In the event of illness  
or injury requiring emergency treatment, I wish day care authorities to take no action or to

\_\_\_\_\_  
(Specify Action)

*Signature:* \_\_\_\_\_  
(Parent or Guardian)

***In order to help Growing Station Day Care personnel in notifying you and the Family  
Doctor, please give the following Information:***

Name of Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Mother's Cellular/Pager: \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Father's Cellular/ Pager: \_\_\_\_\_

Father's Business Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

**Person authorized to act in behalf of the child if neither parent cannot be reached:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular/ Pager: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

**GROWING STATION DAY CARE PERMISSION FORM**

I hereby give my child \_\_\_\_\_, permission to participate in all activities of The Fullness of the Spirit Ministries Growing Station Day Care, including field trips. I understand that the fees paid for childcare may not cover the price for all field trips and activities. Therefore additional money may be required.

**Parental consent and medical release**

I do hereby acknowledge the intent of this day care and consent to my child participating. Should an accident occur necessitating medical treatment for my child, this document shall serve as my authorization for the emergency care physician to administer treatment he/she deems appropriate unless stated different. Further, I acknowledge my financial responsibility for any treatment rendered in such an emergency.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency phone number/ person

\_\_\_\_\_  
Home phone number

**PHOTO RELEASE FORM**

I give my permission for F.S.M. Growing Station to use images of my child taken at school or school-related events,( child's name) \_\_\_\_\_, in any Growing Station publications, teacher created art or crafts activity, school-web presentations, document classroom activities, advertising materials, and promotional materials. These may include use in print materials, presentations, and on Growing Station website. I understand that these photos will be used for the sole purpose of promoting or reporting on the Growing Station. Similarly, administrators may use video for documentations.

\_\_\_\_\_  
**Name of Parent or Guardian**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

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730 CANAL DRIVE  
CHESAPEAKE, VA 23323  
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### MEDICAL CONSENT FORM

Growing Station Day Care has my permission to administer the following to my child when needed and according to the dosage recommended by the manufacturer.

\_\_\_\_\_ Children's Tylenol  
\_\_\_\_\_ Pepto Bismol

### CONSENT FORM

Growing Station Day Care has my permission to administer the following to my child when needed and according to the directions recommended by the manufacturer.

\_\_\_\_\_ Sun Block  
\_\_\_\_\_ Bug Spray (OFF)  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

## GROWING STATION DAY CARE

### **PARENT AGREEMENT FORM**

1. I have been informed that a Parent Information Handbook is available online at [www.growingstation.org](http://www.growingstation.org) and available at our front desk. I agree to comply with all of the operating policies, procedures and state regulations as outlined in the handbook and within this contract.

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. I agree to honor all financial commitments to FSM Growing Station on a weekly basis, unless other arrangements have been made with the Administrator. **These financial responsibilities include the annual registration fee, tuition fees, late payment fees, late pick-up fees, returned check fees, court fee and attorney's fee (35% of my total balance) related to debt collection of my balance.**

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. I agree to provide the necessary supplies needed by my child on a daily basis.

\_\_\_\_\_ YES \_\_\_\_\_ NO

4. I give permission for my child to receive periodic developmental assessments to allow for individualized lesson planning by the teachers and to screen for special developmental needs.

\_\_\_\_\_ YES \_\_\_\_\_ NO

5. I give permission for my child to participate in all aspects of the educational program, including the use of age-appropriate playground equipment and participation in walking field trips on the school grounds and in the nearby residential area. I understand that I will be notified in advance of field trips for 3-12 year-old children which require motor vehicle transportation and I will have an opportunity to allow or disallow my child's participation in those field trips.

\_\_\_\_\_ YES \_\_\_\_\_ NO

6. I agree to abide by the illness criteria of the school and will pick up my child immediately when notified that my child is ill. I agree to return my child to the center only after the illness criteria for returning to school has been met.

\_\_\_\_\_ YES \_\_\_\_\_ NO

7. I agree to furnish the required medical immunization records, signed by a licensed physician, to the school prior to my child's enrollment in school.

\_\_\_\_\_ YES \_\_\_\_\_ NO

8. I agree also to provide the required physical examination and updated immunization records as required by the State Board of Health and outlined in the Parent's Handbook.

\_\_\_\_\_ YES \_\_\_\_\_ NO

9. I agree to pick up my child immediately if he or she demonstrates uncontrollable behavior, if my child becomes overly distraught with separation anxiety, or if my child threatens the well-being of the other children.

\_\_\_\_\_ YES \_\_\_\_\_ NO

10. I agree to give two weeks written notification of termination. If I do not, then I agree to pay the equivalent of two weeks' tuition upon my child's withdrawal from school.

\_\_\_\_\_ YES \_\_\_\_\_ NO

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**Parent's Signature**

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**Date**