

National Child Care Institute Scholastics Achievement Program



Parent /Guardian Personal Information

Mother:

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Employer's Name: _____

Father:

First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address: _____

Employer's Name: _____

Secondary Contact:

First Name: _____

Last Name: _____

Relationship to child: _____

Contact number: _____

Secondary Contact Number: _____

Child's Personal Information

First Name: _____ Middle : _____ Last Name: _____

Social Security Number: _____ Age: _____ Birth date: _____

Grade Level K 1 2 3 4

School Transfer Yes No

If yes, Name of School _____

Grade Level Transition

Tested: Yes No If yes, please see below:

Testing Facility _____

Date Tested _____

Grade Recommendation _____

Grade Admission _____

Does your child currently take Medication? Yes: _____ No: _____

If yes, please list them below:

Does your child currently allergies? Yes: _____ No: _____

If yes, please list the condition(s) below:

Does your child currently have any mental or physical conditions that might warrant a facilitator's assistance? Yes: _____ No: _____

If yes, please list the condition(s) and the assistance needed:

Please tell us about your child. Describe their likes and dislikes, their interests and dis-interested or any other pertinent information that will assist in your child's transition to our school

Who is Authorized to Pick up child? Please note identification will be required upon pickup in additional to a verbal or written advisory.

- 1.
- 2.
- 3.
- 4.

Signature: _____ Date: _____

Printed Name: _____

Medical Care Release

In the event I cannot be reached to make arrangements for medical attention at the time of an accident or illness, I authorize National Child Care Institute and its staff to permit emergency services to be provided, including; but not limited to: EMS, local hospital, emergency clinic, or physician/clinic care.

National Child Care Institute shall attempt have treatment provided at the physician or clinic listed below by parent or legal guardian. If listed physician or clinic is not available, National Child Care Institute shall determine an alternative treatment source. The Parent and/or legal guardian shall be solely responsible of all medical bills and charges.

I hereby release National Child Care Institute and its staff from any legal or monetary responsibilities for injuries and illnesses and agree to pay any and all charges. I authorize National Child Care Institute and/or its staff to transport my child for minor emergency care.

Printed Name of Student

Preferred Private Physician/Clinic Phone #

Preferred Private Physician/Clinic's Address

Preferred Hospital /Hospital Address/Telephone Number

Insurance Provider (please provide copy of insurance card)

Parent or Legal Guardian's Signature

Date

Liability Waiver

In order for your child or children to attend activities at NCCI , this liability waiver must be completed by each student(s) parents or legal guardian. Please read the following:

I hereby waive any claim of liability against the National Child Care Institute and its staff for any injuries incurred while attending its programs or while being transported to or from NCCI Youth Development Center. Students and their parents understand that injuries and accidents may occur while participating in physical activities, such as; but not limited to: Karate Class, outside play activities, after school care, dancing, music, art, exercising, or in transporting your child from his/her school to the National Child Care Institute or any other activities that have transportation provided by National Child Care Institute and its staff.

Printed Name of Student

Parent or Legal Guardian's Signature

Date

National Child Care Institute Scholastics Achievement Program

9908 Monroe Rd. Matthews, NC 28105
PH: 704 553 7272 FX: 866 222 1836



Scholastics Achievement Program

Payment Covenant

Dear Clients:

National Child Care Institute is a non-profit institution providing academic and after school enrichment services to our client's children at a competitive rate in order to provide flexibility and financial wellness to our clients. Our services include, but are not limited to, Summer Enrichment Camp, Pre cognitive Day Camp and After-school and Tutoring. Our goal is to assist children in their continued childhood development, while assisting them in becoming academically successful, so they might apply these skills to their everyday lives. The funding of our organization is based upon the financial contributions of our clients on a weekly basis. Our payment schedule is to receive payments on Monday no later than Tuesday of the current week in which services are being rendered. Receiving payments later than Tuesday of that same week will be considered late and a \$10.00 late fee will be attached to your weekly balance. After Tuesday there will be an additional \$2.00 a day added to your balance.

Deposits

We require a one week deposit if payment is rendered weekly. If payment is rendered biweekly we require a two week deposit before services can be rendered.

Pickup

National Child Care Institute has a responsibility to pick-up your child from their respective school each weekday. Please make every conscience effort to call National Child Care Institute if your child does not need transportation from NCCI. If National Child Care Institute goes to your child's school and he/she is not there, a fee of \$10.00 for each incident will be assessed to your weekly payment.

Hours of Operation

Our hours of operation begin at 6:00 am end at 7:00 pm. We do require prompt pick up for your child by 7:00 pm, a late fee will apply of \$1.00 per minute after 7:00 pm. During Mecklenburg County school breaks such as Spring Break and Winter Break there will be an additional \$20.00 fee assessed to your base rate for the extended hours of service. This applies to afterschool clients only.

Please sign below to acknowledge that you have read and understood our payment schedule and are in agreement.

Sign:

Date:

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