

National Child Care Institute

Precognitive & Preparatory School



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: _____
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: _____
Employer's Name: _____

Additional Emergency Contact:

First Name: _____ Last Name: _____
Contact number: _____ Relationship to child: _____
Secondary Contact Number: _____

Additional Emergency Contact:

First Name: _____ Last Name: _____
Contact number: _____ Relationship to child: _____
Secondary Contact Number: _____

Child's Personal Information

First Name: _____
Middle Name: _____
Last Name: _____
Social Security Number: _____ Age: _____ Birth Date: _____

Pick Up Authorization

Please list those authorized to pick up your child. Identification will be needed at the time of pick up.

1. _____ Contact number: _____
2. _____ Contact number: _____
3. _____ Contact number: _____

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

I have read and acknowledged the North Carolina Child Care Laws found in my application packet.

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date

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 illness-es 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. Students and their parents understand that injuries and accidents may occur while participating in physical activities, such as; but not limited to: 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, Field Trips, etc. 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

Payment Covenant

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 to provide flexibility and financial wellness to our clients. Our services include, but are not limited to, Summer Enrichment Camp, Precognitive Academia, Elementary school, After-school and Tutoring. Our goal is to assist children in their continued childhood/school-age 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.

Payment Schedule/Late Fees

Payments are due on Monday no later than Tuesday of the current week. Receiving payments later than Tuesday of that 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 \$3.00 a day added to your balance. If you fall behind more than 1 week on tuition your child will not be permitted to attend until payment in full has been made. Payments must be made on time to ensure your child's continued participation in the program. We accept the following payment types; cash, debit/credit card and money orders. We do not accept checks.

Tuition Deposits/Enrollment/Resource Fees

We require a one week deposit if payment is rendered weekly. If payment is rendered bi-weekly, we require a two-week deposit before services can be rendered. There is also an enrollment fee of \$45 due at the time of enrollment and a yearly resource fee of \$45 due in January of each year. If your child is out for a week or is present for one day in the week, you will be required to pay 50% of the tuition for that week. However, if your child is in attendance for 2 or more days, full tuition is due.

After-School Pickup

National Child Care Institute has a responsibility to pick-up your child from their respective school each weekday. Please make every effort to call National Child Care Institute if your child does not need transportation to NCCI from their respective school. If National Child Care Institute goes to your child's school and he/she is not there, a fee of \$20.00 for each incident will be assessed to your weekly payment.

Hours of Operation

Our hours of operation are from 7:00 AM to 7:00 PM. It is imperative that you make arrangements and every effort to have your child picked up before 7:00 PM. If your child is not picked up by 7:00 pm, a late fee will apply of \$5.00 per minute after 7:00 pm (based upon the school clock); this amount is due upon pickup or by the next morning.

Please be considerate of our staff by following the program operation hours. If a parent or authorized adult will be late, it is their responsibility to notify NCCI as soon as possible.

We understand that emergencies arise. We also understand that traffic can be challenging or hectic, but expect all children to be picked up on time. Traffic issues do not excuse the late fees. When your child is picked up late, our staff is required to remain working, therefore, unable to attend to commitments outside of school. We are happy to provide this service to our working parents, but would appreciate you honoring our policy. Thank you for your commitment to be on time to pickup your child or drop them off at the mandated time.

Please sign below to acknowledge that you have read and understand this information in its entirety.

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature:

Date

Updated: 1/3/2017