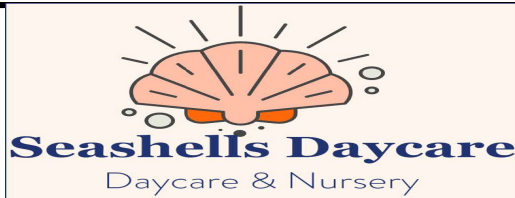


Enrollment Form:
Seashells Daycare
Sunnyvale, CA 94087
(408) 733-6739



GENERAL INFORMATION

New Enrollment How did you hear about us?
___ friends ___ relative ___ internet ___ other _____

E-mail address _____ Address already on file

PARENT INFORMATION

Name(s) _____
(Father's) Last First (Mother's) Last First

Address _____
Street Town Zip

Parents are: ___ Married ___ Widowed
___ Separated ___ Divorced ___ Child lives with father ___ Child lives with mother

Father's Employer _____ Work () _____ Cell () _____

Mother's Employer _____ Work () _____ Cell () _____

STUDENT INFORMATION

(1) _____ Grade Entering _____ Date of Birth _____
Last First Middle
Date of last tetanus booster _____ Any special medication, allergies to medicine or physical impairment

(2) _____ Grade Entering _____ Date of Birth _____
Last First Middle
Date of last tetanus booster _____ Any special medication, allergies to medicine or physical impairment

(3) _____ Grade Entering _____ Date of Birth _____
Last First Middle
Date of last tetanus booster _____ Any special medication, allergies to medicine or physical impairment

Emergency _____

EMERGENCY INFORMATION

Phone number () _____ Person to ask for _____ Relationship _____
(other than parent—a local person to care for child if we are unable to reach a parent or guardian)

() _____ Person to ask for _____ Relationship _____

() _____ Person to ask for _____ Relationship _____

Signature of Parent _____

Date _____

MEDICAL RELEASE INFORMATION

Family or Child's Physician _____ Office () _____
If I am unavailable, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia and surgery for my child if deemed necessary.

Signature of Parent

Date

FINANCIAL INFORMATION

Day Care rates will remain fixed throughout the entire year, your rate will be set by the age of your child in September and will not change at the child's birthday. Payments for Day Care must be paid weekly. If payment is withheld for two weeks, a \$ 10.00 penalty will be added. If payment is withheld beyond two weeks, your child must be withdrawn from Day Care until your account is current.

Please make all checks payable to Seashell Day Care.

Payment is required for the days in which you have reserved for your child, regardless of if they are in at-tendance.

Signature of Parent

Date

DISMISSAL NOTICE

I understand that Seashell Daycare reserves the right to dismiss my child if deemed necessary.

Signature of Parent

Date

HOME AND SCHOOL GUIDE AGREEMENT

My child and I agree to abide by the rules for the Sea Shells Daycare.

Parent's Signature _____

STUDENT ADVERTISEMENT PERMISSION & STATEMENT OF COOPERATION

I agree to allow Seashells Daycare the use of my child's picture (likeness) and/or name to appear in the , the Seashells Daycare website, and newspapers.

Parent's Signature _____

I understand the school policy on finances is that in the event of graduation, withdrawal, transfer, or expulsion, I am responsible for full payment of tuition and other fees through the end of the calendar month in which such event takes place. I understand the school may withhold records until tuition and other fees have been paid in full. I agree and give my support to these policies.

Parent's Signature