



small characters

Small Characters Enrollment Form

Child's Name:		Birthday:	Grade:	School:
Child's Name:		Birthday:	Grade:	School:
Parent/ Guardian's Name:	Home Address:	Email:		
		Work Name and Address:		
Home Phone:		Cell Phone:	Work Phone:	
Preferred method of contact when your child attends the center? <input type="checkbox"/> Email <input type="checkbox"/> Cell <input type="checkbox"/> Work				
Parent/ Guardian's Name:	Home Address:	Email:		
		Work Name and Address:		
Home Phone:		Cell Phone:	Work Phone:	
Preferred method of contact when your child attends the center? <input type="checkbox"/> Email <input type="checkbox"/> Cell <input type="checkbox"/> Work				

Other Authorized Persons for Pick-up of Children (IDs will be verified of those not familiar to staff):

Name:	Relation:	Phone Number:
Name:	Relation:	Phone Number:
Name:	Relation:	Phone Number:

Emergency Contacts (NOT PARENTS) These people can assume responsibility for the child in the event of an emergency if the parent/guardians cannot be reached immediately.	Name: _____
	Phone: (Home/Cell) _____ (Work) _____
	Address: _____
	Name: _____
	Phone: (Home/Cell) _____ (Work) _____
	Address: _____



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EMERGENCY/MEDICAL INFORMATION	Child's Name: _____ Child's Name: _____
Allergies, Chronic Medical Conditions & Immunization History:	
Primary Hospital Name, Address and Phone Number:	
Physician Name, Address and Phone Number:	
Dentist Name, Address and Phone Number:	

Payment Terms:

Tuition payments are due prior to program start date each month. Payments may be made with cash, check, debit or credit.

By signing below, I affirm that I have the lawful right to enroll the child in the program(s), and that I am authorized to act on the child's behalf. Further, I consent that I have read and understand the Parent Handbook, and the Disciplinary Policy referenced therein, and I agree to comply with all relevant provisions of those documents. In addition, I have notified all authorized persons identified above of their responsibilities under the Parent Handbook and agree that I may be held responsible for the actions of any authorized person.

I hereby grant permission for Small Characters to take whatever steps necessary to secure emergency medical and/or surgical treatment for the above-named minor child while in the care of Small Characters.

Consent / Release Agreement

On behalf of the above-named minor child and as said child's legal representatives, I hereby release and agree to hold harmless the Small Characters and its representatives and agents from all claims or liability for damages and/or injuries to or incurred by said child in connection with any event or activity.

Print Name: _____

Signature: _____

Date: _____

OFFICE USE:

Date Enrolled _____ **Email/Welcome Letter** _____ **Scan** _____ **Copy** _____ **QB** _____



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Small Characters Parent Agreement

Please Initial

1. _____ I have read and understand the Policies and Procedures provided by Small Characters and will obey all policies.
2. _____ I grant my child permission to participate in all program activities and use all play equipment with the following exceptions. (This information must be listed on the child's enrollment form as well):
_____.
3. _____ I give permission for my child to be photographed or videotaped for the purpose of promotions or publicity of Small Characters, LLC.
4. _____ I give my child permission to be included in any field trip or excursions that the program schedules. Transportation for these trips will be provided by Small Characters or by chartered vehicles whether walking or riding.
5. _____ I hereby agree to make tuition payments in accordance with the payment schedule. I understand that a late fee of \$50.00 will be assessed if payment is made after the session due date. I understand that failure to make payments by the due date may result in the withdrawal of my child from the program until all programs fees are paid in full.
6. _____ I agree to comply with the regulations regarding program hours and pick up times. I understand that late pick up fees will be given based on the pick-up time after the scheduled program closing time. Fees must be paid within 48 business hours.
7. _____ I ask and grant permission to Small Characters to allow my child to utilize sunscreen, lotion and/or bug spray if necessary according to Small Characters Staff. Small Characters will apply sunscreen on children under 5 years old. Parents can provide lotion/sunscreen for their child, but they must put their child's full name on the bottle.
8. _____ I hereby grant my child permission to watch PG rated movies.
9. _____ I hereby authorize that my child is in good health.

Child's Name _____ Age _____

Child's Name _____ Age _____

Print Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Date _____