

Start date _____

Firefly Children's Center

CHILD APPLICATION FORM

Child's Name: _____

Date of Birth: _____ Female ____ Male ____ NickName: _____

ENROLLING:

____ Child Care ____ Preschool (9-12 only)

____ Year Round ____ School Year Only

Mother's Name _____ Father's Name: _____

Mother's Occupation _____ Father's Occupation _____

Hours at Work _____ Hours at Work _____

Mother's Email _____

Illnesses, accidents, and surgery child has had (please include childhood diseases and specify allergies):

Please explain family structure and dynamics of all people directly influencing your child.

Does your child special toy or item/object that they use to comfort themselves? Y or N If so, what is it? _____

Has your child had previous child care experiences? Y or N If yes, where? _____

Does your child have any physical, mental or emotional handicaps? Y or N If yes, please describe: _____

Does your child take a nap? Y or N if so, when? _____ how long? _____ and routine? _____

Is your child potty trained or in the process of? Y or N if so, what is your process? _____

I give my permission for my child: (Please initial appropriate spaces.)

Y or N To participate in all planned activities at Firefly, including outdoor play and walks. I will be responsible for providing appropriate clothing.

Y or N To have my his/her photo taken for newspaper articles or the Firefly website, Facebook and bulletin board.

Child Care/Preschool Agreement

My child, _____, will attend Firefly on:

Monday From:_____ To:_____ Tuesday From:_____ To:_____

Wednesday From:_____ To:_____ Thursday From: _____ To:_____

Friday From:_____ To:_____

These days are Contracted or Uncontracted (circle one) and my daily rate is \$_____.

I agree to enroll my child in Firefly:

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

(Except in cases of sole custody, both parents' signatures are required for admission.)

Fee Schedule

I have read the Tuition Schedule and Firefly Handbook which is located at www.fireflymt.com, and understand that the fee is due on or before the 1st of the month. If I fail to pay by the 15th of the month and do not make other arrangements with the Administrator, my child's place will become available to children on the waiting list.

I agree to pay in advance: _____MONTHLY _____BI-WEEKLY (1st and 15th of the month)

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Please return this application form with the required \$100 registration/supplies fee. This ensures your place on the waiting list for Firefly Children's Center. You will be notified by the director as soon as there is an opening for your child. The application fee is non-refundable.