



# Firefly Child Application Form

2024 - 2025 School Year

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Female \_\_\_\_\_ Male \_\_\_\_\_ Nick Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

**ENROLLING:**

\_\_\_\_\_ Child Care (Half Day or Full Day) (Select one)  
\_\_\_\_\_ Year-Round \_\_\_\_\_ School Year Only (September 1<sup>st</sup>-May 31<sup>st</sup>) (Select one)

**FAMILY INFORMATION:**

Primary Parent/Guardian: \_\_\_\_\_ Secondary Parent/Guardian: \_\_\_\_\_  
Cell # & carrier: \_\_\_\_\_ Cell # & carrier: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_ Hours at Work: \_\_\_\_\_  
Email: \_\_\_\_\_ 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 have a special toy or item/object that they use to comfort themselves? \_\_\_\_\_ If so, what is it?  
\_\_\_\_\_

Has your child had previous childcare experiences? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does your child have any physical, mental or emotional handicaps? \_\_\_\_\_ If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ If so, when? \_\_\_\_\_ How long? \_\_\_\_\_

Is your child potty trained or in the process of? \_\_\_\_\_ If so, what is your process? \_\_\_\_\_  
\_\_\_\_\_

I give my permission for my child: (Please circle appropriate responses.)

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 his/her photo taken for newspaper articles or the Firefly website, Facebook and bulletin board.

## Child Care/Preschool Agreement

I understand and agree to the following:

- My child, \_\_\_\_\_, will attend Firefly Children's Center on:  
  
Monday      From: \_\_\_\_\_ To: \_\_\_\_\_  
Tuesday     From: \_\_\_\_\_ To: \_\_\_\_\_  
Wednesday   From: \_\_\_\_\_ To: \_\_\_\_\_  
Thursday    From: \_\_\_\_\_ To: \_\_\_\_\_  
Friday      From: \_\_\_\_\_ To: \_\_\_\_\_
  
- These days are Contracted (you pay whether you attend or not) and my tuition rate is \$\_\_\_\_\_ per month.
- To request a change to your current schedule or withdraw, you must turn in a Schedule Change Request form.
- The information on this form is correct and will enroll my child in Firefly Children's Center.
- I have received a copy of the Parent handbook via email or hard copy, and I agree to abide by all terms in the Parent Handbook.
- Tuition is due on the 1st of the month OR the 1<sup>st</sup> and the 15<sup>th</sup> of the month. If my payments are not made on time, I understand that my child's place will become available to children on the waiting list.
- I agree to pay in advance: \_\_\_\_\_MONTHLY or \_\_\_\_\_BI-WEEKLY (1st and 15th of the month).
- The annual registration fee of \$100 for one child or \$150 for multiple children is due at the time of enrollment, and July 1<sup>st</sup> each consecutive year to ensure your child's placement in the facility.
- There is a late fee of \$25 that will be assessed on the 5<sup>th</sup> and/or the 20<sup>th</sup> and \$5 each day thereafter until payment is made for delinquent payments.
- I will be charged \$1.00 per minute per child that my child is in attendance past their scheduled time, paid the following day.
- I am required to provide one-month written notice of termination of enrollment that will take effect on the following 1<sup>st</sup> of the month.
- This contract begins September 1<sup>st</sup>, 2024 and will expire on the 31st of August 2025

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

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### **Best Beginnings Applicants Only - Please Initial**

\_\_\_\_\_ I understand I am responsible for charges that the Best Beginnings scholarship does not cover, and will sign a monthly payment agreement.

\_\_\_\_\_ I understand I am responsible to file the proper paperwork with the Nurturing Center on time to receive the benefits of the Best Beginnings scholarship. If I do not and I accrue an unpaid balance, I am responsible for that bill.

\_\_\_\_\_ I understand I have been approved through the Nurturing Center for a certain number of hours per week and if my child is here for over the set amount, I am responsible for the additional fees. I am responsible for understanding and knowing the approved number of hours.

\_\_\_\_\_ I understand that if my child misses a day that they are scheduled, I am financially responsible for days that my child does not attend.