

*Huckleberry Cheesecake
Child Development Center*

REGISTRATION FORM

Application Date: _____ **Desired Start Date:** _____

Child's Name: _____

(Last) (First) (Middle) (Nickname)

Age: _____ **Date of Birth:** _____ **Sex:** _____ **Lives with:** _____

Home Address: _____

Home Phone: _____ **Number of Siblings:** _____ **Ages:** _____

PARENT/GUARDIAN INFORMATION

PARENT'S Name: _____ **Employer:** _____

Business Address: _____

Home Phone: _____ **Office Phone:** _____ **Cellular:** _____

Email Address: _____

PARENT'S Name: _____ **Employer:** _____

Business Address: _____

Home Phone: _____ **Office Phone:** _____ **Cellular:** _____

Email Address: _____

GUARDIAN'S Name _____ **Home Phone:** _____ **Office Phone:** _____

Relationship: _____ **Address:** _____

EMERGENCY CONTACT PERSON if parent cannot be reached: _____

Relationship: _____ **Address:** _____

Home Phone: _____ **Office Phone:** _____ **Cellular:** _____

2001 M Street, NW
Washington, DC 20036

Email: hci4@erols.com
www.huckleberrycheesecake.com

Phone # (202) 467-4202
Fax # (202) 467-4129

Persons Authorized to Pick Up Child/Visit Center

Name	Day Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorization for Emergency Medical Treatment

In the event that my child becomes ill or involved in an accident and I cannot be contacted, I authorized the following hospital or physician to provide required medical emergency treatment:

Hospital: George Washington University Hospital
Address: 900 23rd Street, NW Washington, DC 20037 **Phone:** (202)715-4000
Physician: _____
Address: _____ **Phone:** _____

I give Huckleberry Cheesecake permission to transport my child for such care or to seek professional transport service. I accept responsibility for any necessary expense incurred in the medical treatment of my child which is not covered by the following health insurance.

Health Insurance Company: _____
Policy Number: _____ **Type of Coverage:** _____

Child's known allergies or physical condition: _____

Authorization for Field Trips/Outing Participation

I give my permission to include my child on any field trips or outings which may be taken in conjunction with Huckleberry Cheesecake programs. I understand that such field trips and outings may involve the use of public transportation, and that I will be notified of such field trips or outings in advance.

I understand that it is part of Huckleberry Cheesecake's programs that all children participate in some form of daily outdoor activity, weather permitting.

Non-Solicitation

The Parent shall not, from the date of this contract until one year after expiration of this contract, solicit or induce any employee of Huckleberry Cheesecake to leave the employment of Huckleberry Cheesecake to perform full-time services for the Parent.

I hereby contract to enroll my child, _____ as a student of Huckleberry Cheesecake beginning on the _____ day of _____, _____. In contracting for the enrollment of my child, I understand and fully accept and agree with the following terms of this Tuition and Enrollment Agreement.

- A. Tuition of the current calendar year is \$ _____ per month.
- B. A Security Deposit equal to one month's tuition is due prior to enrollment. The Security Deposit will be applied to my child's LAST month's tuition, PROVIDED that Huckleberry Cheesecake has received written notification of withdrawal no later than the first day of the month PRECEDING my child's withdrawal date.
- C. There is an annual non-refundable Registration fee of \$_____.
- D. There is a \$50.00 bounced check charge for each check tendered in payment of any fee which is dishonored by the payer's bank.
- E. Tuition is due BY the first day of each month. A fee of \$15.00 per day is charged for late payment. An account which is fifteen (15) days in arrears may result in dismissal of the child.
- F. There will be NO tuition refunds for days my child missed due to illness, vacation, or any other reason.
- G. Huckleberry Cheesecake may terminate your child's enrollment upon 30 days notice if the following conditions arise.
 - a) In the judgement of Huckleberry Cheesecake's director, the child's behavior threatens the physical or mental health of other children in the center.
 - b) In the judgement of Huckleberry Cheesecake's director, the Center's program does not meet the developmental or special needs of your child.

Signature

In signing this Registration Form and Enrollment and Tuition Agreement, I affirm that I have read and understand it's contents and agree to be bound by it's provisions.

Signature (Parent or Guardian)

Date

Signature (Parent or Guardian)

Date

Huckleberry Cheesecake

Huckleberry Cheesecake hereby accepts the enrollment of the child named above and acknowledges payment of \$_____Registration fee and \$_____ Security Deposit for said child.

Start Date:_____

Huckleberry Cheesecake-Title

Date