



STUDENT APPLICATIONS MUST BE COMPLETED AND TURNED INTO THE JOY CENTER OFFICE, WITH THE REGISTRATION FEE, A MINIMUM OF 3 BUSINESS DAYS PRIOR TO THE CHILD'S START DATE.

## JOY Center Student Application and Parent Contract

*Thank you for your time in completing this form in its entirety. Your child's emergency information is critical and the profile information will help us to create a program that meets your child and family's needs.*

4 digit security code to use in the front door and touch pad sign-in system: \_\_\_\_\_ or \_\_\_\_\_

Child's last name \_\_\_\_\_ First name \_\_\_\_\_ DOB \_\_\_\_\_ Start date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_

Parent / Guardian Information (MUST complete all blanks. "SAME" or "SEE ABOVE" may not be used)

Mother's Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work name \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work name \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

In the case of illness or emergency, in what order shall we call parents? \_\_\_\_\_  
Use work or cell phones frst? \_\_\_\_\_

Marital status of parents: [ ] married [ ] separated [ ] divorced [ ] widowed [ ] single parent  
If two households are represented, how is custody divided? \_\_\_\_\_

Person responsible for child's tuition \_\_\_\_\_ initial \_\_\_\_\_

\_\_\_\_\_ initial I/We have received a copy of JOY Center Parent Handbook in accordance with OCDEL 55PA Code Chapters 3270.121, 3280.121. and agree to abide by its policies and programs outlined.

\_\_\_\_\_ initial I/We understand that enrollment in *Tuition Express* is not mandatory and parents have the option of other forms of payment until the point of the account being more than 1 week delinquent when at that time, Tuition Express will become mandatory to continue services.

\_\_\_\_\_ initial I/We give permission for my child to be photographed and /or videotaped and the images to be used on the JOY Center website or other ongoing advertising campaigns. Such pictures are the property of JOY Center. OR (see next option)

\_\_\_\_\_ initial I/We give JOY Center permission for my child to be photographed and used only in classrooms and in items shared with JOY Center families via printed copies or electronic transmissions.

\_\_\_\_\_ initial I/We understand that parents are responsible for a packed lunch . JOY Center provides a morning snack served with water as well as an afternoon snack and water. We provide milk with lunches.

\_\_\_\_\_ initial I/We understand that a seasonal change of clothing is to be kept at the center and replaced the following day of care following use. Parents will be called to provide items that are not supplied as agreed.

\_\_\_\_\_ initial I/We understand that parents are required to carry medical insurance on the enrolled child.

\_\_\_\_\_ initial I/We understand and agree to comply with the sick child policy and illness plan as described in the JOY Center parent handbook.

\_\_\_\_\_ initial I/We agree to update the Parental Consent/Emergency Contact Form information whenever changes occur or every 6 months at a minimum (OCDEL 55 PA Code Chapter 3270.124, 3280.124)

\_\_\_\_\_ initial I/We understand that JOY Center reserves the right to terminate this contract if the parent/guardian does not meet the outline terms of this agreement.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Days/Times my child will attend JOY Center (times may be approximate)

\_\_\_\_\_ Monday from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Tuesday from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Wednesday from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Thursday from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Friday from \_\_\_\_\_ to \_\_\_\_\_



## Parental Consent and Emergency Information

### Child Information

Child's last name \_\_\_\_\_ First name \_\_\_\_\_ DOB \_\_\_\_\_ Start date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_

### Parent / Guardian Information

Mother's Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work name \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work name \_\_\_\_\_ Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

### In case of emergency or illness, a LOCAL contact who is authorized to pick up your child

Last name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ Best contact phone number(s) \_\_\_\_\_  
Last Name \_\_\_\_\_ First name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ Best contact phone number(s) \_\_\_\_\_

### The following physician is authorized to give emergency care to my child

Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Complete address \_\_\_\_\_  
Medical Insurance \_\_\_\_\_ ID/Group # \_\_\_\_\_  
If unavailable, what hospital is authorized to treat my child? \_\_\_\_\_

### The following dentist is authorized to give emergency care to my child

Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Complete address \_\_\_\_\_  
Dental Insurance \_\_\_\_\_ ID/Group # \_\_\_\_\_

Parent **signature** is required below per OCDEL for each item below indicating parental consent

\_\_\_\_\_ obtaining emergency medical care \_\_\_\_\_ wading (water play)  
\_\_\_\_\_ walks & trips as announced \_\_\_\_\_ administration of minor first aid  
\_\_\_\_\_ transportation by our facility (planned, or in an emergency)

Who, other than parents, is authorized to pick up your child from JOY Center?

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Complete address (to match to photo ID)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Complete address (to match photo ID)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Complete address (to match photo ID)

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Does your child.....

Have any allergies? \_\_\_ If so, what? \_\_\_\_\_ Minor \_\_\_ Moderate \_\_\_ Severe \_\_\_

Have any fears? \_\_\_\_\_

Have any medical conditions? \_\_\_\_\_ Minor \_\_\_ Moderate \_\_\_ Severe \_\_\_

Take medications on a regular basis? \_\_\_\_\_ For? \_\_\_\_\_

Medication on Site? \_\_\_\_\_

Has your child been diagnosed with any developmental or learning disorder? \_\_\_\_\_

\_\_\_\_\_ Does your child have a current IEP? \_\_\_\_\_

Is your child attended to by any speech, occupational, or physical therapists? \_\_\_\_\_

If so, please explain the nature of what qualifies your child for services \_\_\_\_\_

Do you have concerns about your child's development? \_\_\_\_\_

Language(s) spoken in the home \_\_\_\_\_

Is there anything else you'd like to share about your child or are there any suggestions for your child's care you'd like to make?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_