



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 DPW 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 (DPW 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 _____



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, 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 # _____

If unavailable, what hospital is authorized to treat my child? _____

Allergies _____

Medication on Site? _____

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

_____ obtaining emergency medical care _____ administration of minor first aid

_____ walks and trips as announced _____ wading (water play)

_____ transportation by our facility (planned, or in an emergency)

Who, other than parents, and those listed as Emergency Contacts, 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)

Does your child.....

Have any allergies? _____ Minor, Moderate, or Severe? _____

Have any fears? _____

Have any medical conditions? _____

Take medications on a regular basis? _____ For? _____

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?

