

**ROSE MEKEEL CHILD CARE CENTER ENROLLMENT  
APPLICATION**

Date \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Registration Fee \_\_\_\_\_ Security Deposit \_\_\_\_\_

Check one: University Student \_\_\_\_\_

Faculty/Staff \_\_\_\_\_

Community \_\_\_\_\_

**Family Information**

*Child's Name* \_\_\_\_\_

Birthdate \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company Name and Number for child

\_\_\_\_\_

Home Address \_\_\_\_\_

*Mother's/Guardian Name* \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

E Mail \_\_\_\_\_

*Father's/Guardian Name* \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

E mail \_\_\_\_\_

Sibling(s) Name and age

\_\_\_\_\_

**Medical Information**

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Family History of Bee Stings \_\_\_\_ No \_\_\_\_ Yes\_\_

*Emergency Contact:(other than parents)*

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

*My child can be released to:*

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone# \_\_\_\_\_

**Tuition Information**

Check one:

*Pre School Age 3-5*

Student Rate: (\$6.50/hour) \_\_\_\_\_

Faculty/Staff/Community Rate: (\$209.00/week) full time care \_\_\_\_\_

(\$46.00/day) full day \_\_\_\_\_

(\$41.00/day) 1/2 day \_\_\_\_\_

*Toddler Age 1 yr*

Student Rate (\$7.50 /hour) \_\_\_\_\_

Faculty/Staff/Community Rate :(\$280.00 /week)full time care \_\_\_\_\_

(\$61.00 /day) full day \_\_\_\_\_

(\$50.00 /day) 1/2 day \_\_\_\_\_

*Toddler Age 2 yr*

Student Rate(7.50/hour) \_\_\_\_\_

Faculty/Staff/Community Rate: (\$265.00/week) full time care \_\_\_\_\_

(\$58.00/day) full day \_\_\_\_\_

(\$47.00/day) 1/2 day \_\_\_\_\_

Please be aware that tuition rates and payments will be assessed every year.

**Parental Consent**

Sign the following items for which you give written consent:

\_\_\_\_\_ emergency first aid by the staff

\_\_\_\_\_ emergency medical care at the hospital

\_\_\_\_\_ administration of medication(prescription)

after signing the medication log

\_\_\_\_\_ speech/hearing screening if deemed

necessary

\_\_\_\_\_ campus field trips

\_\_\_\_\_ university student experiences

**Tuition Agreement**

Upon completion of the application form, a \$25.00 registration fee, and a security deposit equal to one week's tuition, the center agrees to provide an age appropriate child care experience for your child/children for the year.

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# Child's Schedule

Name \_\_\_\_\_

Age Group- Toddler 1  
Toddler 2  
Pre K 3 year old  
Pre K 4 year old

Monday	Tuesday	Wednesday	Thursday	Friday

I agree to pay the monthly tuition of \$ \_\_\_\_\_ . I understand that the tuition will be billed 2 weeks in advance of services and non payment may result in dismissal from the program.

Signature (Mother/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Signature (Father/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Director's Signature \_\_\_\_\_

6 month review Signature \_\_\_\_\_

Date \_\_\_\_\_

12 month review Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this application and a \$25.00 registration fee to:  
Mekeel Child Care Center  
200 Prospect St.  
East Stroudsburg University  
East Stroudsburg, Pa. 18301