

If your child does not have Health Ins. or you would like additional Ins., you can purchase Miss Fran's Early Learning Center Student/Accident Insurance for \$30 a school year. Check yes to purchase _____.

Persons authorized to pick up child:

Child will be released only to the parents or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from Miss Fran's Early Learning Center in case of illness, accident or emergency, if the custodial parent or legal guardian cannot be reached:

Name Address Phone #

Name Address Phone #

Name Address Phone #

Name Address Phone #

Name Address Phone #

ARTICLE XII, B PBC Rules require the parent and Miss Fran's ELC to complete an Alternate Nutrition Plan Agreement:
P – Parent provides / C – Center (Miss Fran's ELC) provides

P

C

P

C

P

P

Breakfast

A.M. Snack

Lunch

P.M. Snack

Dinner

Evening Snack

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals/snacks to meet my child's nutritional and the dietary needs.

Signature of Parent/Guardian Date

I hereby give permission for Miss Fran's Early Learning Center to use my child's photograph, video image and name in classrooms, monthly newsletters, newspapers articles, graduation programs, school productions, website www.missfransec.com, Miss Fran's Early Learning Center Facebook page and/or similar school media. I understand that, without my signature, my child's name and photograph cannot and will not be included in any publications or presentations.

ARTICLE IV, C, 5 PBC Rules requires that parents are notified in writing of the disciplinary practices used by the child care facility. I have received the disciplinary practices used by Miss Fran's ELC.

ARTICLE XV, B, 7, a, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER. I have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER.

Your signature below indicates that you understand and agree to all PBC Rules and all statements on this application. Also, that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian Date

* I was referred by: _____