



222 West Center Street, Medina NY 14103

Phone: 585-798-2121, praisingkidsccc@gmail.com

Director: Kimberly Southcott

Enrollment Contract

Child's name: _____ Gender _____

Address: _____

Phone Number: _____ Birth Date _____

Guardian

Parent/Guardian: _____

Relationship to child: _____

Home Phone _____ Cell # _____ other: _____

Employer: _____ Address: _____

Parent/Guardian: _____

Relationship to child: _____

Home Phone _____ Cell # _____ other: _____

Employer: _____ Address: _____

Parent/Guardian: _____

Relationship to child: _____

Home Phone _____ Cell # _____ other: _____

Employer: _____ Address: _____

Medical

Name of Physician: _____ Phone # _____

Dentist: _____ Phone # _____

Allergies: _____

Emergency Action If needed:

Financials

Name (of financially responsible party): _____ Date _____

Name of Child _____

Room Assignment (Choose One): Infants (Birth-18 Months), Toddlers (18mon. to 3 yrs.), Preschool 3yrs.- 5yrs.), School-Age (5yrs.-12yrs.)

Days Attending and Time:

M _____ T _____ W _____ TH _____ F _____

Rate of Pay: _____

Enrollment Fees: _____ \$45.00 _____

Type of Payment: Credit _____ Cash: _____ Check: _____,

Brightwheel: _____, Card _____

CACPF meals received:

Breakfast (5:45 am-9 am) _____ Lunch (11:00am -12:00pm) _____

Snack (2:30pm-4pm) _____

Parents Signature: _____ Date: _____

