



ISM USE ONLY
 Reg. Fee Paid _____ CK # _____
 Enrolled Days _____
 Admission Date _____
 Discharge Date _____

110 Commercial Suite 102 Marshfield, MO 65706 ph. (417)859-6055 www.ImaginationStationExpress.com

Imagination Station Enrollment Form

Date Form Completed _____

Student's Full Name _____ Age Today _____

Date of Birth _____ First _____ Middle _____ Last _____
 Male or Female _____ Home Phone # _____

Primary Address _____

Check All That Apply:

PRESCHOOL (ages 3/4/5) Half Day a.m. (8:30am-11:30 am) T&Th \$120/month* (set rate Aug 23--May 16)
 Full Day (7:30am-6:00pm) T&Th \$200/month* (set rate Aug 23--May 16)

SCHOOL AGE (K-6th) After School (3:30-6:00pm) M-F \$120/month* (set rate Aug. 18-May 16 –approx. \$6/day)
 “Art & Fitness Program” (After School Rate includes early release ½ days)

SUMMER PROGRAM Full Day Part Day T&Th \$25/full day \$15/half day

All rates are a set monthly rate regardless of absences, holidays or inclement weather/cancellations.

* ACH automatic monthly payment registration is required to enroll *

A non-refundable **\$25.00 registration fee** is due in May *each year* to reserve your child's yearly spot.

Mother's Name _____

Mother's Employer/ Occupation/Address _____

Work Phone _____ Days & Hours of Employment _____

Mother's Email Address _____ Mother's Cell Phone _____

Father's Name _____

Father's Employer/Occupation/Address _____

Work Phone _____ Days & Hours of Employment _____

Father's Email Address _____ Father's Cell Phone _____

Other Children living in home & ages _____

Are the enrolled child's Mother and Father married to each other? Yes / No

EMERGENCY INFORMATION

Please list Name, Phone Number and Address of **alternate emergency contact** other than parents. (One Required)

1. _____

2. _____

Student Medical Concerns or Restrictions: _____

List **ALL** Known Allergies: _____

Any Additional Information We Need to Know About Your Child or Family: _____

Is Child Current with Immunizations? _____

PERSON(S) AUTHORIZED TO TAKE CHILD FROM IMAGINATION STATION

Name(s)/Contact Number/Relationship _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Imagination Station Staff to contact the following:

PHYSICIAN OR CLINIC

Doctor _____ Doctor Phone _____

Address _____

Preferred Hospital _____ Hospital Phone _____

Address _____

WALKING FIELD TRIPS

I DO **I DO NOT** (Please initial your check mark)

GIVE CONSENT FOR MY CHILD TO TAKE WALKING FIELD TRIPS / EXCURSIONS WITH IMAGINATION STATION TO MARSHFIELD COMMUNITY GYM, PUBLIC LIBRARY, ROTARY PARK, JUBILEE THEATER, ETC. UNDER STRICT SUPERVISION. I WILL BE INFORMED IN ADVANCE OF ALL FIELDTRIPS/EXCURSIONS.

ENROLLMENT AGREEMENTS

- A. I have received a copy of this facility’s policies pertaining to the admission, care and discharge of children.
- B. I am welcome to review a copy of the licensing rules for child care centers, available at the facility.
- C. When my child is ill, I understand that my child may not be accepted or remain in care.
- D. I understand that open communication is encouraged between teachers and parents regarding my child’s development, behavior and individual needs and will be kept confidential.
- E. I agree to a *minimum enrollment of 3 months*, after such period, a written **ONE MONTH NOTICE WITH PAYMENT**, is required for permanent withdrawal. No refunds or credit will be given.
- F. **I agree to enroll in ACH** for automatic monthly payments deducted on the 15th of each month.
- G. I understand that missed days will not be refunded, credited or forwarded to the next month.
- H. I give Imagination Station permission to use group activity photos with my child in them for the local newspaper, on display at the facility, or on the Imagination Station website for the purpose of promoting their business. Children will not be named in photos without parent permission.
- I. I hereby give my child permission to attend Imagination Station and release Imagination Station from claims for damages or injuries incurred while participating in the program. (As a precaution, Imagination Station does carry liability insurance coverage).

Parent/guardian Signature

Date

Parent/guardian Signature

Date

Please Deliver or Mail This Completed Form and \$25 *Registration Fee* To:
Imagination Station 110 Commercial, Suite 102 Marshfield, MO 65706
(417) 859-6055