



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 _____

First Middle Last

Date of Birth _____ Male or Female _____ Home Phone # _____
 Primary Address _____

Daily Rates: \$30/full day for 2 year olds \$28/full day for ages 3-5 \$25/full day for School Age
8:30-11:30 Part Day Rates: 2 yr olds \$18/part day Ages 3-5 \$15/part day

PRESCHOOL:

2 year olds Part Day (8:30am-11:30am) M&W or T&Th \$140/mnth M/W/F or T/Th/F \$210/mnth M-Th \$280/mnth M-F \$350/mnth
 Full Day (7:00am-6:00pm)* M&W or T&Th \$240/mnth M/W/F or T/Th/F \$360/mnth M-Th \$480/mnth M-F \$570/mnth
(5% full-time discount)

3-5 year olds Part Day (8:30am-11:30am) M&W or T&Th \$120/mnth M/W/F or T/Th/F \$180/mnth M-Th \$240/mnth M-F \$300/mnth
 Full Day (7:00am-6:00pm)* M&W or T&Th \$225/mnth M/W/F or T/Th/F \$335/mnth M-Th \$450/mnth M-F \$530/mnth
(5% full-time discount)

*Our Preschool teachers leave between 3-4:30 daily. Students after 4:00pm will be in a mixed age group.)

SCHOOL AGE: (K-6th) After School (3:30-6:00pm) M-F \$120/month (set rate Aug. 14-May 21) SUMMER \$25/full day
 "Art, Fitness & Fun Program" (When Marshfield schools are out there is no after school program but we do offer full day childcare for School age students at an additional charge of \$25/full day)

All tuition is due monthly regardless of absences, holidays or inclement weather/cancellations.

* ACH automatic monthly or bimonthly payment registration is required to enroll *

A non-refundable **\$25.00 registration fee** is due upon enrollment to reserve your child's 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: _____

(PLEASE CONTINUE ON BACK)

Imagination Station Enrollment Form cont.

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 choice)

GIVE CONSENT FOR MY CHILD TO TAKE WALKING FIELD TRIPS / EXCURSIONS WITH IMAGINATION STATION TO MARSHFIELD COMMUNITY CENTER GYM, RETROZONE ARCADE, PUBLIC LIBRARY, ROTARY PARK, ETC. UNDER STRICT SUPERVISION. I WILL BE INFORMED IN ADVANCE OF ALL OFF-SITE 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 childcare 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. Parents/Guardians of students enrolling or enrolled at Imagination Station may request notice at any time during enrollment of students currently enrolled having immunization exemption on file.
- F. 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.
- G. I agree to enroll in ACH withdraw for automatic monthly payments deducted on the 1st and/or 15th of each month.
- H. I understand that missed days will not be refunded, credited or forwarded to the next month.
- I. 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.
- J. 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