National Child Care Institute
Precognitive & Preparatory School

Parent /Guardian Personal Information

Mother:

First Name: _____
Middle Name: _____
Last Name: _____

Social Security Number: _____
Street Address: _____

City: _____ St: _____Zip: _____

Home Phone: _____

Work Phone: _____
Mobile Phone: _____
Email: _____
Employer's Name: _____

Father:

First Name: _____
Middle Name: _____
Last Name: _____

Social Security Number: _____
Street Address: _____

City: _____ St: _____Zip: _____

Home Phone: _____

Work Phone: _____
Mobile Phone: _____
Email: _____
Employer's Name: _____

Additional Emergency Contact:

First Name: _____ Last Name: _____
Contact number: _____ Relationship to child: _____
Secondary Contact Number: _____

Additional Emergency Contact:

First Name: _____ Last Name: _____
Contact number: _____ Relationship to child: _____
Secondary Contact Number: _____

Child's Personal Information

First Name: _____
Middle Name: _____
Last Name: _____
Social Security Number: _____ Age: _____ Birth Date: _____

Pick Up Authorization

Please list those authorized to pick up your child. Identification will be needed at the time of pick up.

1. Contact number:
2. Contact number:
3. Contact number:

National Child Care Institute Precognitive & Preparatory School
After school — Summer Camp
9908 Monroe Rd. Matthews, NC 28105
PH: 704 553 7272 FX: 704 774 4334

Does your child currently take Medication? Yes: _____ No: _____

If yes, please list them below:

_____
_____
_____

Does your child currently have any known allergies? Yes: _____ No: _____

If yes, please list the condition(s) below:

_____
_____
_____

Does your child currently have any mental or physical conditions that might warrant a facilitator's assistance? Yes: _____ No: _____

If yes, please list the condition(s) and the assistance needed:

_____
_____
_____

Please tell us about your child. Describe their likes and dislikes, fears, their interests and dis-interested or any other pertinent information that will assist in your child's transition to our school

_____
_____
_____
_____
_____
_____
_____
_____
_____

I have read and acknowledged the North Carolina Child Care Laws and NCCI's Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy found in my application packet. Our facility is designated a smoke-free & tobacco-free area, in accordance with rule number 10A NCAC 09 .0604 SAFETY REQUIREMENTS FOR CHILD CARE CENTERS. This rule applies both inside and outside our facility.

_____ _____

Parent or Legal Guardian Printed Name Parent or Legal Guardian Signature

_____

Date

Medical Care Release

In the event, I cannot be reached to make arrangements for medical attention at the time of an accident or illness, I authorize National Child Care Institute and its staff to permit emergency services to be provided, including but not limited to: EMS, local hospital, emergency clinic, or physician/clinic care.

National Child Care Institute shall attempt have treatment provided at the physician or clinic listed below by parent or legal guardian. If listed physician or clinic is not available, National Child Care Institute shall determine an alternative treatment source. The Parent and/or legal guardian shall be solely responsible of all medical bills and charges.

I hereby release National Child Care Institute and its staff from any legal or monetary responsibilities for injuries and illness-es and agree to pay any and all charges. I authorize National Child Care Institute and/or its staff to transport my child for minor emergency care.

_____
Printed Name of Student

_____
Preferred Private Physician/Clinic Phone #

_____ _____
Preferred Private Physician/Clinic's Address

_____ _____
Preferred Hospital /Hospital Address/Telephone Number

_____
Insurance Provider (please provide copy of insurance card)

_____
Parent or Legal Guardian's Signature

_____
Date

Liability Waiver

In order for your child or children to attend activities at NCCI, this liability waiver must be completed by each student(s) parents or legal guardian. Please read the following:

I hereby waive any claim of liability against the National Child Care Institute and its staff for any injuries incurred while attending its programs or while being transported to or from NCCI. Students and their parents understand that injuries and accidents may occur while participating in physical activities, such as; but not limited to: Outside play activities, after school care, dancing, music, art, exercising, or in transporting your child from his/her school to the National Child Care Institute, Field Trips, etc. or any other activities that have transportation provided by National Child Care Institute and its staff.

_____
Printed Name of Student

_____
Parent or Legal Guardian's Signature

_____
Date

Payment Covenant

National Child Care Institute is a non-profit institution providing academic and after school enrichment services to our client's children at a competitive rate to provide flexibility and financial wellness to our clients. Our services include but are not limited to, Summer Enrichment Camp, Precognitive Academia, Elementary school, After-school, and Tutoring. Our goal is to assist children in their continued childhood/school-age development while assisting them in becoming academically successful, so they might apply these skills to their everyday lives. The funding of our organization is based upon the financial contributions of our clients every week.

Payment Schedule/Late Fees

Payments are due on Monday of the current week. Receiving payments later than Monday of that week will be considered late and a $25.00 late fee will be accessed on Tuesday. If you fail to pay on Tuesday your child will not be permitted to attend until payment in full has been made. Payments must be made on time to ensure your child's continued participation in the program. We accept the following payment types; cash, debit/credit card, and money orders. **We do not accept checks.**

Tuition Deposits/Enrollment/Resource Fees/Withdrawal

We require a one-week deposit if payment is rendered weekly. If payment is rendered bi-weekly, we require a two-week deposit before services can be rendered. There is also an enrollment fee of $65 due at the time of enrollment and a yearly resource fee of $65 due in January of each year. If your child is out for a week or is present for one day in the week, you will be required to pay 50% of the tuition for that week. However, if your child is in attendance for 2 or more days, full tuition is due. We require a 2 week notice before withdrawal or your will forfeit your deposit.

After-School Pickup

National Child Care Institute has a responsibility to pick-up your child from their respective school each weekday. Please make every effort to call National Child Care Institute if your child does not need transportation to NCCI from their respective school. If National Child Care Institute goes to your child's school and he/she is not there, a fee of $25.00 for each incident will be due upon pick up.

Hours of Operation

We charge $5.00 for each minute past closing time. If situations arise and you cannot pick up your child, please make arrangements to have someone pick them up before the designated time or call us to communicate your situation. If you fail to pick up your child by the designated closing time on two occasions regardless of the situation, you will be required to pay the late fee and pick up your child by 6:00 PM going forward, no end date. If your child remains at our facility after closure and we cannot reach the parents/guardians, emergency contacts or relatives after multiple attempts by 7:30 PM. We will engage Child Protective Services. Please understand this is for the safety of our staff and students.

Please be considerate of our staff by following the program operation hours. If a parent or authorized adult will be late, it is their responsibility to notify NCCI as soon as possible.

We understand that emergencies arise. We also understand that traffic can be challenging or hectic, but expect all children to be picked up on time. Traffic issues do not excuse late fees. When your child is picked up late, our staff is required to remain working, therefore, unable to attend to commitments outside of school. We are happy to provide this service to our working parents but would appreciate you honoring our policy. Thank you for your commitment to be on time to pick up your child or drop them off at the mandated time.

Please sign below to acknowledge that you have read and understood this information in its entirety.

_____ _____

Parent or Legal Guardian Printed Name Parent or Legal Guardian Signature:

Updated 8/24

_____

Date