



Reg. pd: _____
Start Date: _____

Truks-N-Trykes Nursery Care Enrollment

Child's Name _____ Birth Date _____
Child's Name _____ Birth Date _____
Child's Name _____ Birth Date _____
Home Address _____

Allergies and other Medical Conditions (ex. Asthma, diabetes, epilepsy, physical limitations, etc.)

How did you hear about us? _____

Parent/Guardian Name _____ Cell Phone _____
Place of Work _____ Work Phone _____

Parent/Guardian Name _____ Cell Phone _____
Place of Work _____ Work Phone _____

Email Address: _____

Is anyone restricted from seeing the child(ren)? If so, please list.

Additional information you would like to share about your child:

We Plan to Send our Child to: Truks-N-Trykes 2 (or) Truks-N-Trykes Playcare
 When they turn ____ (or) Month _____ Year _____

I/We, the undersigned, acknowledge that I/we have been provided a copy of TNT Daycare Center Parent information/handbook. I/we have read, understand, and agree to cooperate and assist the staff and personnel to promote further the development of my/our child(ren) while in the care of Truks-N-Trykes Daycare Center. (found on www.truks-n-trykes2.com)

Signature: _____ Date _____
Signature: _____ Date _____



Truks-N-Trykes Nursery Care

Emergency Medical Consent

Child's Full Name _____

Child's Date of Birth _____

In the event that my child may require emergency treatment,

_____ and _____

(Hospital)

(Doctor)

or his/her designee are to provide care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Doctor: _____ Phone: _____

Address: _____

Hospital Preference: _____

Name of Insurance: _____

Child's Allergies: _____

Medications: _____

Medical History: _____

Special Nutritional Needs: _____

Person(s) to be contacted in emergency if parents are unavailable:

Name: _____ Phone _____

Name: _____ Phone _____

This consent will be effective _____ and will continue until amended as long as child is enrolled at TNT2 Daycare Center.

Signature: _____ Date _____

Signature: _____ Date _____

Please attach current shot records and bring in a copy with each update!



Truks-N-Trykes Nursery Care Financial Agreement

I, _____ have enrolled my child(ren) _____ in Truks-N-Trykes Nursery Care.

5 Days	4 Days	3 Days	2 Days	1 Day
\$220	\$200	\$180	\$160	\$80

- _____ I have agreed to pay \$_____ per week.
- _____ I have paid a non-refundable \$50 per family enrollment fee.
- _____ I agree to a two-week written withdrawal notice.
- _____ Payments will be made the Friday before care for each week unless arrangements have been made otherwise with Bri.
- _____ I agree to pay a \$10 charge per day for each day my payment is not received.
- _____ I understand that if payment is not made by Wednesday, my child(ren) will not be able to return the following day.
- _____ I agree to pay \$1 per child for the first 5 minutes and \$5 per child for each minute thereafter if my child is not picked up by 6:00pm.
- _____ If I violate this agreement, and it results in legal action, I agree to pay all costs incurred as a result of any action, including attorney fees.

Social Media and Communication

_____ I agree that my child's image can be used for use on website and/or public daycare face book page. Names of children will not be published. I am aware that individual classrooms have separate pages and may state child's name on posts.

Signature: _____ Date _____
Signature: _____ Date _____



Automatic Payment Authorization

All payment accounts are managed with the Automatic Payment Plan handled First Bank & Trust. By indicating that you would like your account to be paid, you authorize regularly scheduled payments to be made from your checking or savings account. Payments will be drawn on Friday of each week. Proof of payments will appear with your bank statement. The authority you give to charge your account will remain in effect until you notify us or the bank in writing to terminate the authorization. Stop payment of any entry can be made by notifying us or your bank three days before your account is charged. The amount of any erroneous charge can be credited back to your account up to fifteen days following issuance of your bank statement of forty-five days after posting, whichever occurs first.

If you like to change the amount of your payments please contact Bri.

Please Complete the Following

Debit Account

Amount of Withdrawal \$ _____ Type of Account (Circle) Checking Savings

Name of Bank: _____

Bank Routing Number _____

Depositor's Account _____

Depositors Name _____

Effective Date _____

Authorized Signature _____ Date _____

Please Attach Voided Check Here