

Allstar Childcare  
717-271-1834

PROGRAM \_\_\_\_\_  
START DATE \_\_\_\_\_  
M\_\_\_\_T\_\_\_\_W\_\_\_\_TH\_\_\_\_F\_\_\_\_

Female  
 Male

### Allstar Childcare Enrollment Form

Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Employment \_\_\_\_\_ Work Address \_\_\_\_\_

Phone \_\_\_\_\_ Hours \_\_\_\_\_ Email Address \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

Employment \_\_\_\_\_ Work Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

#### People Authorized to pick up your child

\_\_\_\_\_  
\_\_\_\_\_

#### People to call in case of EMERGENCY (must list two people; do not list parents of the child)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Day Time Phone No \_\_\_\_\_

Cell Phone No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Day Time Phone No \_\_\_\_\_

Cell Phone No \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_ Phone No \_\_\_\_\_

Hospital Address \_\_\_\_\_ Dentist \_\_\_\_\_

Registration Paid \_\_\_\_\_ Security Deposit Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

Weekly Parent Fee \_\_\_\_\_ Received Parent Handbook (initial) Yes \_\_\_\_\_ No \_\_\_\_\_

Allstar Childcare  
1657 Schaeffer Road  
Newmanstown, PA 17073  
717-271-1834

CONSENT AND CONTACT FORM

This form is to be completed and signed by the child's parent or legal guardian.

**Name of child** \_\_\_\_\_

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent (if applicable) or the legal guardian at the telephone number's provided below:

Parent or legal guardian's name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ on \_\_\_\_\_ hours/days  
\_\_\_\_\_ on \_\_\_\_\_ hours/days

Parent or legal guardian's name \_\_\_\_\_

Telephone Numbers \_\_\_\_\_ on \_\_\_\_\_ hours/days  
\_\_\_\_\_ on \_\_\_\_\_ hours/days

In the event that I or the other persons listed on the Emergency Blue Card assigned by me are not available, I give my permission (as parent or legal guardian) to the caregivers to provide first aid for the child named above. I also give permission to take the appropriate measure including contacting the **emergency medical services (EMS) to arrange transportation to:**

\_\_\_\_\_ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility.

Parent or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\***IMPORTANT PARENT INFORMATION**\*\*\*\*\*

If custody is established through Family Court, **ALL** papers regarding visitation and primary physical custody **MUST** be on file with the Daycare Program before enrollment of your child. Any changes in the original papers submitted must be updated with the daycare immediately.

Allstar Childcare

Personal Data  
Family & Social History Form

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother or legal Guardian \_\_\_\_\_ Age \_\_\_\_\_  
Father or legal Guardian \_\_\_\_\_ Age \_\_\_\_\_

**MARITAL STATUS OF PARENTS**

Married \_\_\_\_\_ Living Together \_\_\_\_\_ Stepfather \_\_\_\_\_  
Separated \_\_\_\_\_ Stepmother \_\_\_\_\_ Divorced \_\_\_\_\_  
Remarks \_\_\_\_\_

Custody/Visiting arrangements \_\_\_\_\_

**BROTHERS and SISTERS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in School \_\_\_\_\_

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**DEVELOPMENT HISTORY**

At what age?  
Crept of hand and knees \_\_\_\_\_ Name simple objects \_\_\_\_\_  
Sat alone \_\_\_\_\_ Repeated short sentences \_\_\_\_\_  
Began toilet training \_\_\_\_\_ Slept through the night \_\_\_\_\_  
Completed toilet training \_\_\_\_\_



# HEALTH HISTORY

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

Does your child have a history of:

High fevers \_\_\_\_\_

Ear infections \_\_\_\_\_

Colds \_\_\_\_\_

Seizures \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

Diabetes \_\_\_\_\_

Covid19 \_\_\_\_\_

Hepatitis \_\_\_\_\_

Mumps \_\_\_\_\_

Measles \_\_\_\_\_

Is your child on any medication on a daily basis? \_\_\_\_\_ If yes, what \_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ If yes, for what? \_\_\_\_\_

\_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been exposed to peanut products? Yes \_\_\_\_\_ No \_\_\_\_\_

List reactions. \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Do you know what the allergy is caused by? \_\_\_\_\_

Signs of reaction: Asthma \_\_\_\_\_ Difficulty Breathing \_\_\_\_\_ Swelling \_\_\_\_\_

Hay Fever \_\_\_\_\_ Hives \_\_\_\_\_ Other \_\_\_\_\_

Has your child ever seen a dentist \_\_\_\_\_ Who? \_\_\_\_\_

Has your child had a vision screening \_\_\_\_\_ Hearing Tested \_\_\_\_\_

Give a statement of your child's overall health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DAY CARE PARENT FEE AGREEMENT

Child's Name \_\_\_\_\_

Program \_\_\_\_\_ Start Date \_\_\_\_\_

Is this a joint account Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list other responsible party \_\_\_\_\_

Signature \_\_\_\_\_

### **REQUIREMENTS UPON ENROLLMENT:**

1. Two week security deposit based on your parent fee.
2. \$30 Non-Refundable Registration Fee per family (For New Families Only).
3. First week of care paid prior to start date.
4. A Completed Registration Packet.

### **WEEKLY PAYMENT POLICY:**

Parents will have the option to decide on paying weekly, bi-weekly, or monthly. Whichever way you decide, you will be paying ahead for care. Ex. If you choose to pay monthly, the entire following month will be paid on the Friday prior to the first week of the new month.

I/We choose to pay: \_\_\_\_\_ Weekly      \_\_\_\_\_ Bi-weekly      \_\_\_\_\_ Monthly

**YOUR PARENT FEE \$ \_\_\_\_\_**

### **Payment Policy States:**

- The first week and last week payments must be paid prior to starting date.
- Weekly parent fees are billed according to the number of Fridays within that month.
- Payments must be received by the Thursday before the next billing week (**you are always paying ahead**).
- Checks/money orders should be written to the "Allstar Childcare" Your child's full name and program in the memo line on your check and money order. There is a \$30.00 fee for returned checks. PAYPAL is PREFERRED METHOD OF PAYMENT. Paypal link will be provided for use.

### **DELINQUENT PAYMENT POLICY:**

When you become delinquent on your account, not paying according to your agreement, the following procedure will occur:

- If parent fee is not paid by Thursday, a phone call will be made to you on Friday reminding you that a payment must be made.
- If no payment is received by 12 noon Friday, you will receive a letter stating that you must have two weeks paid by that Thursday.
- If the two week payment is not received by that Friday, your child/children will be terminated from the program(s) effective that Friday.
- Automatic payments are an option if you choose. Must be set up in person. A automatic billing permission form must be signed. This will be completed through paypal each week.

\_\_\_\_\_  
Parent or Guardian's Signature/Date

\_\_\_\_\_  
Daycare Director/Administrator/Date