



Nature's Pathways

Registration Form

DATE OF APPLICATION: _____

Child's Full Name _____
 (Last) (First) (Middle)

Address _____
 (Street) (City) (State) (Zip)

Age _____ Date of Birth _____ M _____ F _____

Mother/Guardian's Full Name _____
 (Last) (First) (Middle Initial)

Address _____
 (Street) (City) (State) (Zip)

Work _____
 (Employer) (Address) (Position)

Home Phone _____ Work Phone _____ Cell _____

e-mail address _____

Father/Guardian's Full Name _____
 (Last) (First) (Middle Initial)

Address _____
 (Street) (City) (State) (Zip)

Work _____
 (Employer) (Address) (Position)

Home Phone _____ Work Phone _____ Cell _____

e-mail address _____

A non-refundable registration fee AND first month's full tuition (Child care programs) or tuition deposit (2nd Nature class programs) are due at the time of registration. Thereafter, tuition is due by the 15th of the month prior to the month of service. **THERE ARE NO REFUNDS FOR ABSENCES OR WITHDRAWALS.** Spaces are limited and registration is on a first come, first serve basis. Prices are subject to change. The Nature of Things and 2nd Nature Academy reserve the right to change policies.

I _____ (Print Name) understand and agree to the terms of this contract.

Parent/Guardian Signature _____

For Office Use Only					
Sleepers _____	Creepers _____	Peepers _____	Leapers _____	Preschool _____	Pre K _____
Full Time _____	Part Time _____	Days _____	Hours _____	P.T. Preschool _____	P.T. Pre K _____
Interim Kindergarten _____	Kindergarten _____	Elementary Grade _____	Before School _____	After School _____	Transportation To/From _____
Tuition _____	Extended Hours Fee _____	Materials Fee _____	Registration Fee _____	Start Date _____	Ck # _____ Amt \$ _____
Prorated Information: Tuition Amount _____ Active Days _____ Days Attending _____ %age _____ Amount Due _____					

NOTE TO PARENTS: The licensing authority for the child care program is the Bureau of Child Care Licensing. Information regarding recent licensing and monitoring visits for this program is available by calling the Bureau at 271-4624 or 1-800-852-3345, ext. 4642. **Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents; and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available to parents to review, upon request.** Statements of findings and corrective action plans are also available by calling the Bureau at 271-4642 or 1-800-852-3345, ext. 4642.

Emergency Information

Child's Name _____

Physician _____
Name Address Phone

Hospital of Choice _____

Please indicate who will assume responsibility for the child if for any reason the parent(s) cannot be reached in the event of emergency:

Name _____ Phone _____

Address _____
Street City State Zip

Please indicate below any additional person(s) other than parents who are authorized to remove the child from the center:

Name _____ Phone _____

Address _____
Street City State Zip

Name _____ Phone _____

Address _____
Street City State Zip

Please indicate any restrictions regarding removing the child from the center that we should be aware of:

Medical Release

I _____ give the staff of **The Nature of Things** permission to provide emergency medical
Parent or Guardian

transportation and authorize emergency medical treatment for _____
Child's Full Name

My first choice of hospital is _____
Name and Address of Hospital

My child's physician is _____
Name Address Phone

Insurance _____
Company Policy #

Parent Signature _____ ***Date*** _____