

Dover's **Childrens** Village  
726 Woodcrest Drive  
Dover, DE 19904  
Phone: (302) 672-6476  
Fax (302) 674-8143  
POC# 1710370400

Dover's **Childrens** Village Too  
1298 McKee Road  
Dover, Delaware 19904  
Phone: (302) 674-8142  
Fax: (302) 674-8143  
POC# 1710456100

# Admission Information

## Admission Information

**Enrollee Information:**

Child's name: \_\_\_\_\_

Date of admission: \_\_\_\_\_

Date of termination: \_\_\_\_\_

Address:

\_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of birth: \_\_\_\_\_ IEP/IFSP \_\_\_\_\_

**Parent Information:**

**Mother's name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Employer address \_\_\_\_\_

**Father's name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell# \_\_\_\_\_

Place of employment: \_\_\_\_\_

Employer address \_\_\_\_\_

If parents are divorced, which parent has legal custody?

\_\_\_\_\_ (Court documentation is required)

Days of the week care is required:

**MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY**

Hours of care:

From: \_\_\_\_\_ to: \_\_\_\_\_

Daycare cost per week: \$290.00 infants, \$270.00, 1 and over. (subject to rate increase)

Please provide any additional information pertaining to your child/children's care (allergies, medical issues, etc.)

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

Individuals with permission to pick up your child/children. These individuals must show proper identification before we can release your child/children.

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

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

# Consent for Treatment

I, \_\_\_\_\_, am the parent (or legal guardian) for \_\_\_\_\_, who is my minor child. I hereby give authorization for emergency treatment to my minor child for any injury or symptoms of illness.

I also give authorization for emergency medical personnel to be called on the behalf of my minor child for life threatening injury or illness. I will be financially responsible and will hold harmless Dover's Childrens Village or Dover's Childrens Village Too for any cost incurred due to treatment or any injury to my minor child.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

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# Parent Agreement

By signing below I acknowledge:

I have read and understand all of the rules and regulations notated in the Parent Handbook.

I give my consent for my child, \_\_\_\_\_, to participate in all daily activities.

I acknowledge that I am responsible for paying my child's balance weekly. I understand that in the instance of non-payment, I will be held financially accountable for any and all cost incurred by Dover's Childrens Village/Too while collecting the debt. Including but not limited to collection fees, attorney fees, and/or court cost. I understand that as notated in the Parent Handbook my child's daycare services may be suspended or terminated at any time for any reason such as but not limited to an outstanding balance. These terms do not apply to Purchase of Care applicants. Purchase of Care applicants must pay tuition weekly or services will be terminated after a one week notice. Purchase of Care applicants must also provide a one week notice to terminate services, all other applicants must provide a two weeks' notice to terminate services.

I understand that in the case of accidental injury or illness to my child, Dover's Childrens Village/Too will not be held liable.

The weekly fee is based on enrollment period; therefore absent days still require the full weekly payments. POC will have 10 paid absent days on behalf of POC, parents are not responsible for absent day payments beyond 10 absent days.

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**Cancellations:**

We require written notification by the parent or legal guardian of any child that will no longer be utilizing our services. This notification must be submitted at least two weeks prior to the date of cancellation. Payment is still required during the two week notice period. Purchase of Care participants must provide one week of written notification; payment is still required during this one week period. These terms do not apply to Purchase of Care applicants. Purchase of Care applicants must pay tuition weekly or services will be terminated after a one week notice. Purchase of Care applicants must also provide a one week notice to terminate services.

All infant room deposits are non-refundable regardless of cancellation date. Purchase of Care applicants are not required to leave an infant room deposit.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date