



ISM USE ONLY  
 Reg. Fee Paid \_\_\_\_\_ CK # \_\_\_\_\_  
 Enrolled Days \_\_\_\_\_  
 Admission Date \_\_\_\_\_  
 Discharge Date \_\_\_\_\_

110 Commercial Suite 102 Marshfield, MO 65706 ph. (417)859-6055 www.ImaginationStationExpress.com

# Imagination Station Enrollment Form

Date Form Completed \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Age Today \_\_\_\_\_

First Middle Last  
 Date of Birth \_\_\_\_\_ Male or Female Home Phone # \_\_\_\_\_

Primary Address \_\_\_\_\_

Check All That Apply:

- |  |                          |                                    |                           |   |
|--|--------------------------|------------------------------------|---------------------------|---|
| <b>PRESCHOOL</b> (ages 3-5)            | <input type="checkbox"/> | <b>Half Day a.m.</b> (8:00am-Noon) | <b>T/Th</b>               | <b>\$120/month</b> (ACH)*                         |
|  | <input type="checkbox"/> | <b>Full Day</b> (7:30am-6:00pm)    | <b>T/Th</b>               | <b>\$200/month</b> (ACH)*                         |
| <b>SCHOOL AGE</b> (K-6 <sup>th</sup> ) | <input type="checkbox"/> | <b>After School</b> (3:30-6:00pm)  | <b>M / T / W / TH / F</b> | <b>\$ 40/month</b> (2days per week) ACH*          |
|  |                          | <b>"Art &amp; Fun Program"</b>     |                           | <b>\$ 60/month</b> (3days per week) ACH*          |
|  |                          |                                    |                           | <b>\$ 80/month</b> (4days per week) ACH*          |
|  |                          | <b>M-Th -Art T/TH/F Gym</b>        |                           | <b>\$100/month</b> (5days per week) ACH*          |
|  |                          |                                    |                           | (After School Rate includes early release ½ days) |

**\*\*\* ACH automatic monthly payment registration is now required to enroll \*\*\***

A non-refundable **\$25.00 registration fee** is due upon enrollment *each year* to reserve your child's spot.

**Mother's Name** \_\_\_\_\_

Mother's **Employer/ Occupation/Address** \_\_\_\_\_

Work Phone \_\_\_\_\_ Days & Hours of Employment \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Father's **Employer/Occupation/Address** \_\_\_\_\_

Work Phone \_\_\_\_\_ Days & Hours of Employment \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Other Children living in home & ages \_\_\_\_\_

Are the enrolled child's Mother and Father married to each other? Yes / No

## EMERGENCY INFORMATION

Please list Name, Phone Number and Address of **alternate emergency contact** other than parents. (One Required)

1. \_\_\_\_\_
2. \_\_\_\_\_

**Student Medical Concerns or Restrictions:** \_\_\_\_\_

List **ALL** Known Allergies: \_\_\_\_\_

Any Additional Information We Need to Know About Your Child or Family: \_\_\_\_\_

Is Child Current with Immunizations? \_\_\_\_\_

## PERSON(S) AUTHORIZED TO TAKE CHILD FROM IMAGINATION STATION

Name(s)/Contact Number/Relationship \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Imagination Station Staff to contact the following:

**PHYSICIAN OR CLINIC**

Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Hospital Phone \_\_\_\_\_

Address \_\_\_\_\_

**WALKING FIELD TRIPS**

**I DO**

**I DO NOT**

(Please initial your check mark)

GIVE CONSENT FOR MY CHILD TO TAKE WALKING FIELD TRIPS / EXCURSIONS WITH IMAGINATION STATION TO MARSHFIELD COMMUNITY GYM, PUBLIC LIBRARY, ROTARY PARK, JUBILEE THEATER, ETC. UNDER STRICT SUPERVISION. I WILL BE INFORMED IN ADVANCE OF ALL FIELDTRIPS/EXCURSIONS.

**ENROLLMENT AGREEMENTS**

- A. I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- B. I am welcome to review a copy of the licensing rules for child care centers, available at the facility.
- C. When my child is ill, I understand that my child may not be accepted or remain in care.
- D. I understand that open communication is encouraged between teachers and parents regarding my child's development, behavior and individual needs and will be kept confidential.
- E. I agree to a *minimum enrollment of 3 months*, after such period, a written **ONE MONTH NOTICE**, given on the first of the month, is required for permanent withdrawal. No refunds or credit will be given.
- F. I agree to enroll in ACH for automatic monthly payments on the 1<sup>st</sup> of each month.
- G. I understand that missed days will not be refunded, credited or forwarded to the next month.
- H. I give Imagination Station permission to use group activity photos with my child in them for the local newspaper, on display at the facility, or on the Imagination Station website for the purpose of promoting their business. Children will not be named in photos without parent permission.
- I. I hereby give my child permission to attend Imagination Station and release Imagination Station from claims for damages or injuries incurred while participating in the program. (As a precaution, Imagination Station does carry liability insurance coverage).

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

Please Deliver or Mail This Completed Form and \$25 Registration Fee To:

Imagination Station  
110 Commercial, Suite 102  
Marshfield, MO 65706  
(417)859-6055