



Reg. pd: \_\_\_\_\_  
Start Date: \_\_\_\_\_

# Truks-N-Trykes 3 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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](http://www.truks-n-trykes2.com))

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Truks-N-Trykes 3

## 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 TNT3 Daycare Center.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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



# Truks-N-Trykes 3 Financial Agreement

I, \_\_\_\_\_ have enrolled my child(ren) \_\_\_\_\_ in Truks-N-Trykes 3.

	5 Days	4 Days	3 Days	2 Days	1 Day
0-2	\$172	\$152	\$132	\$90	\$50
3-5	\$155	\$145	\$127	\$90	\$50

- \_\_\_ 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 Cortrust. 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 the Center.

### 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