



## **Adventures In Learning**

**Child Care Center, Inc.**

**1036 Quinn Drive  
Waunakee, WI  
53597**

**608-850-5430**

**Fax: 849-5149**

**Email:**

**Adventuresoffice1@gmail.com**

**Programs  
Provided  
for  
Infants  
to  
School Age  
Children**

*“If a child is to keep his in-born sense of wonder... he needs the companionship of at least one adult who can share it, rediscovering with him the joy, excitement and mystery of the world we live in.”*

*Rachel Carlson*

## **REGISTRATION AGREEMENT**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please initial each item below:**

\_\_\_\_\_ I have read the Parent Handbook and agree to all policies and procedures.

\_\_\_\_\_ I agree to give a \$400 deposit/child to hold the spot(s), all of which will be credited to my account once childcare begins. This is non-refundable.

\_\_\_\_\_ I agree to make tuition payments on a prepaid basis (Monday of week being served or earlier). A late fee of \$25/week will be assessed for payment not received by the due date.

\_\_\_\_\_ I agree to give a 30 day notice when withdrawing my child.

\_\_\_\_\_ I give my child permission to attend field trips and walks.

\_\_\_\_\_ I agree to sign and initial my child in and out on the sign-in/out sheet located in the classroom each day.

\_\_\_\_\_ I agree to not let any person, unknown to me, into the building. If my key fob is lost, I agree to pay Adventures for a new one.

\_\_\_\_\_ I agree to keeping my child home when he/she is ill. I will also come and pick him/her up within an hour of being called by a staff member because of illness. I will keep my child out of day-care for at least 24 hours once a fever is below 101 degrees.

\_\_\_\_\_ I agree to keeping my child(ren) with me when dropping off/picking up, without allowing them to wander/run freely in center.

\_\_\_\_\_ I agree to keep my child's health, intake (2 and under) and immunization records up to date.

\_\_\_\_\_ I agree to call the center by 9am if my child will not be attending.

\_\_\_\_\_ I agree to let Adventures in Learning take pictures of my child(ren) for display in center or on website.

\_\_\_\_\_ State of Wisconsin Assistance Recipients Only: I understand my co-pay may fluctuate during the year and agree to pay both the online monthly payments and my personal payments when due.

Signature of Parent/Guardian: \_\_\_\_\_