ASHFORD
CHILD ENRICHMENT CENTER
love bless teach

EMERGENCY INFORMATION FORM (2018-19)

Start Date: _____

Child's Name: _____Age (Sept 1):_____ DOB: _____

Mother's Name: _____
Last First

Mother's Home Address: _____City: _____Zip: _____

Phone – Home: _____ Business: _____Cell: _____

Father's Name: _____
Last First

Father's Home Address: _____ City: _____Zip: _____

Phone – Home: _____ Business: _____Cell: _____

Please contact the following person in an emergency situation.

Parents are called first, if not available, we use the emergency contact. Child may be released to this person.

1. Name _____ Address _____ Phone _____

My child may also be released to the following persons:

2. Name _____ Phone _____
3. Name _____ Phone _____
4. Name _____ Phone _____

Ashford Child Enrichment Center/Parent Agreement

I, _____, agree that Ashford Child Enrichment Center will care for (child's name) _____beginning September 2018. I will pay a monthly tuition of _____due by the 5th of each month. If this fee is not paid by that day, a late fee of $25.00 will be added to the monthly fee. Failure to pay said fees can result in the child being dismissed from ACEC.

My child will be in the following ACEC program between the hours of:

Mother's Day Out: ___ 9:00AM-2:00PM ___ 2 Days ___ 3 Days ___ 5 Days

I must give 2 weeks written notice prior to withdrawing my child from the program and be current with all fees, before March 1st, to be eligible to receive a refund of my pre-paid May's tuition.

_____ _____
Parent signature Date

_____ _____
ACEC signature Date