

Date Application Completed _____

Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD INFORMATION:

Full Name: _____ Date of Birth _____ / _____ /20_____
Last First Middle Nickname

Child's Physical Address: _____

Child lives in the home with Father and Mother Father Mother Other: _____

Parent #1/Guardian's Name _____ Home Phone _____

Same Address as child Cell Phone _____ Work Phone _____

(if different address from child) _____

Email address: _____ Custody order (Must provide a copy)

Parent #2/Guardian's Name _____ Home Phone _____

Same Address as child Cell Phone _____ Work Phone _____

(if different address from child) _____

Email address: _____ Custody order (Must provide a copy)

CONTACTS:

Children will be released only to the parents/guardians listed above. The child can also be released to the following individuals, a authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, th facility has permission to contact the following individuals. **Anyone listed on this form is permitted to sign any forms during pickup.**

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical actio plan shall be attached to the application. **The medical action plan must be completed by the child's parent AND health care professional.** Childre requiring medical action plans based off the information provided below will not be permitted to start without the action plan on file.

Is there a medical action plan attached? No **Yes, type of action plan** _____

List any allergies and the symptoms and type of response required for allergic reactions

No known allergies **Yes, my child is allergic to:** _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns

No health care needs or concerns **Yes, my child** _____

List any particular fears or unique behavior characteristics the child has

No fears or unique behaviors **Yes, my child** _____

List any types of medication taken (Permission to Administer Medication Form must be completed if required during school hours)

My child does not take any medication **Yes, my child takes the following medications:** _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child

No additional information **Yes, my child** _____

EMERGENCY CARE: As the parent/guardian, I authorize the center to obtain medical attention for my child in an emergency.

My child does not have a PCP **My child's Primary Health Care Provider is:** _____

In an emergency please transport my child to _____

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____



Milestones

School of Achievement

4230 Regency Dr., Greensboro, NC 27410

336-856-9990

“We accept children without regard to race, color, or national origin.”

- › Hours of operation are 7:00 a.m. to 6:00 p.m. Drop off cut off is 9:30 a.m.
- › **Prices are for one week of care and include Tuition, Breakfast, Lunch, Snacks, After School Pick Up, Kaymbu Reporting App and the Internet Observation App.**
- › Fees are payable in advance for the upcoming week (Monday).
- › We offer a family discount of \$10 for families with 2 children or more.
- › The registration fee is \$150 (\$100 for after school & siblings). It is due in April of each year (August for after schoolers) for the upcoming school year.
- › The waiting list fee is \$50. It applies to the annual fee and is non-refundable.
- › Early release days for After School are an additional \$18 and school holidays are an additional \$32.
- › The Activity Fee for Summer Camp is \$125. It is due at sign up.

CLASSROOM	FULL-TIME WEEKLY	THREE DAYS	TWO DAYS	HALF-DAY MORNINGS	DROP-IN DAILY / HOURLY
INFANT	\$351	N/A	N/A	N/A	\$80 / \$12
TODDLER	\$335	N/A	N/A	N/A	\$80 / \$12
PRESCHOOL	\$318	\$ 237	\$157	\$237	\$80 / \$12
JR. PRE-K	\$318	\$ 237	\$157	\$237	\$75 / \$11
PRIVATE PRE-K	\$297	\$ 217	\$147	\$217	\$75 / \$11
AFTER SCHOOL	\$107	\$ 78	\$ 56	N/A	\$30 / \$11
SUMMER CAMP	\$265	\$ 191	\$124	N/A	\$65 / \$10
NCPREK WRAP AROUND	Before & After \$91	N/A	N/A	Before Only \$20	After Only \$83

- Payment:** If your child is present zero to five days, you will pay for a full week.
- Late Payment:** A **\$25 late fee** will be charged if payment is not received by 6:00 p.m. on Monday. If the week’s tuition is not made by 6:00 p.m. on Tuesday, your child will not be able to attend until the balance is paid in full.
- Late Pickup:** After 6:00 p.m. there is a late pickup fee of \$1 per minute (\$10 minimum) **(our clock)**! The proper authorities will be contacted if your child is left in our care after 6:30 p.m. without notification of your delay.
- Waiting List:** The waiting list fee is non-refundable for any reason. Your name will be removed from the waiting list after several attempts to offer you a spot. Priority is given to our staff and to current parents.

By signing this form, I understand and agree to abide by the policies set forth upon this document.

Signature of Parent/Guardian _____ Date _____

Signature of Administrator _____ Date _____

School Closures for the 2026-2027 School Year:

- Monday, September 7th, 2026 – Labor Day
- Monday, October 12th, 2026 – Teacher Workday
- Thursday, November 26th & Friday, November 27th, 2026 – Thanksgiving Break
- Thursday, December 24th, 2026– Christmas Eve Closing at 3 PM
- Friday, December 25th, 2026 – Christmas Day
- Thursday, December 31st, 2026- New Year’s Eve Closing at 3 PM
- Friday, January 1st, 2027 – New Year’s Day
- Monday, January 18th, 2027 – Martin Luther King Jr. Day
- Monday, February 15th, 2027 – Teacher Professional Development
- Monday, May 31st, 2027 – Juneteenth
- Monday, July 5th, 2027 – Independence Day
- Friday, August 20th – Teacher Workday



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