



Child Development Center
Ph. 415-681-9168
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220 Middlefield Drive, P.O. Box 320026, San Francisco, CA 94132
Non-Profit Tax ID #94-3175969 E-mail: Everydaymagicinc@aol.com
www.everyday-magic.org

Everyday Magic, Inc. is a well-established Child Development Center located within Lakeshore School. We have been providing families with quality programs for children with our dedicated staff since 1989.

Our mission is to support the growth and development of school age children, families and child care professionals through children's programs and services. Everyday Magic, Inc. believes in caring for and nurturing the individual needs of the whole child by balancing their daily experience to address sensory and emotional development. The program strives to build a safe community, which respects diversity in all aspects and encourages creativity through the arts using developmentally appropriate practices.

We work closely with teachers and parents to best meet the needs of the child. Our staff includes college students who are training for a career as a childhood professional and childhood experts. We ask our parents for 15 volunteer hours in our program to help build community, offset costs and guarantee a successful program. This can be done through committee/program work, parent meetings, workdays and events.

We are trying to keep costs down. We rely on community and parent volunteers to offset expenses. Our staff is very dedicated even though they receive no benefits. Our priority is quality for your children.

Attached please find our current registration packet. Open registration will be ongoing through Friday, May 8, 2009. Applications received after this date will be placed on a waiting list. To ensure a space in the program, do not delay returning all of your completed forms and registration fees to P. O. Box 320026, San Francisco, CA. 94132. Incomplete packets will not be considered.

Sincerely,

A handwritten signature in cursive script that reads 'Sharon Collins'.

Sharon Collins
Executive Director

Everyday Magic, Inc.

Registration Application 2009-2010

Lakeshore School, 220 Middlefield Drive, San Francisco
P.O. Box 320026, S.F., CA. 94132 415-681-9168 Tax ID # 94-3175969

Child's Name _____ Fall 2009 Grade _____ Room # _____

Billing Party _____

Legal Guardian #1

Legal Guardian #2

Parents' Names _____

Parent's Address _____

Phone (home) _____ zip _____ zip _____

Employed By _____

Position _____

Address _____

Phone (work) _____

E-mail Address _____

We offer full time AM and/or PM Sessions which will be open all school days only.

Please check sessions you will need

<input type="checkbox"/>	AM Session 7:30 - 9:30	Yearly Tuition \$1950	Monthly Installment	\$195
<input type="checkbox"/>	PM Session 3:35 - 6:00	Yearly Tuition \$2300	Monthly Installment	\$230

Registration is for the entire year. Tuition can be paid over ten installments, August - May. **The first and last installments and the registration fee** are due on or before **May 8, 2009**. The remaining installments are late if not paid by the 10th of each month and late fees apply.

Entire Years Tuition _____

Or First Installment _____

Tenth Installment Non refundable after July 24, 2009 _____

Non-Refundable Registration Fee of \$100 _____

*Additional Reg. Fee after May 8th \$ 50 _____

Total Enclosed _____

*Registration received after May 8, will be subject to an additional registration fee of \$50 and may be wait-listed for up to 3 weeks after the start of school. This is due to staffing and licensing requirements. Not applicable to families accepted into school after that date.

EVERYDAY MAGIC, INC.

Contract

Name of Child _____ Date _____

I understand and agree to the following:

TUITION & FEES: EVERYDAY MAGIC, INC., (EMI) requires a non-refundable Registration Fee of \$100.00, per child, at time of registration. Tuition payments are due by the tenth day of each month. If for any reason I am unable to pay, arrangements must be made with the billing department prior to the tenth of the month. A late fee of 2% of the balance per day will be charged. My child is subject to suspension when payments are habitually late or in arrears. There will be a service charge of \$25.00 for returned checks. In case of a returned check I am still responsible for the incurring late fees. The tenth tuition installment is considered a non-refundable deposit and leaving the program prior to the last day of school will result in loss of this amount.

A "pass through fee" may be charged for large expenses, which were unknown to EMI at the time tuition was set for the year, such as increases in insurance or rent. No refunds will be made when school is closed due to a strike.

When a child is having difficult behaviors, the staff will call to set a date to conference. Parents must attend a meeting within two weeks in order for the child to remain in the program. There is a \$25 fee for late cancellation or a "no show" of any conference.

PARENT RESPONSIBILITIES: I understand that EMI will be notified and included in any IEPs, SSTs or other meetings within the Lakeshore Community.

I understand that I must attend the parent orientation. I also understand that my family is responsible to fulfill the 15 volunteer hours per calendar year. The hours must include work for or during at least one EMI event, at least one workday and parent/staff meetings. (initial) _____

HOURS: Everyday Magic, Inc. operates between the hours of 7:30AM and 6:00PM. If any child is not called for by 6:00PM, a late fee of \$1.00 per minute will be charged and must be paid when the child is picked up that day. The late pick up fee will be doubled if we have to bill you at a later date. More than 5 late pick-ups in a school year will double the fees and may be cause for termination of childcare services. Drop in is limited to three times per month if space is available. Reservations must be made in advance. Drop in rate is \$7.00 per hour or any part of an hour. Payment is due on the day service is provided. Children in the morning program in 3rd, 4th and 5th grades may be dismissed at 9:15am to the upper yard, supervised by Lakeshore School staff.

My child may be shown videos with a (fill in yes or no for each). G _____ PG _____ or PG-13 _____ rating

I give my permission to Everyday Magic for photos of my child, or artwork created by my child, to be photographed and/or used in future brochures, flyers, invitations, on bulletin boards or on our website for sale or promotion. (initial) _____

I give my child permission to walk, travel by private car or public transportation on field trips. (initial) _____

RELEASE OF CHILD : Only those adults listed on the emergency form may pick up my child. I will make sure Everyday Magic, Inc. has a current list on file.

COURT ORDERS/CUSTODY AGREEMENTS : Do you have any court orders regarding your child? Yes _____ No _____

I will provide a copy and attach to this document. (initial) _____

TERMINATION OF AGREEMENT: If, for any reason, I need to withdraw my child from EVERYDAY MAGIC, INC., I agree to give two weeks notice in writing and mail to the P.O. Box 320026, SF, CA. 94132. If I am not able to do so, I agree to reimburse EVERYDAY MAGIC, INC., for two weeks tuition in lieu of notice. Parents may withdraw the child for any reason. EVERYDAY MAGIC, INC. may terminate this agreement if the program does not meet the needs of the child. I will forfeit the tenth installment for early withdrawal. Should my child leave the program early, for any reason, I agree to an exit interview.

Payment to EVERYDAY MAGIC, INC. will be made by _____ Payer

Parents' Signatures _____

Both signatures are required

Emergency Release Form

2009-2010

Child's Name _____ Birthdate _____
Parent's Names _____
Home Phone _____
Work Phone _____
Cell/Pager # _____

Emergency contacts other than Parent / Guardian

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Child will be released only to the following:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Physician _____ Phone _____
Insurance _____ Policy # _____
Dentist _____ Phone _____
Insurance _____ Policy # _____

Health History (please submit a copy of immunization card)

Date of last Examination _____ Date of last Tetanus _____
Any complications noted _____
Is your child on any medication _____ If so, list _____

Chronic Illnesses: _____ Heart Defect/Disease _____ Ear Infection _____
_____ Bleeding/clotting disorders _____ Hypertension _____ Seizures _____
_____ Diabetes _____ Musculoskeletal Disorder _____ Asthma _____

Allergies – please only serious conditions

Medicines, list _____
Food _____
Animals _____ Plants _____ Hay Fever _____ Insect Bites _____

Other Conditions

_____ Attention Deficit Disorder _____ Dental Braces _____ Down's Syndrome _____
_____ Emotional Disturbances _____ Hearing _____ Fainting _____
_____ Menstrual Cramps _____ Motion Sickness _____ Sickle Cell trait or disease _____
_____ Nose Bleeds _____ Sleep Disturbances _____ Wears Glasses _____
_____ Visual Impairment _____ Attends counseling _____
_____ Other _____

I give Everyday Magic, Inc. permission for my child to receive emergency medical treatment. The uninsured expense will be accepted by me.

Name _____ Date _____