



Child Development Center
(415) 681-9168

220 Middlefield Drive, P.O. Box 320026, San Francisco, CA 94132-1238
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 aged children, their families and child care professionals through children's programs and services. Our program is based on our philosophy. We believe in caring for and nurturing the individual needs of the whole child by balancing their daily experience to address sensory and emotional development within a play based environment. The program strives to build a safe community, which respects diversity in all aspects and encourages creativity through hands on projects 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 10 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. Our priority is quality care for your children.

You will find our registration packet on our website at www.everyday-magic.org. Open registration will be ongoing through Friday, May 8, 2020. 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,

Sharon Collins
Executive Director

Everyday Magic, Inc.

Lakeshore School, 220 Middlefield Drive, San Francisco

P.O. Box 320026, S.F., CA. 94132 415-681-9168 Tax ID # 94-3175969

Registration Application 2020-2021

Child's Name _____ Fall 2020 Grade _____ Room # _____

Billing Party _____

Legal Guardian #1Legal Guardian #2

We must have the contact information for BOTH guardians unless stated otherwise in a court order (which must be included in registration packet).

Parents' Names _____

Parent's Address _____

Phone (home) _____ 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 \$2600	Monthly Installment	\$260.00
<input type="checkbox"/>	PM Session 3:35 - 6:00	Yearly Tuition \$3270	Monthly Installment	\$327.00

Registration is for the entire year. Tuition can be paid over ten installments, August - April.
The **first and last installments and the registration fee** are due on or before **Friday, May 8, 2020**.
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 June 26, 2020 _____

Non-Refundable Registration Fee of \$100 _____

*Additional Reg. Fee after May 8 \$ 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.

Emergency Release Form

2020-2021

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

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 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

If an Epi-Pen is required, how many times has one been administered to your child? _____

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 _____ Seizures _____ Sleep Disturbances
_____ Visual Impairment _____ Wears Glasses _____ Attends counseling
_____ Other _____

If your child has had seizures, how many times has this happened? _____

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

Name _____ 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 or SFUSD shutdown.
- 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 10 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. There is a \$250 penalty for non-compliance. (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 **\$10.00 for every 5 minutes, or any part of 5 minutes**, 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 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 **\$15.00 per hour** or any part of an hour. Payment is due on the day service is provided.

- 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) _____ **(failure to provide these documents may delay your child's start date in the program).**

TERMINATION OF AGREEMENT: **If, for any reason, I need to withdraw my child from EVERYDAY MAGIC, INC., I agree to give four school 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 four 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) _____



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Date _____

I _____, the parent of _____, authorize the exchange of information described below between San Francisco Unified School District and Everyday Magic, Inc. Child Development Center (EMI).

This authorization applies to SSTs, IEPs, parent/teacher conferences.

I also authorize the SFUSD to invite Everyday Magic to attend the aforementioned meetings in a timely manner.

This authorization is in effect while my child is registered with Everyday Magic.

Everyday Magic is not to release any information obtained to any other person or agency without my explicit consent.

Signature_____

Date_____

Relationship to student: ____ parent ____legal guardian