IMAGINATION STATION
"A Creative Learning Center"

ISM USE ONLY
Reg. Fee Paid____CASH____CK #_____
Enrolled Days:_____
Start Date:_____
Discharge Date: _____
Notes: _____

110 Commercial St. Suite 102 Marshfield, MO 65706 ph. (417)859-6055 ImaginationStationMarshfield@gmail.com

Imagination Station Enrollment Form

Preferred start date: _____

(PLEASE FILL IN ALL INFORMATION COMPLETELY PER STATE REQUIREMENT)

Student's Full Name_____ **Age Today**_____
First Middle Last

Date of Birth _____ Male or Female **Home Phone #**_____

Full Primary Address_____

Comprehensive Program for Ages 2-5 ***$40/full day or $20/am Session***

(Rates include all special programs & activities on days enrolled)

***All students attending during the lunch hour will need to bring a packed lunch.**

Please Mark Enrollment Preferences:

Set Monthly Rates All Ages:

(ACH automatic payments registration is required with half due on the 1st & half due on the 15th)

PRESCHOOL PROGRAMS (ages 2-5)

☐	**AM Curriculum**	**8:00-11:30am Ages 2-5**	**T&TH**	**$160/Month**
☐	**FULL Day**	**7am-6pm Ages 2-5 (AM Curriculum & PM Childcare)**	**T&TH**	**$320/Month**

***Preschoolers must be potty trained to attend preschool classes.**

Tuition is due regardless of absences, holiday schedules or inclement weather/cancellations.

A non-refundable **$50.00 registration fee** is due upon enrollment to reserve your child's spot.

(If you leave for the summer, you will be charged a non-refundable $50 hold fee on or around June 1st to hold your child's spot for the next school year.)

Mother's Name_____

Mother's **Employer**/ Occupation/**Complete Work Address**_____
Work Phone_____Days/Hours of Employment_____
Mother's Email Address_____ Mother's Cell Phone_____

Father's Name_____

Father's **Employer**/Occupation/**Complete Work Address**_____
Work Phone_____Days/Hours of Employment_____
Father's Email Address_____ Father's Cell Phone_____

Other Children living in home & ages _____
Are the enrolled child's Mother and Father living in the same household? Yes / No

EMERGENCY INFORMATION

Please list **Name, Phone Number and Complete Address** of **alternate emergency contact** other than parents. (One Required)
1._____
2._____

Student Medical Concerns or Restrictions:_____List **ALL** Known Allergies: _____
Are there any behavioral concerns or additional information we need to know about your Child or Family?_____
Is Child Current with Immunizations? _____**(please include current shot record- required for all students)**

(PLEASE CONTINUE ON BACK)

PERSON(S) AUTHORIZED TO TAKE CHILD FROM IMAGINATION STATION

Name(s)/Contact Number & Relationship:

_____

_____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness of my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Imagination Station Staff to contact the following:

PHYSICIAN OR CLINIC

Doctor_____Doctor Phone_____

Address _____

Preferred Hospital_____Hospital Phone_____

Address _____

WALKING FIELD TRIPS

☐ **I DO** ☐ **I DO NOT** (Please initial your choice)

GIVE CONSENT FOR MY CHILD TO TAKE WALKING FIELD TRIPS / EXCURSIONS WITH IMAGINATION STATION TO MARSHFIELD COMMUNITY CENTER GYM, KIDZONE, THE DEPOT, BOUNCE PARTY EXPRESS, RETROZONE ARCADE, OLD SCHOOL DONUT SHOP, PUBLIC LIBRARY, ROTARY PARK, ETC. UNDER STRICT SUPERVISION. PARENTS WILL BE INFORMED AHEAD OF TIME OF ANY OFF-CAMPUS FIELDTRIPS.

IF CONSENT IS NOT GIVEN THEN YOUR CHILD WILL NEED ALTERNATE CARE ON FIELDTRIP DAYS

ENROLLMENT AGREEMENTS (Please initial at the end of each agreement)

A. **I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children. _____**

B. **I understand that my child must be fully potty trained to attend Imagination Station. _____**

C. **I understand that if my child is in attendance during the lunch hour, he/she will need to pack a healthy lunch to bring to school each day (see lunch portion requirements). If a student happens to forget their lunch we will have a sandwich, fruit, and vegetable backup available at an additional $5 fee. _____**

D. **I do understand that due to the structured curriculum, my preschool child must be potty trained to attend Imagination Station Preschool. _____**

E. **When my child is ill, with or without fever, I understand that my child may not be accepted or remain in care. _____**

F. **I understand that open communication is encouraged between teachers and parents regarding my child's development, behavior, and individual needs and will be kept confidential. _____**

G. **I agree to a minimum enrollment of 3 months, after such period, a written One Month PAID Notice is required for permanent withdrawal from Imagination Station programs. _____**

H. **I agree to enroll in ACH withdraw for automatic bi-monthly payments deducted on the 1st and 15th of each month._____**

I. **I understand that missed days will not be refunded, credited or forwarded to the next month. _____**

J. **I understand that I will have a monthly snack turn for my child's class and agree to provide 12-healthy snacks & 12-100% juice pouches on or before the 1st of each month. _____**

K. **I give Imagination Station permission to use group activity photos with my child in them for the local newspaper, on display at the facility, or on the Imagination Station website for the purpose of promoting their business. Children will not be named in photos without parent permission. _____**

L. **I am welcome to review a copy of the licensing rules for childcare centers, available online or at the facility. _____**

M. **Parents/Guardians of students enrolling or enrolled at Imagination Station may request to receive notice, at any time during enrollment, of students currently enrolled having immunization exemption on file. _____**

N. **I hereby give my child permission to attend Imagination Station and release Imagination Station, et al. from claims for damages or injuries or illness incurred while participating in the program. _____**

_____ _____ _____ _____

Parent/guardian Signature **Date** **Parent/guardian Signature** **Date**

Please Deliver or Mail **Completed Enrollments Form, Medical Form (with Shot Record), ACH Form** and ***$50 Registration Fee*** to:

Imagination Station 110 Commercial St. Suite 102 Marshfield, MO 65706

Form Updated 7/27/2026