



**Enrollment Information**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Child's Primary Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

How did you hear about this center? \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Place \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Place \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Person(s) authorized to pick up child, that can also be contacted if a parent cannot be reached a) in an emergency or b) if child requires immediate medical attention:**

**#1** Name(s) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**#2** Name(s) \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Is there anyone that IS NOT AUTHORIZED to pick up child? If so, please list. (A court order copy may be necessary.)**

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE INFORMATION:**

Child's primary doctor/clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's primary dentist/clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital/Emergency Facility \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

**Does this child have any allergies? If so, please list:**

\_\_\_\_\_

**Specific dietary, medical, and/or special needs child has:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does this child have an Individual Education Plan (IEP)?** \_\_\_\_\_

**If so, a copy must be submitted to the Center with this enrollment form. The center will develop an Individual Child Care Program Plan to complement the child's current IEP.**

\_\_\_\_\_

**Attendance Information**

Projected Schedule – please **circle** the days and times your child will attend.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<u>From:</u>	<u>From:</u>	<u>From:</u>	<u>From:</u>	<u>From:</u>	<u>From:</u>	<u>From:</u>
<u>To:</u>	<u>To:</u>	<u>To:</u>	<u>To:</u>	<u>To:</u>	<u>To:</u>	<u>To:</u>
<u>From:</u>	<u>From:</u>	<u>From:</u>	<u>From:</u>	<u>From:</u>	<u>From:</u>	<u>From:</u>
<u>To:</u>	<u>To:</u>	<u>To:</u>	<u>To:</u>	<u>To:</u>	<u>To:</u>	<u>To:</u>

**Beginning Date** \_\_\_\_\_ **Person responsible for tuition:** \_\_\_\_\_

For school-agers: Child’s Elementary School: \_\_\_\_\_ Grade: \_\_\_\_\_

**EMERGENCY PROCEDURES**

- I give consent to center staff to administer emergency first aid to my child if necessary. I understand that if necessary, 9-1-1 will be called and, my child may be transported to receive emergency care. An center staff will remain with the child, if a parent/guardian is unavailable. I understand that I will be responsible for all emergency transportation and any charges not covered by insurance. I give consent for the emergency contact persons listed to act on my behalf until I am available.
- If there is an emergency of another nature (due to weather, environmental issue, etc.), center staff will act according to center policy.
- I have received a copy of the Program Policies and Procedures booklet, and I agree to comply with these policies and procedures while my child is enrolled in center programs.

***I understand the above procedures, and give center staff permission to follow these procedures.***

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Additional Permissions:**

- My child has permission to use the center’s transportation. I understand that the vehicles have the required insurance and the staff drivers have the required training and drivers’ licenses.
- My child has permission to go on walking field trips throughout the neighborhood.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- I understand that my child may be photographed while at the center for projects, scrapbooks, and bulletin boards.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

- Sunscreen and lotion may be applied to my child by the center. Please check one:

My child may use the center supplied products. OR

I will provide products for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_