

# Application for Enrollment



## Child Information

Date \_\_\_\_\_

### 1<sup>st</sup> Child

Last Name		First Name		MI	Nickname	
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Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City:	State:
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?  
 Yes     No

### Primary Hours of Care

Primary Hours of Care	Days of the Week in Care
FROM AM / PM TO AM / PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

### 2<sup>nd</sup> Child

Last Name		First Name		MI	Nickname	
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Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City:	State:
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Pediatrician's Name	Phone	Address
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 Yes     No

### Primary Hours of Care

Primary Hours of Care	Days of the Week in Care
FROM AM / PM TO AM / PM	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun

How did you hear about us? \_\_\_\_\_

Additional Comment: \_\_\_\_\_



**Primary Guardian Information***Names(s) of person(s) with whom child is living*

Mother				
Last Name	First Name		MI	Personal Email Address
Work Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
Father				
Last Name	First Name		MI	Personal Email Address
Work Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
Which guardian should be called first?				
Home Phone		Preferred language for written communication		
Home Resident Street Address		Apt#	City	Zip Code
Mailing Address (if different than above)		Apt#	City	Zip Code

**Secondary Guardian Information***Non-primary custodial parent*

1 <sup>st</sup> Non-primary Guardian				
Last Name	First Name		MI	Relationship to Child
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours



## 2nd Non-primary Guardian

Last Name		First Name		MI	Relationship to Child	
Email Address			Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours	
Which guardian should be called first?		Home Phone		Preferred language for written communication		
Home Resident Street Address			Apt#	City		Zip Code
Mailing Address (if different than above)			Apt#	City		Zip Code

## Emergency Contacts and Authorized Pickups and Transportation to-and-from Center

1 <sup>st</sup> Contact/Pickup						
Last Name		First Name			Relationship to Child	
Home Phone	Cell Phone		<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children: <b>(Emergency Contact Only)</b>			
2 <sup>nd</sup> Contact/Pickup						
Last Name		First Name			Relationship to Child	
Home Phone	Cell Phone		<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children: <b>(Emergency Contact Only)</b>			
3 <sup>rd</sup> Contact/Pickup						
Last Name		First Name			Relationship to Child	
Home Phone	Cell Phone		<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children: <b>(Emergency Contact Only)</b>			

**My child may be released for (pick up) to the person(s) signing this agreement or to the person(s) listed below. The following people will be transporting my child to and from the center. I understand that unless the center has the listed name(s) on file, they cannot be released to anyone. Once my child is released to any of the above people, I understand that the center is no longer responsible.**

Parent/Guardian: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Director/Person-In-Charge \_\_\_\_\_  
Signature

Date: \_\_\_\_\_



**Name of Public or Private School child Attends, if any:**

School Name		Address	Teacher
Phone Number	Fax Number	Notes:	

**Child's Doctor or Clinic Name**

Doctor's Last Name		Doctor's First Name	Clinic Name
Phone Number	Fax Number	Notes:	

**Special Needs**

May child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_ suffer an injury or illness while in the care of (Facility name) and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

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

\_\_\_\_\_  
Date



**TO BE COMPLETED BY DIRECTOR OR PERSON-IN-CHARGE**

**Required Forms**

- |  |   |
|--|---|
| 1. IMMUNIZATION RECORDS OR REJECTION AFFIDAVIT                     | 7. ANNUAL TRANSPORTATION VEHICLE SAFETY INSPECTION CERTIFICATION    |
| 2. PARENTAL AGREEMENT W/ CHILDCARE FACILITY                        | 8. TRANSPORTATION RECORD FORM                                       |
| 3. AUTHORIZAION FOR MEDICAL FORM                                   | 9. VEHICLE EMBERGENCY MEDICAL FORM                                  |
| 4. REPORT OF INCIDENT REQUIRING PROFFSIONAL MEDICAL ATTENTION FORM | 10. WEEKLY TRANSPORTATION CHECKLIST FOR ACCOUNTING OF CHILDREN FORM |
| 5. TRANSPORTATION/FIELD TRIP FORM                                  | 11. FIELD TRIP PERMISSION FORM                                      |
| 6. TRANSPORTATION AGREEMENT FORM                                   | 12. TRANSPORTATION TRAINING   |
|  | 13. INFANT FEEDING PLAN   |
|  | 14. SAFTTY DRILL INFORMATION  |

**Tuition Information**

Your tuition will paid be: <b>WEEKLY</b>	Registration Fee:
Discount:	
Entrance Date:	Withdrawal Date:
Name of Public or Private School:	Child's Legal Guardian: <b>( ) Both Parents ( ) Mother ( ) Father ( ) Other</b>
Specify Other Living Arrangement:	Child Living Arrangement: <b>( ) Both Parents ( ) Mother ( ) Father ( ) Other</b>

**Signatures:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director or Person-In-Charge Signature

\_\_\_\_\_  
Date

