



CHILD ENROLLMENT APPLICATION

All information is required and must be completed by the parent(s) or legal custodian(s).

PERSONAL INFORMATION

Child's Information:

Child's Full Name _____ Date of Admission _____

Child's Birth Date _____ Preferred Child Name _____

How did you learn/hear about us? _____

Parent's Information:

Mother's Name _____ Father's Name _____

SSN _____ SSN _____

Address _____ Address _____

Email Address _____ Email Address _____

Phones: Home _____ Work _____

Cell _____ Cell _____

Employer Name _____ Employer Name _____

Employer Address _____ Employer Address _____

Misc. Information _____

Custodial Parent (if divorced) _____ Copy of custody order provided? Yes No

Other children and members of the family:	Birthdate	School/Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELEASE INFORMATION

Give full name and phone number of the person to whom the child may be released. They must be listed below to insure the child's safety. A phone call is not acceptable permission of the parent(s) or custodian(s) for us to release the child for pickup. Persons authorized to pick up and transport the child other than parent or custodian:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

EMERGENCY INFORMATION

1) Name of person(s) and the phone numbers, other than the child care staff, authorized to act for the parent in an emergency.

Address _____ Home/Cell Phone _____ Work Phone _____

Employer _____ Work Hours _____

2) Name of person(s) and the phone numbers, other than the child care staff, authorized to act for the parent in an emergency.

Address _____ Home/Cell Phone _____ Work Phone _____

Employer _____ Work Hours _____

HEALTH INFORMATION

Name of Physician: _____ Office Phone _____
Medical Practice Name and Address _____

Special written doctor's instructions for care or medical treatment given? Yes No

Any food/environmental/drug allergies _____

What health concerns/problems has your child had in the past? _____

Other than listed above:

Does your child have any allergies? Yes No If Yes, please detail: _____

How severe? _____

Does your child take any medication regularly? Yes No If yes, what and when? _____

Has your child ever been hospitalized? Yes No If yes, when and why? _____

Does your child have any recurring chronic illness or health problems such as:

- Asthma Cerebral Palsy Developmental Delay Seizure Disorder Diabetes Frequent Earaches
- Hemophilia Other _____

Any current health concerns/problems for your child? _____

DEVELOPMENTAL INFORMATION (compared with children your child's age)

PHYSICAL DEVELOPMENT: Does your child have any sensory problems? (i.e. vision, hearing, talking, dexterity). Please explain: _____

NUTRITION: If your child is an infant, use a separate sheet for information about the formula, bottle schedule, etc. The parent must work closely with the child care facility while introducing new baby foods and table foods to the child.

Is your child on any special nutrition plan/schedule? Please describe: _____

POTTY TRAINING: Is your child potty trained? _____

GENERAL: Is there any other information that you wish to share that would assist in meeting your child's needs? _____

ACKNOWLEDGEMENT

PHOTOGRAPHY & MEDIAL RELEASE: We take pictures and videos of children on a regular basis as a way of documenting your child's learning process. These pictures are used in the Academy, social media and as materials for marketing and advertising the Academy. Pictures are always used and shared with respect. By signing the Child Enrollment Application, you are giving the Academy permission to use your child's image whenever necessary. If you do not wish to have your child's pictures and/or video used for one or any of these purposes, please provide a written note/statement to the Academy Director documenting the exception.

GENERAL ACKNOWLEDGEMENT:

- I have received a summary of the licensing requirements.
- I do hereby authorize the child care facility's staff to obtain emergency medical care for my child: (In come cases, such as military dependants, a limited power of attorney may be required by the child care facility)
- I visited the child care facility prior to enrolling my child.
- I have received a copy of the child care facility's parent policy statement or handbook, payment contract and signed their copy, verifying by receipt my understanding and agreement of their content.
- I understand any changes in the above information must be entered immediately and initialed.
- The above information is true and accurate to the best of my knowledge.

Parent or Guardian Signature _____ Date _____

If you have any question, concerns, or a complaint, call Child Care Resource and Referral at 1-800-462-8261

FOR OFFICE USE ONLY

Date child is enrolled _____ File Created _____ Record updated electronically? Yes No

Registration Fee Paid? Yes Tuition Agreement Completed? Yes

SPECIAL NOTES FOR CENTER _____