



Enrollment Application

For Office Use Only:

Enrollment Date _____

ID Code _____

Withdrawal Date _____

Child's Name _____

Sex _____ Age _____ DOB _____

Child's Social Security # (not required) _____

Home Address _____

City _____ State _____ Zip _____

Guardian 1 - Name _____

Relationship to Child _____

Address (if different) _____

E-mail Address _____

Cell Number _____ Home Number _____

Employer _____ Work Number _____

Guardian 2 - Name _____

Relationship to Child _____

Address (if different) _____

E-mail Address _____

Cell Number _____ Home Number _____

Employer _____ Work Number _____

Child's Primary Residence: Both Mother Father Guardian _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

(_____ must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons to pick up the child at such times, unless court papers state otherwise.)

The child will be released only to the people on this application and the following persons:

Name _____

Address _____

Phone Number _____ Relationship _____

Name _____

Address _____

Phone Number _____ Relationship _____

Enrolling Parent/Guardian Signature _____

Please Print _____ Date _____



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How did you hear about us?

(circle all that apply)

- Referred _____ Drive By _____
- Direct Mail _____ Internet _____
- Yellow Pages _____ Ad _____
- Other _____

Child's Name _____

Child's Physician _____ Physician's Phone # _____

Hospital Preference _____

Emergency Contact (other than parents) _____

Address _____ Phone _____

Does your child have any allergies or special needs? _____

Is your child potty trained? Yes No

_____ will be open from ____ AM to ____ PM for children ages 6 weeks - 12 years old.

My child will attend the following days and times:

M T W Th F from _____ am/pm - _____ am/pm.

My child will be participating in the following meal services (please circle):

Breakfast AM Snack Lunch PM Snack

I agree to pay a registration fee at the time of enrollment. This enrollment fee is non-refundable.

I am aware that a two week notice is required for withdrawals and failure to properly notify _____ will result in being charged for the period of time that notice wasn't given.

I am aware that _____ is within it's rights to collect any unpaid tuition, fees and collection or court costs associated with collection of these charges.

I agree to pay in advance each week's tuition.

I am aware that I will be charged a fee for late tuition.

I am aware that I will be charged a fee for late pick-ups.

I have received the Parent Handbook, containing additional policies and procedures.

This institution is an equal opportunity provider.

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ Date _____



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PARENT AUTHORIZATION FORM

Please fill in application
completely and legibly.

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

I hereby authorize the staff and director representing _____
to give consent for any and all necessary emergency medical and First Aid care to
include transportation, if needed, for my child, _____,
while he/she is in _____'s custody.

Signature of Parent or Guardian _____ Date _____

AUTHORIZATION FOR PHOTOGRAPHY

Permission [is/is not] given for photography for publicity purposes to be used in
promotions, E-mail, or use on the company's web site.

Signature of Parent or Guardian _____ Date _____

AUTHORIZATION FOR TRANSPORTATION

I give permission for my child, _____, to be
transported by _____.

Signature of Parent or Guardian _____ Date _____

My child, _____, has permission to ride the (name of child-
care center) _____ van or bus to
and/or from (name of school) _____.

Signature of Parent or Guardian _____ Date _____

I acknowledge that this center cannot be held liable in any way for accidents that
occur on or off premises while my child is under this center's care. I understand
that the center carries no insurance to cover any accidents or events that require
medical attention.

Signature of Parent or Guardian _____ Date _____

AGREEMENT TO PROVIDE ADDITIONAL FORMS

I agree to provide an up-to-date Immunization Record for my child within ten (10)
days of enrollment in the pre-school program.

I agree to provide a completed Income Eligibility Statement (provided) at the time
of enrollment.

Signature of Parent or Guardian _____ Date _____



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Authorization to Dispense External Preparations

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby Wipes
- Band-aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- Baby Powder
- Other (please specify) _____

Parent/Guardian Signature

Date



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The child will be released only to the people on this application and the following persons:

Name _____
Address _____
Phone Number _____ Relationship _____

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Address _____
Phone Number _____ Relationship _____

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Address _____
Phone Number _____ Relationship _____

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Phone Number _____ Relationship _____

Name _____
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Name _____
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Enrolling Parent/Guardian Signature _____

Please Print _____ Date _____