



## **Enrollment Form**

Date of Admission \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

Work Hours \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone # \_\_\_\_\_

Work Hours \_\_\_\_\_

Work Phone \_\_\_\_\_



## **Enrollment Form**

### **Admission Policies**

The child care center shall accept only children who are at a stage of growth and development which enables them to benefit from its program, and for whose age level the center is staffed and equipped to provide care. The child care center shall not admit or maintain any child whose needs it obviously cannot meet or whose behavior would be dangerous for other children in the center. Explicit, documented reasons for refusal to admit or provide care to a child shall be provided in written form to parents. There shall be no discrimination on the basis of race, color, religion, sex, national origin, or handicap.

### **Hours of Operation**

The child care center is open from 7:00 a.m. to 4:30 p.m. Monday--Friday



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### **Authorization for Child's Release**

Children will be released only to a parent or a person named by the parent. Parents or persons named by the parent must make sure that a staff member is aware of the child's arrival and departure. Parents shall sign the child in and out by name and time of arrival and departure.

### **Court Orders**

If a court order exists preventing a particular individual from having contact with a child, the center shall comply with the order. There shall be a copy of the court order in the child's file.

### **Emergency Medical Authorization**

I agree, and by my signature, give consent, that in any case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

### **Extracurricular Activities**

In the event of extracurricular activities, I understand that I will be informed prior to the activities and will sign written permission for my child to participate.

### **Transportation Permission**

In the event of a field trip, or other such activity, I give my permission for my child to be transported by the child care center in a motor vehicle. I give my permission for my child to be transported to and from \_\_\_\_\_ by the child care center in a motor vehicle



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### **Payment Plan**

Payment is due in advance on Monday of the current week when paying weekly, the first Monday in a two-week period when paying semi-monthly, or the first of the month when paying monthly.

### **Meal Plan**

Breakfast will be offered to children who are in attendance at the child care center before 8:00 a.m. A morning snack, lunch, and afternoon snack will be served daily.

### **Parent Conferences/Communication Policy**

Parent-teacher conferences will be scheduled as needed or a parent may request such a conference at any time. In addition, teachers are always available for on-going communication and parents are always welcome at any and all times to observe our program.

### **Health Examination**

A health examination including immunizations is required for each child within 12 months prior to admission to the child care center or within one month after admission on the forms provided. Child care center services must be terminated if a health form is not returned within the above stated time period. Health examinations shall be repeated annually for children two years of age and younger.

### **Significant Occurrences or Problems**

You will be notified of any significant occurrences or problems which affect your child, including exposure to communicable diseases.



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### **Discipline Policy**

The child care center uses a positive disciplinary approach with children. Caregivers communicate to children using positive statements, encourage children, with adult support, to use their own words and solutions to resolve conflicts, and communicate with children at eye level and talking to them in a calm manner about what behavior is expected. Recurring disciplinary problems will be addressed with parents and documented in the child's record.

### **Program Description**

The program provides developmentally appropriate activities for children. Weekly lesson plans are written and posted for parents' review. Children are provided time to choose their own activities and work independently in learning centers. Caregivers serve as facilitators to enhance the children's choices.

### **Policy about Children Left After Closing Time**

Children are expected to be picked up by closing time. A charge of \$1.00 per minute will be assessed per child to any family picking a child up after 4:30 p.m. (closing time). If any child is not picked up 30 minutes after closing time



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### **Policy About Reporting Suspected Child Abuse**

The child care center is required by law to report any suspected child abuse or neglect to Child Protective Services.

### **Confidentiality Policy**

All information pertaining to admission, health, family, or discharge of a child is confidential.

### **Ill Child Policy**

Children who are ill will not be allowed to attend the program. If your child becomes ill while at the center, you will be contacted to pick up your child. If you cannot be reached, someone from your emergency contacts will be contacted. Your child may not return to the center until he/she is symptom free for 24 hours.

### **Policy on Release of a Child to an Intoxicated or Impaired Person**

If an authorized intoxicated or impaired person insists on removing children from the center, the center shall immediately report the incident to the local police agency.

### **Policy on Alcohol, Tobacco, Firearms, Illegal Substances**

The use of tobacco, and use or possession of alcohol, illegal substances and firearms is prohibited



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## **CHILD PICK-UP INFORMATION**

Please list below the people who have *\*Permission\** to pick up your child. *\*Note:* Anyone picking up your child must have picture ID.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list those persons who *\*Do Not Have Permission\** to pick up your child. Please explain the reason below or talk to your caregiver so she is aware of the situation.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_





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**EMERGENCY CONTACTS Primary Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Secondary Emergency Contact (other than parents or guardian)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

**Any Special Instructions on how to reach parents:**

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_







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### **EMERGENCY INFORMATION**

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

5. Regular Medications: \_\_\_\_\_

6. Blood Type: \_\_\_\_\_

7. Medicine allergic to: \_\_\_\_\_

8. Food Allergies: \_\_\_\_\_

9. Any other Allergies: \_\_\_\_\_

10. Immunization Record: Date of Last Immunization: \_\_\_\_\_

11. Any special health conditions:

\_\_\_\_\_

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\_\_\_\_\_

11. Child has had: Child suffers from:  Measles  Headaches  German Measles  
 Earaches  Chicken Pox  Sore Throat  Mumps  Stomach Aches  Whop-  
ping Cough  Flu / Colds  Other \_\_\_\_\_  Other \_\_\_\_\_



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## OTHER IMPORTANT INFORMATION/PROVISIONS

### **Child will need special provisions such as:**

Extra curricular activity  Yes  No If yes, please give details: (what activity, when, if transportation is required, specific arrangements to attend with other family members/ friends, etc.)

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Other provisions we should be aware of:

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Do you have any outstanding concerns?

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