



ENROLLMENT APPLICATION

Name of Child:		Enrollment Application Date:		
Child's Age:	Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Primary Address:		City:	State:	Zip:
Parent/Legal Guardian's Name #1 (Please print):		Parent/Legal Guardian's Name #2:		
Relationship:		Relationship:		
Home Address: _____ Street: _____ City/State/Zip: _____		Home Address: _____ Street: _____ City/State/Zip: _____		
Home Phone:		Home Phone:		
Mobile Phone:		Mobile Phone:		
Employer Name: _____ _____		Employer Name: _____ _____		
Address of Employer: _____ Street: _____ City/State/Zip: _____		Address of Employer: _____ Street: _____ City/State/Zip: _____		
Work Phone:		Work Phone:		
Email:		Email:		

EMERGENCY CONTACTS

Persons authorized to pick up your child and/or to be contacted in case of emergency if neither parent is available to assume responsibility for the child.

Emergency Contact #1

Name: _____ Relationship: _____
Mobile Phone: _____ Home Phone: _____

Emergency Contact #2

Name: _____ Relationship: _____
Mobile Phone: _____ Home Phone: _____

Emergency Contact #3

Name: _____ Relationship: _____

Mobile Phone: _____ Home Phone: _____

CUSTODY

Name of Person PROHIBITED from picking up your child: _____

If a non-custodial parent has been denied access, or granted limited access, to the child by a Court Order **please submit** documentation to this effect for the Center to maintain a copy on file, and to comply with the terms of the court order.

PERMISSIONS

I give permission I do not give permission

for my child to participate in **WALKING TRIPS** within the Center's neighborhood, using routes that pose no known safety hazard to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.

I give permission I do not give permission

for my child to be **PHOTOGRAPHED** during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

RECEIPT OF POLICIES

I/we attest that the information on this application is accurate, and that I/we have received the following information:

- Center Policies and Procedures Manual
- Information to Parents Document
- Policy on Expulsion of Children
- Policy on the Release of Children
- Policy on the Use of Technology and Social Media
- Policy on the Management of Illnesses/Communicable Diseases
- Guidelines for Positive Discipline Document
- Policy on the Methods of Parental Notification of Injuries (if applicable)
- Policy on Discipline
- IEP or IFSP Documents
- Other: _____

MEDICAL INFORMATION

Child's Health Care Provider: _____

Name: _____

Phone: _____

Name of Insurance Company: _____

Group#: _____ Identification # _____

Subscriber's Name on Insurance Card: _____

Health Care Provider's Address:

Street: _____ City: _____ State: _____ Zip: _____

Known Allergies Including Medication:

Allergy	Medication
_____	_____
_____	_____
_____	_____
_____	_____

List of Medication My Child is Taking:

Medication #1: _____ Medication #2: _____

Medication #3: _____ Medication #4: _____

Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information for Emergency Situations

HEALTH STATEMENT

As the parent/legal guardian of the above-named child, I certify that he/she is in good physical health and may participate in the normal activities of the program. He/she has no condition or specific need that requires specific accommodations, unless otherwise indicated in the medical information provided above and on the Authorization for Emergency Treatment document in the or attached Universal Health Record or a Care Plan for Children with Special Needs.

Parent/Legal Guardian Initials: _____

EMERGENCY TREATMENT

As the parent/legal guardian of the above-named child, I/we attest that the information above is correct. I/we authorize he child care center staff to obtain emergency treatment for my child and understand that I/we shall be promptly notified.

Parent/Legal Guardian Initials: _____

Parent/Legal Guardian Signature #1:	Date:	Parent/Legal Guardian Signature #2	Date:
_____	_____	_____	_____