

Date Application Completed _____

Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes__ No__

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator Krissy Vinson Date _____



Participation Agreement

I, _____, agree for my child,
_____ to participate in the following activities. I
understand that my child may be removed from his/her classroom:

Additional Enrichment (add'l fee):

_____	Soccer Shots	_____	Shinning Stars
_____	Go Fit for Kids	_____	Twist Kids
_____	Gymsport		
_____	We're Dancin		
_____	Amazing Athletes		

Included in tuition:

_____	Spraypad	_____	Spanish
_____	Café, Resource Room		

Children may be removed from and taken back to their respective classrooms by the instructors. Children will never be unattended.

In addition, if the preschool has planned activities outside the fenced area of the facility (ie. fire drill, community helper day in the parking lot, etc)

_____ I will allow my child to participate in all activities outside the fenced area.

_____ I will only allow my child to participate in required fire drills outside the fenced area as required by licensing.

Parent's Signature _____ Date _____

ANNUAL IDENTIFICATION & EMERGENCY INFORMATION CARD

Name of Child : _____ Birthdate: _____
Address: _____
Phone Number: _____ Cell Number: _____
Email: _____

Mother or Guardian: _____	Father or Guardian: _____
Place of Employment: _____	Place of Employment: _____
Phone Number: _____	Phone Number: _____
Hours: _____	Hours: _____

Child's Physician: _____ Physician's Phone #: _____
Physician's Address: _____
Hospital Preference: _____ Address: _____

OTHER PERSONS TO BE NOTIFIED & ARE GRANTED PERMISSION TO PICK UP IN CASE OF ILLNESS/ACCIDENT:
Name: _____ Name: _____
Address: _____ Address: _____
Phone #: _____ Phone: _____

Revision date: _____ Signature: _____

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