



## Enrollment Application

Who can we thank for referring you here?: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Names & Ages of Other Children at Home: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: _____	Father's Name: _____
Address (if different from above): _____	Address (if different from above): _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
Work Phone: _____ ext. _____	Work Phone: _____ ext. _____
Email Address: _____	Email Address: _____

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician's Hospital Affiliation: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Insurance Information (*not required*): \_\_\_\_\_

In case of an emergency, please list two contacts you would like us to notify if we are unable to reach you. The following emergency contacts are authorized to pick up your child from the Center:

Name of First Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Second Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Names & phone numbers of additional contacts authorized pick your child up from the Center: \_\_\_\_\_

(Please complete the reverse side)

Names of People **NOT** authorized to have contact with your child: \_\_\_\_\_

Does your child have any **ALLERGIES?** (Medical or dietary) \_\_\_\_\_

Does your child have any dietary, medical, or environmental needs? \_\_\_\_\_

What language is spoken in your home? \_\_\_\_\_

Please indicate any information that would help us better understand your child: \_\_\_\_\_

Is there any information related to your family's culture/religion that you would like us to know? \_\_\_\_\_

### Daily Reservation Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					
Daily Hours:					

Will your child require breakfast? \_\_\_\_\_ If yes, which days? \_\_\_\_\_

### Agreement

I, the undersigned, hereby agree to:

1. Give permission to Children's Discovery to make whatever emergency (e.g. first aid, disaster evacuation) measure as judged necessary for the care and protection of my child while under the supervision of the Center. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency resource (Police, Rescue Squad) if deemed necessary. The child will be transported at the expense of myself. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other acting on the parent's behalf.
2. Allow my child to participate in field trips outside the Center.
3. Allow hand sanitizer to be used on my child, with staff supervision, during field trips.
4. Permit the health consultant of the license holder to review health and medical information contained in my child's record in order to identify specific health/medical needs of the child.
5. Permit administrators, teaching staff and regulatory authorities to have access to my child's file (which is kept confidential). I understand that my child's file will be made available to me immediately upon my request.
6. Allow photographs of my child to be used for educational or promotional purposes.
7. Complete a withdrawal notice, available in the office, at least two weeks in advance of my child's last day of attendance.
8. Comply with the absence policy as specified in the current schedule of fees.
9. Provide advance weekly payment according to my current reservation schedule and current schedule of fees on the first day of each week my child attends. A \$25.00 late payment service fee will be added to my weekly fee if my payment is not turned in at this time.
10. Comply with all the items in Children's Discovery Child Care & Learning Center's policy booklet and accept the conditions stated within.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. \*If necessary, translation services are available upon request\*