



APPLICATION FOR CHILD'S ENROLLMENT

CENTER		Date of Enrollment:
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C H I L D	Name of Child	
	Date of Birth	
	Home Address	

P A R E N T	PARENT 1		PARENT 2	
	Name		Name	
	Home Phone	()	Home Phone	()
	Home Address		Home Address	

W O R K	PARENT 1 WORK		PARENT 2 WORK	
	Name of Business		Name of Business	
	Business Phone	()	Business Phone	()
	Business Address		Business Address	

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.				
E M E R G E N C Y	Name of Contact #1		Name of Contact #2	
	Phone	()	Phone	()
	Relationship		Relationship	
	Address		Address	

D O C T O R	Child's Doctor	
	Telephone	()
	Address	

C U S T O D I A N	<p>Name of person PROHIBITED from picking up your child: _____</p> <p>If a non-custodial parent is <u>not</u> included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.</p>
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E M E R G E N C Y	<p>I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee.</p> <p>Parent's signature: _____ Date: _____</p>
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W A L K I N G	<p><input type="checkbox"/> I give my permission for my child to participate in walking trips within the center's neighborhood.</p> <p><input type="checkbox"/> I do not give my permission for my child to participate in walking trips within the center's neighborhood.</p> <p>Parent's signature: _____ Date: _____</p>
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P O L I C Y	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:</p> <table> <tr> <td>1. Information to Parents Document</td> <td>_____ Yes</td> <td>_____ No</td> </tr> <tr> <td>2. Policy on the Release of Children</td> <td>_____ Yes</td> <td>_____ No</td> </tr> <tr> <td>3. Policy on Discipline</td> <td>_____ Yes</td> <td>_____ No</td> </tr> <tr> <td>4. Policy on the Expulsion of Children from Enrollment</td> <td>_____ Yes</td> <td>_____ No</td> </tr> <tr> <td>5. Policy on the Management of Illnesses/Communicable Diseases</td> <td>_____ Yes</td> <td>_____ No</td> </tr> </table> <p>_____ Parent's signature</p> <p>Date _____</p>	1. Information to Parents Document	_____ Yes	_____ No	2. Policy on the Release of Children	_____ Yes	_____ No	3. Policy on Discipline	_____ Yes	_____ No	4. Policy on the Expulsion of Children from Enrollment	_____ Yes	_____ No	5. Policy on the Management of Illnesses/Communicable Diseases	_____ Yes	_____ No
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