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| **A close up of a logo  Description generated with very high confidenceChild Enrollment Form**  **Site:** | | | | | | |
| **Child’s INformation** | | | | | | |
| **Child’s Name** | | **Date of Birth:** | | | **Male Female NA** | |
| **Address:** | | **City:** | | | **Zip:** | |
| **Child’s Schedule: M T W TH F Typically From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Please circle days of attendance)** | | | | | | |
| **Child’s Expected Start Date:** | **Date Deposit Form Completed (if applicable):** | | | | **Siblings attending program (Names and ages):** | |
| **Does the child have any allergies or medical conditions? Yes No** | **If yes please describe:** | | | | | |
| **parent/guardian information** | | | | | | |
| **First Parent/Guardian’s Name** | **Address** | | | **City** | | **ZIP** |
| **First Phone Number Cell Home Work**  **Ok to Text? Yes No** | | | **Second Phone Number Cell Home Work**  **Ok to Text? Yes No** | | | |
| **Email Address:** | | | | | | |
| **Second Parent/Guardian’s Name** | **Address** | | | **City** | | **ZIP** |
| **First Phone Number Cell Home Work**  **Ok to Text? Yes No** | | | **Second Phone Number Cell Home Work**  **Ok to Text? Yes No** | | | |
| **Email Address:** | | | | | | |
| **PARENT ACKNOWLEDGEMENTS** | | | | | | |
| 1. I will provide my child’s immunization record by their first day of attendance and keep it up to date. 2. I will provide my child’s Health Care Summary within 30 days of enrollment. I understand that my child will not be able to attend after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_until it is submitted. If my child is not in attendance for missing health items I understand that tuition is still due for the days my child is absent. 3. I will provide an updated Health Care Summary before my child transitions to the next age category. 4. If the center notifies me that my child is ill, I or my emergency contact will pick up my child within 1 hour of the notification. 5. I will provide at least 2 emergency contacts/escorts and will update all changes contact information and emergency contacts/escorts in writing and in person on my child’s Emergency Contact Form. 6. I will provide a two-week notice if I shall decide to disenroll my child from the program. I understand that I am responsible for the 2 weeks of tuition after I give notice regardless of my child’s attendance. 7. I have read and received the parent handbook and the tuition agreement policy. 8. I agree to notify the center by phone by 9:00 a.m. if my child is going to be absent or late and to have my child at the center by 9:30 am each day. 9. I will inform the center of any contagious illnesses my child has been diagnosed with and my child will not return to the center until my child is no longer contagious. | | | | | | |
| **Signature of Parent or Guardian: Date:** | | | | | | |
| **Signature of Staff Member: Date:** | | | | | | |