

<u>Enrollment Form</u>
Date of Enrollment: _____
Withdrawal Date: _____

<u>Child's Information</u>					
First Name	Middle Name	Last Name	Nickname	Date of Birth	Sex: M / F
Child's Home Street Address			City	State	Zip Code
Identity Verification			For Office Use Only		
Place of Birth: _____		Birthdate: _____		Certificate Number: _____	
Other Form of Proof: _____		Person Viewing Documentation: _____		Date: _____	

Mother/Father/Guardian Information

List only individuals who have legal custody of child.

*If mother or father is not listed, or if guardian is not a parent, legal proof of custody must be provided.
The child will be released to either parent unless a court order indicating sole custody is provided to the center.*

Mother's First Name	Mother's Middle Name	Mother's Last Name	Mother's SSN
Mother's Home Street Address (If different than the child's)			
Home City	Home State	Home Zip Code	
Employer	Employer Street Address		
Employer City	Employer State	Employer Zip Code	
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address
Father's First Name	Father's Middle Name	Father's Last Name	Father's SSN
Father's Home Street Address (If different than the child's)			
Home City	Home State	Home Zip Code	
Employer	Employer Street Address		
Employer City	Employer State	Employer Zip Code	
Home Phone Number	Work Phone Number	Cell Phone Number	Email Address

Emergency Contact Information

Persons Authorized to pick-up the child daily: _____

Persons to be contacted in case of illness, accident or emergency and authorized to pick-up the child from the school if the parents or guardians cannot be reached. A minimum of two are required. Please use a separate sheet of paper if you need more room.

Emergency Contact Name	Street Address	City	State	Zip Code	Phone Number	Relationship
1.						
2.						

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

List allergies and intolerance to foods, medications or other substances _____

Action to be taken _____

Authorization For Emergency Medical Care

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent/Guardian _____ Date _____

CHILD'S PROFILE

FAMILY

Mother's Occupation _____ Father's Occupation _____

Other family members (brothers, sisters, grandparents, etc.) living at home (list name, age & relationship to child):

Other family members living in the community (list name, age & relationship to child):

HEALTH

What communicable diseases has the child had, if any?

Measles(Big Red)_____ Measles (3day)_____ Mumps_____ Chicken Pox_____ Whooping Cough_____ Other_____

Any chronic physical problem(s)? _____

*Type of accommodations needed: _____

Any developmental or learning need(s)? _____

*Type of accommodations needed: _____

**If special accommodations are needed, a current copy of the child's IEP or ISP is required.*

MEDICATIONS

Are any medications given regularly? (Please list medications and reasons) _____

SPEECH

Describe your child's speech (check all that apply):

Rapid___ Slow___ Moderate___ Clear___

Talks Constantly___ Seldom Speaks___ Uses Many Words___ Uses Few Words___ Talks Only During Play___

TOILETING

Does your child have any special toileting needs? *Yes or No*

If *Yes*, please explain: _____

SLEEP PATTERNS

What time does your child go to bed?_____ What time does your child wake-up?_____

Does he/she walk, talk or cry out at night (circle one)? *Yes or No*

If *Yes* please explain: _____

Does he/she take anything to bed with them (circle one)? *Yes or No*

If *Yes* please explain: _____

What is his/her mood upon waking-up? _____

Does he/she take naps (circle one): *Yes or No* Typical nap-time: _____

INFANT FORMULA (if applicable): Brand of infant formula used _____

**Please note it is our centers policy to feed infants on demand unless other written instructions are on file from the child's physician.*

INTERESTS

Has he/she had experience playing with other children (circle one)? *Yes or No* What age child does he/she prefer to play with? _____

What are his/her favorite activities at home? _____

Does he/she like to (check all that apply)...

Be read to?___ Listen to Music?___ Play Outdoors?___ Get Dirty?___

Has he/she had experience with (check all that apply)...

Clay?___ Scissors?___ Easel Painting?___ Blocks?___ Puzzles?___ Finger Painting?___ Holding a Pencil?___

Can he/she ride a tricycle (circle one)? *Yes - No - N/A*

SCHOOLING

Please list any previous school and/or child care center enrollment (Name of School/child care center, City/Town, State & Date):

Is your child attending another school concurrently with our program? _____

Name of School _____ Grade or Class Level _____

COMMENTS

In what particular ways can we help your child? _____

Describe your child briefly (personality, abilities, etc.) _____

Photo Release

___ I give permission for photos of my child to be used by the center, for purposes to include but not limited to Constant Contact Emails and Newsletters, Precious Status, the center's website, social media, ads, flyers, brochures, videos and for other marketing purposes.

___ I do not wish for photos of my child to be taken and used for any of the above purposes, except for in-house purposes.

Signature of Parent/Guardian _____ Date _____

FINANCIAL AGREEMENT

I _____ (please print name), the parent/guardian of _____ agree to pay my child's tuition no later than Monday of the current week. If I have not paid by Wednesday of the current week, I understand that I will be charged a late fee. I also understand that if I do not pick my child up by the center's closing time, I will incur a late pick up charge. In the event that my child's tuition account becomes two weeks in arrears, I understand that my child care services with our center will be terminated. I also agree to pay all costs and expenses incurred by our center in connection with the collection of tuition and the enforcement of this agreement. I understand that our center and its authorized agents will use any personal contact information (home, work, cell and emergency contact numbers) provided to us on this document in an attempt to collect any outstanding balance on the account.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

HOLD HARMLESS AGREEMENT

I _____ (please print name), the parent/guardian of _____ agree to release and hold harmless The Alexander School of Early Learning and its employees, from any accident or harm that may occur should I retain the services of any school employee for the care of my child(ren) outside the child care center. I understand that The Alexander School of Early Learning does not condone or encourage its employees to babysit for parents of enrolled children outside of the child care center. If I retain the services of any employee from The Alexander School of Early Learning in such capacity, The Alexander School has no responsibility and is held harmless from any incident which may occur.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

I understand that child care services may be **terminated** for any of the following reasons:

- My child's tuition account becomes more than two week in arrears.
- Failure to respond in a timely manner when contacted by the center to pick up my child when he or she is sick.
- Failure to adhere to the 24 hour illness recuperation period.
- Failure to notify the center, in advance, if my school-age child will not be attending after-school care.
- Failure to provide the center with up-to-date emergency contact information for my child.
- Failure to receive parental support and help if my child is found to have a learning or behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists.
- My child's behavior pattern threatens his or her own health and safety or threatens the health and safety of other children and staff.
- Parent/guardians are no longer supportive of our schools program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the school.
- Parents who are repeatedly late will be asked to make other child care arrangement.

Please Read and Sign:

I have received and read the _____ version of The Alexander School of Early Learning Family Handbook that covers our schools policies. I also understand their application to me and my child.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

Director Signature _____ Date _____