

# Enrollment Form

<b>Child Information</b>	
Child's Full Name	Birthdate:
Brothers & Sister Living at Home (and their birthdates):	
Date of Enrollment:	Pre-Enroll Visit
Attendance:      Full Time ( )      Part Time ( )      Days Attending (please circle) M T W TH F	
<b>Information About Child's Mother/Guardian</b>	
Court issued custody papers that clearly describe custody arrangements must be presented to the center regarding custody of a child. Any person granted custody in such papers may pick the child up and may designate other persons who are authorized to pick the child up.	
Full Name:	Maiden Name:
Home Address:	Home Phone:
Date and Place of Birth	Work Phone:
Place of Employment: Work Hours:	Social Security #:
Work Address	Cell Phone:
Mother's Email Address	
<b>Information About Child's Father/Guardian</b>	
Full Name:	Home Phone:
Home Address:	Work Phone:
Date and Place of Birth	Social Security #:
Place of Employment: Work Hours:	Cell Phone:
Work Address	
Father's Email Address	
<b>How did you hear about us?</b>	
<input type="checkbox"/> Drove By <input type="checkbox"/> Flyer <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Relative/Friend: _____ <input type="checkbox"/> Referral Agency: _____ <input type="checkbox"/> Other: _____	

## Emergency Contacts (other than parents/guardians) Required

\*Please note that by listing the individuals below, you are authorizing them to provide transportation for your child

<b>1st person to contact:</b>	Cell Phone:
Home Address:	Home Phone:
Work Address:	Work Phone:
<b>2nd person to contact:</b>	Cell Phone:
Home Address:	Home Phone:
Work Address:	Work Phone:

Individuals, other than the parents, to whom the center is authorized to release the child and provide transportation for the child:

Name: \_\_\_\_\_

SS#/Driver's License \_\_\_\_\_

Name: \_\_\_\_\_

SS#/Driver's License \_\_\_\_\_

### Child's Interests and Behaviors Information

Does your child enjoy outdoor play?

Does your child spend time with both parents?  
If you are separated/divorced, how often does your child see the absent parent?

What are some of your child's favorite activities?

Sleeping/nap habits:

Eating habits:

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.):

How do you discipline your child?

Has your child attended any other pre-school or day care program? If so, please give name, address, and dates attended.

Special instructions for your child:

I  (do)  (do not) give permission for my child to be photographed and the photographs to be displayed.

## Health Information

Please list any serious illness or hospitalization:

Can your child be relied upon to indicate his/her bathroom wishes?  Yes  No

What special words does your child use when wishing to use the toilet?

Has your child's immunization program been started?

Does your child have allergies? If so, please list and explain how the allergy affects him/her.

Name of your child's physician:

Phone #:

Physician's Address:

**I will complete and return the following on or before my child attends the center:**

Child's Health History Checklist

Current Immunization Record

Parent Handbook Acknowledgment and Acknowledgment of Anti-Solicitation Policy

\_\_\_\_\_ has my permission to participate in all field trips that are sponsored by the center. It is my understanding that a prior notice will be given and that transportation will be handled by a licensed driver employed by the center. I also understand that my child will ride in a vehicle which is fully insured by the center. Permission is also given for Before/After school transportation.

\_\_\_\_\_  
Signature of Parent or Guardian

**I hereby authorize the center to obtain emergency medical treatment for my child.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Title: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

## Transportation Plan

\_\_\_\_\_ will be dropped off each morning to \_\_\_\_\_  
(Child's Name) (Center Name)

by \_\_\_\_\_  
(Parent/Friend's Name)

\_\_\_\_\_ will be picked up each afternoon at \_\_\_\_\_  
(Child's Name) (Center Name)

and taken to \_\_\_\_\_ by \_\_\_\_\_  
(Home or Childcare Name) (Parent/Friend's Name)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Based upon management discretion:

I understand that no child will be released to any adult showing risky behavior.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Acknowledgement and Receipt of Policies and Procedures**

I/we have read and been informed of the policies and procedures of the center and agree to their use for my/our child(ren).

I/We agree to the adherence of these policies and will pay the weekly tuition on Monday of each week. Payments received after this are subject to a 10% late fee. Returned check fees will apply.

I/We have received a copy of the summary of TN DHS Licensing Regulations

In the event your child is left at the center past closing time, a late pick-up fee will be required to be paid in cash, delivered to the management team, and is due immediately when you pick up your child.

In the event that a child is to be removed from enrollment, **a mandatory WRITTEN TWO WEEK NOTICE is required. If a child is unprepared for group experience, the child care center reserves the right to dismiss the child.**

**Inappropriate behavior from any adult or child (cursing, shouting, throwing things, physical altercation, etc) in or around the center will result in dismissal.**

**I have read and understand all preceeding information and agree to abide by the terms.**

Parent/Guardian Signature(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Director Signature \_\_\_\_\_ Date \_\_\_\_\_**