



Enrollment Application

How did You Hear of Us: _____ 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): _____
_____	_____
Phone: _____	Phone: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
_____	_____
Work Phone: _____ ext. _____	Work Phone: _____ ext. _____
Email Address: _____	Email Address: _____
_____	_____

Dentist (*required*): _____ Phone: _____

Address: _____

In case of an emergency, please list two contacts you would like us to notify if we are unable to reach you:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Names & numbers of others authorized pick your child up from the Center: _____

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 or medical needs? _____

(Please complete the reverse side.)

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

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 aide, 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. Allow photographs of my child to be used for educational or promotional purposes.
6. Complete a withdrawal notice, available in the office, at least two weeks in advance of my child’s last day of attendance.
7. Comply with the absence policy as specified in the current schedule of fees.
8. 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 \$5.00 late payment service fee will be added to my weekly fee if my payment is not turned in at this time.
9. 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: _____