



## Enrollment Form

All forms must be completed and on file at the facility **before** your child's first day of attendance.

Today's Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_ Enrollment Date: \_\_\_/\_\_\_/\_\_\_  
(First) (Middle) (Last)

Child's Nickname: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: M / F

### **Custodial Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours at work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours at work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Emergency Contact Information**

Two emergency contacts must be listed and within close proximity.

Name of person to call if parents cannot be reached: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name of person to call if parents cannot be reached: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Authorized Persons to Pick-Up your Child

Please provide the following information on **at least two** responsible, non-custodial, local persons to contact. We cannot release a child to anyone without **written** consent from a parent/guardian. **Any person picking up the child who is unknown to First Presbyterian Early Learning Center is required to show picture ID.**

Name	Relationship to the child	Primary Contact Number

## Medical Information

***A copy of your child's immunization record must be on file in our office. Records must be updated after each series of immunizations.***

Child's Name: \_\_\_\_\_  
(First) (Last)

Name of Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street address) (City) (State) (Zip)

## **Emergency Medical/First Aid Consent**

I, parent/guardian of \_\_\_\_\_, authorize  
(Child's first & last name)

First Presbyterian Early Learning Center to seek emergency medical care for my child. Such care may include transportation to and from the hospital, medical care from a licensed physician in the event that a parent/guardian cannot be reached, as well as first aid treatment by First Presbyterian ELC staff.

While it is understood that reasonable precautions will be taken by staff to prevent accident or injury to my child while in their care, I will not hold them legally responsible for such accident or injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

## **Medical History and Developmental Information**

Please check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD        | <input type="checkbox"/> Frequent colds             | <input type="checkbox"/> Seizures        |
| <input type="checkbox"/> Sun sensitivity | <input type="checkbox"/> Frequent ear infections    | <input type="checkbox"/> Biting          |
| <input type="checkbox"/> Whooping cough  | <input type="checkbox"/> Frequent throat infections | <input type="checkbox"/> Temper tantrums |

Fainting spells

Chicken Pox

Defective Heart

Diabetes

Measles

Mumps

Contracted Tuberculosis

Please list any allergies (including food, medicinal, seasonal, chemical, etc.) that your child has been diagnosed with. \_\_\_\_\_

Other conditions or comments:

**Consents/Acknowledgments**

Child's Name: \_\_\_\_\_  
(First) (Last)

I give my permission for the following to be applied to my child:

Yes No = Sunscreen

Yes No = Insect repellent

Yes No = Triple Antibiotic Ointment

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**Permission to Photograph**

\_\_\_ I give my permission for my child, \_\_\_\_\_, to be photographed and/or video recorded for the purpose of classroom use (i.e. portfolios, wall displays, teacher-made books).

\_\_\_ I give permission for my child, \_\_\_\_\_, to be photographed and/or video recorded for the purpose of promotional uses and special events. I understand that my child's photograph may be viewed in the form of posters, television ads or news stories, social media and/or First Presbyterian ELC websites.

\_\_\_ I do not give permission for photographs of my child to be taken at all.

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Tuition in the amount of \$ \_\_\_\_\_ will be due weekly/monthly. (Please circle one.)

*By signing this page you are acknowledging consent for, knowledge of and/or receipt of the above sections that you have marked.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_