

# Child Enrollment Form



## 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 _____<br>(Please select day(s) of attendance) <b>**MAXIMUM 10 HOURS A DAY IN CARE ALLOWED**</b> |  |  |        |    |
| Child's Expected Start Date:   | Date Deposit Form Completed (if applicable): | Siblings attending the 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 | Second Phone Number Cell Home Work |      |     |
| Ok to Text? Yes No                | Ok to Text? Yes No                 |      |     |
| Email Address:                    |                                    |      |     |
| Second Parent/Guardian's Name     | Address                            | City | ZIP |
| First Phone Number Cell Home Work | Second Phone Number Cell Home Work |      |     |
| Ok to Text? Yes No                | Ok to Text? Yes No                 |      |     |
| Email Address:                    |                                    |      |     |

## EMERGENCY CONTACT INFORMATION

If the parents/guardians cannot be reached, Lucky Charms Childcare is authorized to contact the following persons to act on behalf of my child, including picking up the child if the child is sent home ill.

|              | Emergency Contact #1 | Emergency Contact #2 |
|--------------|----------------------|----------------------|
| NAME         |                      |                      |
| EMAIL        |                      |                      |
| CELL PHONE   |                      |                      |
| WORK HOME    |                      |                      |
| HOME ADDRESS |                      |                      |

## ADDITIONAL PERSONS AUTHORIZED TO PICK UP MY CHILD FROM LUCKY CHARMS CHILDCARE CENTER

| First and Last Name | Relationship to Child | Cell Phone |
|---------------------|-----------------------|------------|
|                     |                       |            |
|                     |                       |            |
|                     |                       |            |

## 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, and agree to comply with these policies and procedures. I understand tuition is due 52 weeks a year, regardless of attendance.
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.
10. I understand and agree that Lucky Charms Childcare & Preschool and its employees are not responsible for injuries or illnesses suffered by my child, or damages to personal belongings unless the injury, illness, or property damage was the direct result of willful negligence on the part of those operating the center.
11. I authorize Lucky Charms Childcare & Preschool to act in case of emergency and to seek medical care on behalf of my child. In the event of a medical emergency, Lucky Charms Childcare & Preschool will contact 911 to expedite medical care.

**Signature of Parent or Guardian:**

**Date:**

**Signature of Staff Member:**

**Date:**