



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____
Street

City Zip Code

Days of the Week in Care: M T W Th F

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Social Security Number ____ - ____ - _____

Social Security Number ____ - ____ - _____

Address: _____
Street

City Zip Code

Address: _____
Street

City Zip Code

Home Phone: () _____

Home Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

Email address: _____

Email address: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: () _____

Work Phone: () _____

Parents are: *(please check one)*

Married ____ Divorced ____ Separated ____ Living Together ____ Widowed ____ Single ____

Custody: Mother ____ Father ____ Both ____ Other ____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: () _____
 Doctor: _____ Address: _____ Phone: () _____
 Dentist: _____ Address: _____ Phone: () _____
 Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below.

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter).

For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

Exploris Learning Academy will not release your child to anyone other than you unless written authorization is provided.

Name	Relationship to the Child	Gov. Issue Photo ID Type	Phone Number
<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release			Home () Work () Cell ()
<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release			Home () Work () Cell ()
<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release			Home () Work () Cell ()
<input type="checkbox"/> Emergency Contact & Release <input type="checkbox"/> Release			Home () Work () Cell ()

Helpful Information About Child:

With whom does the child reside? Please list names and relationships to child, and names and ages of other children

ADULTS

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

CHILDREN:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Does your child have any medical problems, chronic physical problems, pertinent developmental information, allergies, or intolerance to foods? Please explain.

Has your child had any previous experience with a child care center? If so, please list when and where, and how this experience was/if there were any problems:

What foods does your child like? Dislike?

What are some of your child's favorite toys/games/activities/etc.?

How does your child express anger/frustration?

Does your child have any particular fears? (dogs, vacuums, sirens, etc.)

When your child is upset, what helps to comfort them?

How do you "reward" or "discipline your child?"

Are there any special family situations that we should be made aware of?

What are your expectations of Exploris Learning Academy?

Anything else about your child you feel we should know?

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or

Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).

- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or

Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

CONSENT FORM

I give Exploris Learning Academy, permission for the following:

_____ Child Care personnel to have access to my child's records.

_____ Pictures/videos to be taken of my child for the t.v., news, newspaper, web page, art projects, classroom decorations, etc.

_____ To apply sunscreen to my child as needed.

_____ In case of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. I am responsible for providing information on my child's special health needs (allergies, diet, disabilities, medical information, etc.) to Exploris Learning Academy, as may be necessary to assist the facility in properly caring for my child in case of an emergency.

_____ Give/Decline permission for my child to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

_____ My child DOES NOT have a food allergy or dietary restriction. He or she **may not** participate in activities.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____ My child DOES have a food allergy or dietary restriction. He or she **may not** participate in activities

*I understand that it is my responsibility to update this form in the event that my decision for permission changes.
I agree that this form will remain in effect during the term of my child's enrollment.*

Signature of parent or legal guardian: _____