



STUDENT INFORMATION

Student Name:

Preferred _____ First _____ Middle _____ Last _____

Child lives with (name) _____ Relationship _____

Enrollment Date ____/____/____ DOB ____/____/____ Child is: Male Female

Place of Birth _____ Child Social Security # _____

Has your child ever attended another Childcare Network School? Yes No Where? _____

When was your child enrolled at this school? _____ Reason for leaving? _____

PARENT/GUARDIAN

Mother/Guardian: First _____ Middle Initial _____ Last _____ DOB ____/____/____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Address _____

Home # _____ Work # _____ Cell# _____ Email _____

Social Security # _____ Driver's License # _____ State _____

Marital Status: (check one) Married Single Divorced Separated Widowed

Father/Guardian: First _____ Middle Initial _____ Last _____ DOB ____/____/____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Address _____

Home # _____ Work # _____ Cell # _____ Email _____

Social Security # _____ Driver's License # _____ State _____

AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION

Your child will only be released to the persons listed above and those authorized below. Legal authorities will be contacted if your child is left at the school one hour after the school closing time. If the person below is also to be used as an emergency contact, please check the box on address line.

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____

Address _____ Emergency Contact

Person(s) NOT Authorized To Pick Up Child* _____

* Appropriate documentation such as custody papers should be attached if a parent is not allowed to pick up the child.

Parent/Guardian Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____



Child's Name: _____ **Sex:** Male Female **Enrollment Date** _____

Check normal days of attendance: Monday Tuesday Wednesday Thursday Friday

List normal times for arrival and departure:

Arrival Time: _____ am pm

Departure Time: _____ am pm

Check meals normally eaten at facility:

Breakfast Snack

Lunch Supper

(Note: The weekly schedule is intended to represent a typical week and will only be used to assist with teacher scheduling. We realize that actual schedules will vary based on your needs.)

MEDICAL INFORMATION

My child's pediatrician/physician is _____ Phone # _____

Address _____

My child's dentist is _____ Phone # _____

Address _____

My child has health insurance coverage yes no Insurance Company _____

My child is subject to (check and give details) Hospital Preference _____

_____ An allergy to medicine, food*, plant, animal, or insect toxin.

*(If your child cannot be served the CACFP meal pattern, a statement from the child's health provider must be completed.)

_____ A condition or fear that may require special care, procedures, services, medication or diet.

_____ A physical, mental or developmental disability that would prevent my child from participating in the school's regular program or activities.

Please explain special need, condition, fear or allergy: _____

_____ No known conditions or allergies.

_____ (initial) If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we ask that your child remain at home at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director. In addition, I agree to notify Childcare Network within 24 hours if any member of my immediate household is diagnosed with a communicable disease.

MEDICAL AUTHORIZATION

_____ (initial) I agree that Childcare Network staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. Childcare Network agrees to provide transportation to an appropriate medical resource in the event of an emergency and will not administer any drug or medication without specific instructions from the physician. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release Childcare Network, and all of its employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child.

DELIVERY OF STUDENTS

_____ (initial) I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated, will personally come into the school and receive my child from his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.

Parent/Guardian Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____



PUBLIC/PRIVATE SCHOOL TRANSPORTATION

_____ (initial) I do _____ do not _____ give my permission to be transported to and/or from a public/private school. I understand that it is the policy of Childcare Network not to allow any child to enter or leave the school unless escorted by an adult.

Public/Private School _____ Grade _____

FIELD TRIPS AND SPECIAL ACTIVITIES

_____ (initial) I do _____ do not _____ give my permission for my child to participate in field trips and special activities away from school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the school.

ACTIVITIES PLANNED OUTSIDE THE FENCED AREA OF THE FACILITY

_____ (initial) I do _____ do not _____ give my permission for my child to participate in activities planed outside the school's fenced area.

SWIMMING/WATER RELATED ACTIVITIES

_____ (initial) I do _____ do not _____ give my permission for my child to participate in swimming/water related activities.

MEDIA AUTHORIZATION

_____ (initial) I do _____ do not _____ give my permission for me, my spouse, and/or my child to be photographed or videotaped by Childcare Network. I understand that the photographs and/or videos may be used for public display including but not limited to school displays, Childcare Network's website, the Company social media site(s), advertising, newsletters, and promotional materials.

DISCIPLINE POLICY

_____ (initial) I have received a copy of Childcare Network's discipline policy. The policy has been discussed with me and all my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.

CHILD ABUSE/NEGLECT

_____ (initial) As a child care provider, Childcare Network is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than accidental means by a parent, guardian or caretaker, to the proper authorities. Childcare Network will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring in the home.

CONFIDENTIALITY STATEMENT

_____ (initial) Information pertaining to your child is considered confidential and will not be released by Childcare Network to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information.

CHANGE OF STATUS

_____ (initial) I agree to notify Childcare Network immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

Parent/Guardian Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____



HOW DID YOU HEAR ABOUT US?

(check one) Yellow Pages Radio Newspaper Drive By Agency _____
Parent referral (name) _____ Other _____

HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN ANY PRESCHOOL?

(check one) Yes No

If yes, Location 1 _____ Dates of Enrollment _____

Location 2 _____ Dates of Enrollment _____

Location 3 _____ Dates of Enrollment _____

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Print this application and bring it to the school. Thank you.



DIRECTOR USE ONLY

Withdrawal Date: _____ Withdraw Reason: _____

_____ Dates of Enrollment _____

All applications for enrollment are considered without regard to race, creed, color, sex, religion, national origin or disability.
Childcare Network is an equal opportunity provider. Revised 01/08