

ENROLLMENT APPLICATION

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<i>Please check the box (<input type="checkbox"/>) to indicate the primary residence of the child listed above.</i>			
	PARENT/GUARDIAN # 1		PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Home Address:		Home Address:	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
	Employer Address:		Employer Address:	
E-Mail Address:		E-Mail Address:		

EMERGENCY CONTACTS	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.					
	Contact Name #1:		Contact Name #2:		Contact Name #3:	
	Relationship:		Relationship:		Relationship:	
	Cell Phone:		Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:		Employer Phone:	

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

PERMISSIONS	I give permission for my child to participate in <u>WALKING TRIPS</u> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.	I <u>DO NOT</u> permission for my child to participate in <u>WALKING TRIPS</u> within the center's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.
	I give permission for my child to be <u>PHOTOGRAPHED</u> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.	I <u>DO NOT</u> give permission for my child to be <u>PHOTOGRAPHED</u> during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

RECEIPT OF POLICIES	<p>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information:</p> <ul style="list-style-type: none"> Center Policies and Procedures Information to Parents Document Policy on the Expulsion of Children from Enrollment Policy On The Use Of Technology And Social Media Policy On The Management Of Illnesses/ Communicable Diseases Policy On The Release Of Children Policy on the Methods of Parental Notification of Injuries (if applicable) Other: Other:
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MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/Hmo:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:		

HEALTH STATEMENT	<p>As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>
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EMERGENCY TREATMENT	<p>As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.</p> <p style="text-align: right;">Parent/Guardian Initials:</p>
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Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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Please tell us a little bit about your family and your child. Please know we will keep all information confidential.

Child's Name _____

Who are the special people and pets in your child's life and what does your child call them?

What time does your child go to bed and wake up during the week? How do they sleep? Where do they sleep? Do they have a special lovey or blanket? What do they call their lovey or blanket? Are you comfortable with your child's sleeping situation?

Is there any cultural information you would like us to know about your child and family? Please feel free to share living situations, dietary guidelines, languages spoken at home, any way we can support your culture in our classrooms, etc.

Is your child potty trained? We encourage all children to be potty trained at 2 ½ years but understand that is not always the case. Please review our potty training guidelines in our Family Handbook and feel free to use this space to let us know your thoughts or concerns.

Would you be interested in volunteering at our school? Please let us know in what capacity. We also welcome extended family to volunteer as well with permission of the immediate family.

Please feel free to let us know anything you feel is important for your child's teacher and our school to know. Ie- separation anxiety, developmental concerns, early interventions, eating habits, etc.

Please let us know what holidays your family celebrates throughout the year.

January

July

February

August

March

September

April

October

May

November

June

December

We are so happy to have your family join us at Livingston Academy! We look forward to sharing this journey together!

PARENT

RECEIPT OF INFORMATION:

Information to Parents Document

Policy on the Release of Children

Policy on Methods of Parental Notification
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)

Policy on Communicable Disease Management

Expulsion Policy

Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name:

Parent/Guardian's Name:

Signature

Date