



Academy of Early Learning
ENROLLMENT FORM

CHILD INFORMATION:

DATE OF BIRTH: _____ SEX: _____

DATE OF ENROLLMENT: _____

PREVIOUS CHILD DAY CARE PROGRAMS AND PREVIOUS SCHOOLS: _____

If Child Attends this Center and Another School/Program, Give Name of School/Program	Grade

FULL NAME: (LAST, FIRST, MIDDLE) _____

NICKNAME: _____

CHILD'S ADDRESS: _____

PRIMARY HOURS OF CARE: FROM: _____ TO: _____

FAMILY INFORMATION:

CHILD LIVES WITH: _____

CUSTODY: MOTHER/ FATHER/ BOTH/ OTHER (SPECIFY): _____

MOTHER'S NAME: _____

ADDRESS: _____

PHONE: _____ Email: _____

CELLPHONE: _____

EMPLOYER: _____

PHONE: _____

FATHER'S NAME: _____

ADDRESS: _____

PHONE: _____ Email: _____

CELLPHONE: _____

EMPLOYER: _____

PHONE: _____



Academy of Early Learning

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: _____

DENTIST: _____

ADDRESS: _____

PHONE: _____

HOSPITAL PREFERENCE: _____

PLEASE LIST ALLERGIES, SPECIAL MEDICAL OR DIETARY NEEDS, CHRONIC PHYSICAL PROBLEMS, PERTINENT DEVELOPMENT INFORMATION, SPECIAL ACCOMMODATIONS OR OTHER AREAS OF CONCERN:

EMERGENCY CONTACTS: CHILD WILL BE RELEASED ONLY TO THE CUSTODIAL PARENT OR LEGAL GUARDIAN AND THE PERSONS LISTED BELOW. THE FOLLOWING PEOPLE WILL ALSO BE CONTACTED AND ARE AUTHORIZED TO REMOVE THE CHILD FROM THE FACILITY IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY, IF FOR SOME REASON THE CUSTODIAL PARENT OR LEGAL GUADIAN CANNOT BE REACHED:

NAME ADDRESS WORK # HOME#

NAME ADDRESS WORK # HOME#



**Academy of Early Learning
AGREEMENTS**

1. The child day center agrees to notify the parent(s)/guardians(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. The parent(s)/guardians agree to inform Academy of Early Learning within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Helpful Information About Child:

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent(s) or Guardian(s)

Date

OFFICE USE ONLY

Date Child Entered Care: _____ Date Left Care: _____

Place of Birth: _____ DOB: _____

Proof of Identity: _____

Date Issued/Certificate # _____ Date Viewed _____

Person Viewing Documentation _____

Signature of Administrator

Date

