

Enrollment Application

1. Child's Name _____
Date of Birth _____
Child's Nickname _____
Sex _____ Age _____
2. Child's Name _____
Date of Birth _____
Child's Nickname _____
Sex _____ Age _____
3. Child's Name _____
Date of Birth _____
Child's Nickname _____
Sex _____ Age _____

Race : Black Caucasian Hispanic Other _____

Family Address _____

City _____ State _____ Zip _____

Desired Start Date _____

Mother's Name _____ Home Phone _____

Employer _____ Work Phone _____

Work Arrival Time _____ Work Departure Time _____

Cell Phone _____ Email _____

Father's Name _____ Home Phone _____

Employer _____ Work Phone _____

Work Arrival Time _____ Work Departure Time _____

Cell Phone _____ Email _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

For Office Use

Deposit: _____

Start Date: _____

Class: _____

Weekly Rate: _____

Book Fee _____

End Date: _____

Birth Certificate: _____

Immunization Record: _____

Hand Book _____

CACFP _____



MEDICAL PERMISSION AND TRANSPORTATION SLIP

Child's Name _____ Birth Date _____ Sex _____

Address _____ Phone _____

Mother's Name _____ Home Phone _____

Employer _____ Work Phone _____ Cell _____

Father's Name _____ Home Phone _____

Employer _____ Work Phone _____ Cell _____

Allergies _____

Medical Problems _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital Preference _____ Date of Last Tetanus _____

Insurance company _____ ID # _____

Group # _____

Name and Address of Person to Contact in an Emergency Other than Parents:

Relation of Emergency Contact Person (Family, Friend, Neighbor, etc.):

I (we) agree, and by our signature give our consent, that in the case of injury, accident or illness of a serious nature, my (our) child will be given emergency medical care. I (we) understand that I (we) will be contacted immediately, or as soon as possible if I (we) cannot be reached at the phone numbers given above. We will assume full financial responsibility for such treatment. We hereby authorize Adventure Station to transport the children listed above to a local medical facility deemed reasonable by the Adventure Station Staff. We agree to assume responsibility for all such treatment.

We grant permission at any time for the children named above to swim in public pools in Tippecanoe County and to accompany the teachers and staff of Adventure Station on or off the premises of Adventure Station for recreation and/or field trips.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

CHILD RELEASE FORM

I (we give our permission for child(ren), _____, to be released by the staff of Adventure Station to the following listed people. These people listed below may pick up my (our) children at any time that it is necessary, and without further specific written permission on any particular day he or she is to be picked up. Photo ID is required when persons listed below pick up your child. We will not release your child without a photo ID.

1. Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____

2. Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____

3. Name: _____

Address: _____

Relationship to Child: _____

Home Phone: _____ Work Phone: _____

The following people may NOT pick up my child:

1. Name: _____

Relationship to Child: _____

2. Name: _____

Relationship to Child: _____

We must have a copy of any court orders of no contact in your child's file.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

PARENT/GUARDIAN AGREEMENT FORM

I (we) the parents of _____, have read the entire Adventure Station Parent Handbook and understand all policies and fees as outlined for Adventure Station.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Our curriculum and craft projects sometimes include taking pictures of children. These pictures are taken in a classroom setting and often as a part of a class picture. If you would like for your child to be included when we take pictures, please sign below.

I (we) give permission to the director and staff of Adventure Station to take photographs or video pictures of my (our) child(ren), _____, while he/she is being cared for at Adventure Station.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

I (we) understand that this is a Registered Daycare Ministry, as described by the State of Indiana, and receives continuing inspections for fire safety and health sanitation. I understand that Adventure Station complies with the State Regulations concerning the operation of A Registered Daycare Ministry. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while he/she is at Adventure Station. I understand that this notice does not absolve a daycare facility from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrong doing on the part of the Adventure Station Staff or Facility.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____