

For Office Use Only:

Child Care Code _____

Date of Registration _____

Date if Termination _____



How did you hear about us?

(Check all that apply)

Referred

Drive By

Other

GLOBAL CHILDREN SERVICES
 “Today’s Achievers. Tomorrow’s Leaders.”
ENROLLMENT APPLICATION
 (Please fill in application completely and legibly)

Child’s Name: Last _____ First _____ MI _____

Child’s Address _____ City/State/Zip Code _____ Phone _____

Date of Birth _____ Sex: M F

Child’s Name: Last _____ First _____ MI _____

Child’s Address _____ City/State/Zip Code _____ Phone _____

Date of Birth _____ Sex: M F

Child’s Name: Last _____ First _____ MI _____

Child’s Address _____ City/State/Zip Code _____ Phone _____

Date of Birth _____ Sex: M F

Circle days to attend: Mornings: M T W T H F S Arrival Time _____ Departure Time _____

Afternoons: M T W T H F S Arrival Time _____ Departure Time _____

School- age Out of Session to attend M T W T H F S Arrival Time _____ Departure Time _____

Enrolling Parents/ Guardian Name: Last		First	MI
Relationship to Child		Driver’s License Number	
Address:		City/ State/ Zip Code	
Email Address:	Home Phone:	Cell Phone:	
Employer:	Work Phone:	Extension:	
Address:		City/State/ Zip Code	
Parent Guardian Name: Last		First	MI
Relationship to Child		Driver’s License Number	
Address:		City/State/Zip Code	
Email Address:	Home Phone:	Cell Phone:	
Employer:	Work Phone	Extension:	
Address:		City/State/ Zip Code	

(Circle)

Parents Marital Status: Single Married Divorced If divorced, who has legal custody?

Child’s Primary Residence: Both Mother Father Guardian

May the non- custodial parent pick up the child? Yes No

Global Children Services must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that the person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:

Name: _____ Address _____ City/State/Zip Code _____ Phone _____

Name: _____ Address _____ City/State/Zip Code _____ Phone _____

Name: _____ Address _____ City/State/Zip Code _____ Phone _____

Enrolling Parent/Guardian Signature: _____ Date _____
Child's Name: Last _____ First _____ MI _____
Child's Primary Care Physician: _____
Any known Allergies or Special Needs _____
Hospital preference: _____

EMERGENCY CONTACT OTHER THAN PARENT

Name: _____ Address _____ City/State/Zip Code _____
Phone _____

Is your child potty trained? Yes No
Does your child need help: Dressing Eating Washing Hands
Does your child have any specific fear or problems?

Has your child been cared for by anyone other than the parents? Yes No... By whom? _____

The Global Children Services will be open from ___ am to ___ pm for children ages ___ to ___

- I agree that I am enrolling for ___ days per week at the cost of _____.
- I agree to [ay a registration fee at the time of enrolling to be renewed each August/September. This enrollment fee is non-refundable.
- I agree to pay in advance each week's tuition.
- I am aware that I will be charged a fee for payments received after Monday.
- I am aware that I will be charged a fee for late pick-ups.
- No more than two additional electronic collection attempts, and if needed, by paper draft thereafter will be made to collect on returned checks. The maximum fee allowed by the state law will be charged for all collection attempts.
- I have received my pamphlet, containing additional policies and procedures.
- This institution is an equal opportunity provider.

State Requirements: I have received a copy of the summary licensing requirements. I do hereby authorize emergency medical care.

Parent/Guardian signature

Date

Child Information

Enroll Date: _____

Name of Child _____

Sex: M F

Home address: _____

Phone: _____ Birth date: _____ Cell Phone _____

Parent/ Guardian: _____

Driver's License#: _____

Name of Parents Employer: _____

Work Address: _____

Phone: _____ Email: _____

Parent/ Guardian: _____

Driver's License#: _____

Name of Parents Employer: _____

Work Address: _____

Phone: _____ Email: _____

**OTHERS TO BE CONTACTED WITHIN THE IMMEDIATE AREA IF PARENTS OR GUARDIAN
CANNOT BE CONTACTED IN CASE OF EMERGENCY**

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

NAME OF PERSONS AUTHORIZED TO PICK UP CHILD

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____