



Child's start date: _____
Program: (room #) _____ (FT/PT)
Deposit amount: \$ _____
Cash or check #: _____

APPLICATION FOR ENROLLMENT

Child's Name _____
(last) (first) (middle) (nickname)

Date of Birth _____ - _____ - _____ Gender _____ Social Security # _____ - _____ - _____

Child's Primary Address _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

Employer _____ Work Phone # _____

Other relevant information _____
(e-mail address, cell phone number)

Mother/Guardian's Name _____ Home Phone # _____

Address _____ Zip Code _____

Employer _____ Work Phone # _____

Other relevant information _____
(e-mail address, cell phone number)

Does your child have any particular fears or unique behavior characteristics? _____ yes _____ no If yes, please explain: _____

According to **Safe Arrival and Departure** procedures at Widewaters Learning Center, parents or guardians must notify administration, in writing, when someone other than the parent or guardian will pick up the child. Any individual picking up your child must present photo identification, and **must** be listed below. If your child has not been picked up by closing time, administration will attempt to contact the parent or guardian, and then will attempt to contact the individuals listed below. If no one can be contacted within forty-five minutes, the legal authorities will be notified and the school will follow the guidelines as set forth by these authorities.

Please list below the names of any persons to whom you authorize the release of your child:

_____ name _____ daytime phone _____ evening phone

_____ name _____ daytime phone _____ evening phone

EMERGENCY CARE INFORMATION:

Name of Child's Doctor _____ Office Phone # _____

Address _____

Name of Child's Dentist _____ Office Phone # _____

Hospital Preference _____ Phone # _____

Does your child have any known allergies? _____ yes _____ no If yes, please list: _____

Is your child on any continuous medication? _____ yes _____ no If yes, please explain: _____

Does your child have any medical conditions, or chronic illness? _____ yes _____ no

If yes, please explain:

In the event you cannot be reached in a medical emergency, please list at least two individuals we can contact:

Name _____ Work Phone # _____

Relationship _____ Home Phone # _____

Name _____ Work Phone # _____

Relationship _____ Home Phone # _____

I, as parent or guardian of the child listed above, agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician, nor a parent or guardian, can be contacted immediately.

Signature

Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of a medical emergency. In the event of any other emergency, the Emergency Plan will be followed as outlined in school policy. I verify that provisions will be made for adequate and appropriate food, rest and outdoor play for all children in care. No medication will be administered without specific written instruction from the child's parent (or guardian), or physician. I further verify that policies will be upheld as stated in the Parent Handbook and the Policy and Procedure Manual for Widewaters Learning Center.

Administrator's Signature

Date