

Early Learning Center Enrollment Form



Entrance Date: _____

Circle which class you are registering for:

Withdrawal Date: _____

Infants Creepers Toddler 1 Toddler 2 Two's Three's
Summer Camp

Child's Name: _____ Name child goes by: _____

Sex: M F Age: _____ Birth date: _____

Home Address: _____

City _____ State _____ Zip: _____

Home Telephone #: (_____) - _____ - _____

Child's Living Arrangements: () Both Parents () Mother () Father () other

Child's Legal Guardian: () Both Parents () Mother () Father () other

Father's Name: _____

Father's Address (if different): _____

City _____ State _____ Zip: _____

Home Telephone # (if different): (_____) - _____ - _____

Cell Phone #:(_____) - _____ - _____

Work Phone #: (_____) - _____ - _____

Mother's Name:

Mother's Address (if different): _____

City _____ State _____ Zip: _____

Home Telephone # (if different): (_____) - _____ - _____

Cell Phone #:(_____) - _____ - _____

Work Phone #: (_____) - _____ - _____

Early Learning Center Enrollment Form

The child may be released to the person(s) signing this agreement or to the following:

Please Note: Everyone must show ID before a child will be released to them

1. _____
Name Address City State Phone #

2. _____
Name Address City State Phone #

3. _____
Name Address City State Phone #

4. _____
Name Address City State Phone #

- **Please use another sheet of paper if necessary**

Person's to contact in case of an emergency when parents cannot be reached:

1. _____
Name Home Phone # Cell Phone # Work Phone #

2. _____
Name Home Phone # Cell Phone # Work Phone #

3. _____
Name Home Phone # Cell Phone # Work Phone #

4. _____
Name Home Phone # Cell Phone # Work Phone #

Name of Public/Private School child has attended (if any):

Early Learning Center Enrollment Form

Medical Information:

Child's Physician/Clinic Name (Child's Primary Health Source): _____

Physician's Telephone #: _____

My Child has the following special need(s): Please circle **NO** **YES** (see below)

The following special accommodation(s) may be required to most effectively meet my child's needs while at the Learning Center: Please circle **NONE** **YES** (see below)

ALLERGIES

My child has the following Allergies: Please circle **NONE** **YES** (see below) **FOOD**

MEDICATIONS

My child is currently on medication(s) prescribed for long term continuous use and/or has the following pre-existing illness, allergies, or health concerns: Please circle **NONE** **YES**

Please note: A medication form must be filled out every 10 days by a parent or legal guardian

EMERGENCY MEDICAL AUTHORIZATION

Should (Child's Name) _____, (Date of Birth) _____ suffer an injury/illness while in the care of Heritage Hills Early Learning Center and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I /We agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent/Guardian

Date

Telephone#

Signature of Preschool Director

Date

Telephone #

Early Learning Center Enrollment Form

Health and Social Record

Child's Name: _____ Birthdate: _____

Has your child ever been in a childcare setting? **Please circle** **YES** **NO**

If so, what kind? **Please circle** **Relatives Care** **In Home** **Church** **Other**

Briefly describe your child's experience:

Does your child have an existing condition of which we need to be aware of? ?

Please circle **YES** **NO** **Explain:**

Is your child fully able to participate in all of the activities offered by Heritage Hills Learning Center:

YES **NO** **Explain:**

Does your child function at the appropriate age level? **YES** **NO** **Explain:**

Can your child effectively communicate his/her needs? **YES** **NO** **Explain:**

Is your child on a special or restricted diet or have any food allergies (i.e. Peanut Butter)?

YES **NO** **Explain:**

Does your child have any non-food allergies of which we should be aware? **YES** **NO** **Explain:**

Early Learning Center Enrollment Form

Health and Social Record (con't)

Does your child have any problems at mealtime? **YES** **NO** **Explain:**

Does your child rest in the middle of the day? **YES** **NO** **Explain:**

Is your child toilet trained? **YES** **NO** Does he/she require assistance? **Explain:**

Does he/she require assistance? **YES** **NO** **Explain:**

Does your child require any medications, medical treatment or assessment while in childcare?

YES **NO** **Explain:**

Does your child use any special equipment such as a breathing machine, wheelchair, hearing aid, braces, etc? **YES** **NO** **Explain:**

Does your child require one-on-one supervision on a regular basis for a significant period of time?

YES **NO** **Explain:**

Does your child require and/or desire any accommodations or medications in order to fully and equally enjoy and participate in Heritage Hills Early Learning Center's group setting? **YES** **NO**

Explain:

Early Learning Center Enrollment Form

Financial Agreement

By signing this form, I agree to the following financial arrangements:

My account will be billed **MONTHLY** **WEEKLY**

For the amount of: \$ _____

For the following service: **(Please circle)**

ELC	WDP
Babies	2 Year Old (1 Day)
Creepers	2 Year old (2 Days)
Toddlers 1	3 Year Old (3 Days)
Toddlers 2	3 Year Old (4 Days)
Three's	4 Year Old (4 Days)
Four's	

I will be charged a yearly registration fee of: \$ _____

I will also be charged the following additional charges of:

- \$ _____ for Afterschool Care per week
- \$ _____ for Activities Fees/Field Trips

I understand that **payment is expected at time of service.**

Any account that does not have payment made within:

- 2 weeks if account is billed weekly
- 4 weeks if account is billed monthly

Will result in a discontinuing of services immediately.

Signature of Parent/Guardian

Date

Signature of Preschool Director

Date