



## Enrollment Application

**Please complete this application in its entirety, providing complete addresses and phone numbers for all parents, guardians, emergency contacts and authorized relatives.**

Entrance Date:		4 digit I.D. #		Withdrawal Date	
Child's Name			Sex:	Age:	D/O/B
Home Address		C/S/Z			
Mother's Name & Home Address, if different from child's				Telephone #	
Mother's Employer and full address			C/S/Z		Work Phone #
Father's Name & Home Address, if different from child's				Telephone #	
Father's Employer and full address			C/S/Z		Work Phone #
Parent(s) Emergency Contact #		Cellular Phone #		Email address <b>(required)</b>	
Child's Living Arrangements:	Both parents [ ]	Mother [ ]	Father [ ]	Other [ ]	
Child's Legal Guardian(s)	Both parents [ ]	Mother [ ]	Father [ ]	Other [ ]	
The child may be released to the person(s) signing this agreement or the following authorized person(s) :					
1.		Address/Phone #			
2.		Address/Phone #			
Persons to contact in the case of an emergency when parents cannot be reached:					
1.		Address/Phone #			
2.		Address/Phone #			
Name of public or private school child attends, if any:					
Child's Physician or Clinic's Name (Child's Primary Health Source) Office Phone #:					
The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:					
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:					
Signed: Parent(s)/Guardian				Date:	



## PARENTAL AGREEMENT

1. **Clarian Place Child Care & Learning Center** agrees to provide day care for \_\_\_\_\_

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

My child will participate in the following meal plan (circle applicable meals and snacks)

Breakfast  
Lunch  
Afternoon snack

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes; date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, exposure to communicable diseases, which include my child. Children with contagious illnesses are not allowed to attend the center. Should my child become ill during operating hours, has a temperature of 99 degrees or higher, is vomiting or has a loose stool, I will be contacted to pick your child up. I further understand that my child will not be allowed to return until he/she is symptom free for 24 hours, or has a physician's notice to return to day care.
6. The facility agrees to obtain written authorization from me before my child participates in field trips or special activities away from the facility.
7. I have received a copy and agree to abide by the policies and procedures for **Clarian Place Child Care & Learning Center**. I understand that failure to so may result is termination of enrollment.
8. I agree to provide **Clarian Place Child Care & Learning Center** two (2) weeks written notice prior to termination of enrollment. I understand that failure to do so will result in my account being billed the full two week's tuition, for which I agree to pay.

Signature (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Signature (Facility Representative) \_\_\_\_\_

Date \_\_\_\_\_