



EDUCATIONAL PLAYCARE

Application for Enrollment

Date Enrolled _____
Emergency Card _____
Health Form _____
Financial Form _____

Child's Name _____ Age _____ Sex _____

Nickname _____ Birthdate _____

Parent(s) or Guardian(s) _____

Address _____ Home Phone _____

Parent/Guardian's Occupation & Employer

1. _____ Phone _____

2. _____ Phone _____

Names and ages of brothers, sisters or other children living in the home: _____

Other pertinent family information you wish to share with us:

Child's Doctor: _____ Phone _____

Does your child have any special problems that would affect the school experience? (allergies, handicaps, etc.) _____

How did you hear about EDUCATIONAL PLAYCARE ? _____

When will your child's first day of attendance be? _____

Please specify your child's schedule of attendance:

Monday	Tuesday	Wednesday	Thursday	Friday
Hours: _____	_____	_____	_____	_____

I request admission for the above child and agree to the tuition and policies of EDUCATIONAL PLAYCARE.

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at EDUCATIONAL PLAYCARE facilities and the outdoor play areas.

I hereby grant permission for my child to leave the Center premises under proper supervision for neighborhood walks.

I hereby grant permission for my child to be included in evaluations and pictures connected with the Center's program.

I hereby grant permission for my child to be transported by a faculty/staff member in case of an emergency.

I grant permission for the following people to transport my child to and from EDUCATIONAL PLAYCARE (or to be called in an emergency).

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Child's Name _____

Parent's Signature _____ Date _____