

**For
Administrative**



Application for Enrollment School Age Only

Child's Full Name _____ Nickname _____

Birthdate _____ Current Age _____ Gender _____

Home Address _____

Parent(s) or Guardian(s) Information

1. Name _____ Email _____

Address _____ Home Phone _____ Cell Phone _____

Employer & Address _____ Work Phone _____

2. Name _____ Email _____

Address _____ Home Phone _____ Cell Phone _____

Employer & Address _____ Work Phone _____

Who is the primary contact person in the event of an emergency? _____

Names and ages of siblings or any other children living in the home: _____

Other important family information you wish to share with us: _____

Child's Doctor _____ Address: _____ Phone _____

Does your child have any special needs that might affect the school experience? (allergies, disabilities, etc.)

If your child has attended another program, please indicate where and provide a brief description of why you left. _____

How did you hear about Educational Playcare? _____

If someone referred you, who may we thank? _____

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

Please specify your child's schedule of attendance:

School _____ Grade _____

_____ Before School Only _____ After School Only _____ Before and After School

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

We attest that we are the persons legally responsible for the care of the above-named child.

We grant the following permissions for the above-named child:

To use all indoor and outdoor play equipment and to participate in all activities at Educational Playcare.

To leave the Center premises under proper supervision for neighborhood walks.

To be included in developmental evaluations.

To be included in photographs and/or videos that may be taken in the course of daily activities for the purpose of marketing the program.

We grant the following permissions to Educational Playcare:

To provide first aid to my child in the event of a medical emergency.

To obtain emergency medical treatment from a licensed medical facility (including drawing blood and performing x-rays) should the need for such treatment arise.

To apply family-provided, non-prescription creams, gels, ointments, etc. (such as diaper cream and/or sunscreen.)

We agree to assume all financial responsibility that may arise pertaining to emergency transportation and/or emergency treatment for the above-named child.

We release Educational Playcare from all liability regarding the application of family-provided creams, gels, ointments, etc.

We acknowledge that we have been informed of the techniques used for child behavior management.

We acknowledge that Educational Playcare uses video and audio recording devices for the purposes of observation and security and give our consent to these activities.

We grant permission for the following people to transport our child to and from Educational Playcare or to be called in the event of an emergency:

1. _____ Phone _____

2. _____ Phone _____

Do we have your permission to provide your contact information to other families? Yes ___ No ___

Parent's Signature _____ Date _____

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