



<b>For Administrative Use Only</b> Enrollment Date: _____
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## Application for Enrollment

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 intended time of drop off and pick up:

Monday            Tuesday            Wednesday            Thursday            Friday

Hours: \_\_\_\_to\_\_\_\_    \_\_\_\_to\_\_\_\_    \_\_\_\_to\_\_\_\_    \_\_\_\_to\_\_\_\_    \_\_\_\_to\_\_\_\_

**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 discussed the techniques used for child behavior management.**

**We acknowledge that Educational Playcare utilizes audio and video 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 to pick our child up:**

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_

**Do we have your permission to provide your contact information to other families? Yes \_\_\_ No \_\_\_**

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_