Pre-Registration Child Enrollment Form

(Additional forms will need to be completed prior to first day)

$60 Registration Fee per child

_____   _____
Entrance Date   Withdrawal Date

Child's Name _____

Sex _____   Age _____   Date of Birth _____   Home Phone _____

Home Address _____City_____State_____Zip _____

Mother's Name _____ Phone Number _____

Mother's Address _____

Mother's Email: _____

Mother's Place of Employment _____Work Number_____

Mother's Work Address _____

Father's Name _____ Phone Number _____

Father's Address _____

Father's Email: _____

Father's Work Address _____

Father's Place of Employment _____Work Number_____

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 to the following:

Name	Address	Phone	Relationship

(1) _____

(2) _____

(3) _____ _____

(4) _____ _____

1

Persons to contact in case of an emergency when parents cannot be reached:

    Name   Telephone Number   Relationship to Child

(1) _____

(2) _____

(3) _____

Name of public or private school child attends, if any: _____

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

Physician/Clinic's Telephone Number:_____

My child has the following special need(s):   **(see below) circle one**   **NONE**   **YES**

_____

_____   _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.   **(see below) circle one**   **NONE**   **YES**

 _____

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: **(see below) (circle one)**   **NONE**   **YES**

_____

_____   _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____(Child's Name) suffer an injury or illness while in the care of Northside Prep Learning Center and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/we can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent(s) / Guardian _____

Date _____   Phone _____

Parental Agreement

(1)   Northside Prep agrees to provide child care for (child's name) _____ on

(Circle All That Apply)

Days: Monday   Tuesday   Wednesday   Thursday   Friday
Times: From ____:____ am to ____:____ pm
Months: Jan   Feb   Mar   Apr   May   Jun   Jul   Aug   Sep   Oct   Nov   Dec

Meals: Breakfast   AM Snack   Lunch   PM Snack

(2)   I will complete a written medication authorization form before any medication is given to my child. Medication will be in it's original container with my child's name.

(3)   My child will not be allowed to enter or exit the center with out being escorted by the parent(s), person authorized by the parent, or center staff.

(4)   I understand it is my responsibility to keep my child's records current in regards to changes that may occur while my child is enrolled in Northside Prep. This includes, but is not limited to, telephone, address, work location and contacts, emergency contacts, physician, health status, immunization records, infant feeding plans.

(5)   Northside Prep agrees to keep me informed of any incidents, illnesses, injuries adverse reactions to medications or exposure to communicable diseases.

(6)   Northside Prep agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the center and any water-related activities occurring in water more than 2 feet deep.

(7)   Northside Prep will advise me of my child's progress, issues relating to my child's care and individual practices concerning my child's special needs.

(8)   Northside Prep parents are encouraged to participate in center activities.

(9)   I have received a copy and agree to abide by the policies and procedures for Northside Prep.

Parent(s) Signature _____ Date _____

Parent(s) Signature _____ Date _____

Center Director Signature _____Date _____