



# Joyful Journey Early Learning Center

P: 360-229-0582

www.joyfuljourneyearlylearningcenter.com

## Enrollment Application Form

### Child's Information

- Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_
- Is child UTD on all Immunizations  Yes  No
- Age: \_\_\_\_\_
- Preferred Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent/Guardian Information

- Full Name(s): \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_
- Phone Number(s): \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Emergency Contact Name & Number (if different): \_\_\_\_\_
- Family Size: \_\_\_\_\_
- Does Child live with both parents  Yes  No
- Is there a safety Plan in place  Yes  No

### Authorized Pick-Up Persons (other than parents/guardians)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Program Enrollment

- Full Day Program
- Half Day Program
- 2 Days  3 Days  5 Days
- Requested Days of the Week: \_\_\_\_\_

- If you are late for pick-up, it will be 5 dollars a minute, please initial you understand:  
\_\_\_\_\_ Drop off time is 7:30am cannot drop off after 8:30 Am Pick-up Time is 4:30 PM: \_\_\_\_\_
- If your child is sick and needs to be picked up, you have 45 Minutes from the time of call to pick up: \_\_\_\_\_
- If child is absent, let the center know a day before: \_\_\_\_\_
- If the center is full, I would like to put my child on waitlist:  Yes  No

How will you be paying for services: \_\_\_\_\_

- **Medical Information This will be updated annually**

- Allergies: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Doctor's Name & Phone: \_\_\_\_\_
- Insurance Provider: \_\_\_\_\_
- In case of an emergency, I give My Permission (Name of legal guardian) \_\_\_\_\_ for JJELCC to: to call 911 and transport with ambulance Name of child \_\_\_\_\_ to nearest emergency room . Date: \_\_\_\_\_ Initial \_\_\_\_\_
- Height of child \_\_\_\_\_ weight Of Child \_\_\_\_\_

### Additional Information

- Has your child previously attended daycare or preschool?  Yes  No
- Special Needs  Yes  No If yes can you provide more details, please

- Individual Requirements:

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- Favorite Activities or Comfort Items:

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Would you like to volunteer different times of the year  Yes  No

### Permissions

- I give permission for my child to be photographed for classroom use.
- I give permission for my child to go on short local walks.
- I understand and agree to the center's policies and procedures.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### **Documents Needed**

Birth certificate, Immunization Record, Current Physical, Dental Exam

### **Goals**

What do you hope your child gets out of this experience:

What 3 learning goals do you have for your child:

What do you do as a family:

What are two family goals

**JJELCC meets 2x a year** to go over progress, look at goals and update information if need to

Please initial \_\_\_\_\_

Do you need help with connections to resources  Yes  No

Is there any other information you think would be helpful? Please list. Thank you and we look forward to working with you her at JJELCC

## **3. PARENT ACKNOWLEDGMENT FORM**

I have received and read the Joyful Journeys Early Learning Childcare Center Family Handbook (2025-2026) and agree to the program policies and procedures.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director — Laila Longshore Smith Signature: \_\_\_\_\_