

**VECC 2020-21 Enrollment Application**

**Child Information Please type or print legibly.**

Last Name: First Name:

Gender: Female Male Birthdate: Age:

Home address:

City: State: Postal/Zip Code:

Telephone: Cell:

**Siblings (**Names & Ages):

Please list the name(s) of any licensed child care center(s) your child has previously attended:

**How did you hear about us?**  **Parent Information Please type or print legibly. Parent’s Name: Email:**

Day Phone: Cell Phone:

Employer:

Work Address:

City: State: Postal/Zip Code:

Parent’s Name: Email: Day Phone: Cell Phone:

Employer:

Work Address:

City: State: Postal/Zip Code:

I give my permission for my child’s picture to be taken. Yes No

**I give my permission for my child to participate in outdoor exploration and nature walks. Yes No**

My child’s drop-off & pick-up times will be as follows:

Mon Tues Wed Thurs Fri

Start Date: Enroll. Conf. Date: Application fee ck#

Signature of Parent/Guardian: Date:



**DISMISSAL RELEASE FORM**

## Persons authorized to pick up child: (Please provide picture ID at pick-up)

|  |  |  |
| --- | --- | --- |
| **Name:** | **Relationship:** | **Phone:** |
| **Name:** | **Relationship:** | **Phone:** |
| **Name:** | **Relationship:** | **Phone:** |
| **Name:** | **Relationship:** | **Phone:** |

PERSON (if any) WHO MAY NOT PICK UP MY CHILD:

# EMERGENCY DISMISSAL PROCEDURES

*Our policy in the event of an emergency is first to keep all of the children in our care safe. Second, a parent/legal guardian will be called and expected to arrive within the hour to pick up their child. If this is not possible, YOU must reach the emergency contact. If no one arrives to pick up your child, they will be brought to the local police department.*

## Two Emergency Contacts:

**Name: Home Phone:**

**Home Address:**

**Cell Phone: Work Phone:**

**Name: Home Phone:**

**Home Address:**

**Cell Phone: Work Phone:**

Signature of Parent/Guardian: Date:



# EMERGENCY MEDICAL AUTHORIZATION

REQUIRES PARENTS’ SIGNATURES:

In the event of an emergency and in case we are unavailable, Village ECC staff has our permission to obtain pertinent medical treatment and/or to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat our

child

follow these instructions.

**,** as they may deem advisable and/or

Parent/Legal Guardian Name: Date:

Parent/Legal Guardian Signature: Date:

Student Allergies:

Student Medical Problems:

Doctor: Phone Number:

Insurance carrier:

Please list below any pertinent information you believe will help us in providing your child with a positive and fun experience while attending Village Early Childhood Center

