



VECC 2021-22 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: _____



Child's Name: _____

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 (Other than Parents/Guardians)

Name: _____ Home Phone: _____
Home Address: _____
Cell Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____
Home Address: _____
Cell Phone: _____ Work Phone: _____

Signature of Parent/Guardian: _____ Date: _____



Child's Name: _____

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 _____, as they may deem advisable and/or follow these instructions.

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