



GRAND TOTS
CARE & ACADEMY

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Grand Tots Care & Academy Enrollment Application

CENTER INFORMATION

Center Name: _____

Center Address: _____

City, State, ZIP: _____

Email: _____

Phone Number: _____

CHILD INFORMATION

• Child's Full Name: _____

• Date of Birth: ____ / ____ / ____

• Gender: ☐ Male ☐ Female ☐ Other

• Home Address: _____

• City, State, ZIP: _____

PARENT/ GUARDIAN INFORMATION

Parent/Guardian

• Name: _____

• Relationship to Child: _____

• Phone Number: (____) ____ - ____

• Email: _____



• Employer Name: _____

• Work Phone: (____) _____ - _____

Parent/Guardian

• Name: _____

• Relationship to Child: _____

• Phone Number: (____) _____ - _____

• Email: _____

• Employer Name: _____

• Work Phone: (____) _____ - _____

Emergency Contact (Other than Parents/Guardians)

1. Name: _____

Phone: (____) _____ - _____

Relationship: _____

2. Name: _____

Phone: (____) _____ - _____

Relationship: _____

Authorized Pick-Up Persons

(List individuals other than parents/guardians who may pick up your child.)

1. Name: _____



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Phone: (____) ____ - ____

Relationship: _____

2. Name: _____

Phone: (____) ____ - ____

Relationship: _____

MEDICAL INFORMATION

• Child's Physician: _____

• Phone Number: (____) ____ - ____

• Does your child have any allergies? ☐ Yes ☐ No

• If yes, please list: _____

• Does your child have any medical conditions? ☐ Yes ☐ No

• If yes, please explain: _____

• Does your child take any medications? ☐ Yes ☐ No

• If yes, list medications: _____

Health Insurance Information

• Insurance Provider: _____

• Policy Number: _____

CHILD'S SCHEDULE



- Requested Start Date: ____ / ____ / ____
- Days Attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
- Drop-off Time: _____ AM/PM
- Pick-up Time: _____ AM/PM

PERMISSIONS & CONSENTS

• Emergency Medical Treatment:

- ☐ I give permission for my child to receive emergency medical treatment if necessary.
- ☐ I do not give permission.

• Photograph Consent:

- ☐ I give permission for my child's photo to be used for center activities and promotional materials.
- ☐ I do not give permission.

• Field Trip Permission:

- ☐ I give permission for my child to participate in off-site field trips.
- ☐ I do not give permission.

• Immunization and Health Records:

- ☐ I have attached a copy of my child's most recent immunization records.
- ☐ I have attached a recent health examination form signed by a physician.

• Policies and Handbook:

- ☐ I understand and agree to the center's policies regarding payment, attendance, and behavior.
- ☐ I have received and reviewed the Parent Handbook.



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PARENT/ GUARDIAN AGREEMENT:

I acknowledge that I have received and read the parent handbook and agree to abide by the policies and procedures of Grand Tots Care & Academy. I understand that tuition and fees are due as outlined in the center's financial policy.

Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE ONLY

- Date Application Received: _____
- Enrollment Fee Paid: ☐ Yes ☐ No Amount: \$ _____
- Enrollment Date: _____
- Accepted By (Staff Name): _____
- Date Immunization Records Received: _____
- Enrollment Date: _____
- Accepted By (Staff Name): _____
- Withdrawn Date: _____
- Reason for Withdrawal : _____