Successful Beginnings Childcare Center, LLC

"Where a successful start leads to a successful finish!"

912-335-1672 4210 Raybun Street Savannah, GA 31405

email@sbchildcare.net

Please print and complete this application using blue or black ink only.

CHILD ENROLLMENT FORM

Entrance Date: _____ Withdrawal Date_____

Child's Personal Information

Please use ALL CAPS to print child's LEGAL NAME.

Child's Name:_____ Date of Birth: _____
Birthplace: _____ Sex: _____ Age:_____
Home Address Street:_____
City:_____ State/Zip:_____ Home Phone:_____

Mother's Name: _____ Home Phone: _____
Mother's Home Address (if different from child's) Street: _____
City:_____ State/Zip:_____
Mother's Place of Employment: _____ Work Phone: _____
Employer's Street Address: _____
City:_____ State/Zip:_____

Father's Name: _____ Home Phone: _____
Father's Home Address (if different from child's) Street: _____
City:_____ State/Zip:_____
Father's Place of Employment: _____ Work Phone: _____
Employer's Street Address: _____
City:_____ State/Zip:_____

Martial Status of Parents: Married____ Separated___ Divorced ___ Widowed____
Single___ Other ____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other
Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

Other members in the household (use back if necessary):

Name	Age	Relationship to child

Authorization for Pickup

Persons authorized to pick up child from Center (must be at least 18 years old)
(Use back is necessary.)

1. Name:_____
   Address:_____ Phone:_____
   Relationship to child:_____
   Relations to Parent(s)/Guardian: _____
2. Name: _____
   Address:_____ Phone:_____
   Relationship to child:_____
   Relations to Parent(s)/Guardian: _____
3. Name:_____
   Address:_____ Phone:_____
   Relationship to child:_____
   Relations to Parent(s)/Guardian: _____

In case of Emergency

Persons to contact in the case of emergency when parent or guardian cannot be reached:
(Use back is necessary.)

1. Name:_____ Phone:_____
2. Name:_____ Phone:_____
3. Name:_____ Phone:_____

Child's doctor or clinic name: _____ Phone: _____
My child has the following special needs: _____
_____.
The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____
_____.
My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:_____
_____
_____.

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____Date of birth_____ suffer an injury or illness while in the care of Successful Beginnings Childcare Center and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.
Parent/Guardian Signature: _____ Date: _____
Facility Administrator/Person-In-Charge Signature: _____Date: _____

Parental Agreement With Successful Beginnings Childcare Facility

Successful Beginnings Childcare Center agrees to provide childcare for (Name of Child) _____ on Mondays thru Fridays from 6:00 a.m. to 6:00p.m. from January to December.

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack
Dinner
Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Successful Beginnings agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Successful Beginnings Childcare Center.

I understand that the facility will advise me of my child’s progress and issues relating to my child’s care as well as any individual practices concerning my child’s special needs. I also understand that my participation is encouraged in facility activities.

Signed:(Parent/Guardian)_____ Date: _____

Signed:(Facility Administrator/Person-In-Charge)_____

Date: _____