



Enrollment Application

Application Date _____
 Date of Enrollment _____

Please Print Legibly

Shot Records and Medical due prior to first day.

Child Information

To be completed and placed on file prior to first day of enrollment.

Preferred Name _____ First _____ Middle _____ Last _____
 Child lives with (name) _____ Relationship _____
 DOB ____/____/____ Male Female Arrive by _____ a.m. Depart by _____ p.m.
 County, State of Birth _____ (10 Hour Quality Day Requirement)
 Is this child currently enrolled at a preschool? Y N Reason for Change _____
 May we call them for a reference? Y N Day care name: _____

Parent/Sponsor Information

First Name _____ Middle Initial _____ Last Name _____
 Home Address _____ City _____ State _____ Zip _____
 Employer _____ Work Address _____
 Home Telephone _____ Work Telephone _____ Cell _____
 Email Address _____ Drivers License # _____ State _____
 You are responsible for payment of 100% of the tuition for this child.

First Name _____ Middle Initial _____ Last Name _____
 Home Address _____ City _____ State _____ Zip _____
 Employer _____ Work Address _____
 Home Telephone _____ Work Telephone _____ Cell _____
 Email Address _____ Drivers License # _____ State _____

Authorized Release and Emergency Contact Information*

Your child will **only** be released to the persons listed above and those authorized below. We are required to contact legal authorities should your child be left at the school one hour after the school's closing time. If the person below is also to be used as an emergency contact, please check the box below. Instruct persons below to ring the bell, identify themselves and child to be picked up. Upon verification, child will be released. Please do not give out your code to enter the building to these or other parties as they should obtain their own code.

Relation _____ Name _____ Home # _____ Work # _____
 Address _____ Cell # _____
 Relation _____ Name _____ Home # _____ Work # _____
 Address _____ Cell # _____
 Relation _____ Name _____ Home # _____ Work # _____
 Address _____ Cell # _____

Person(s) NOT authorized to pick up Child* _____

*Appropriate documentation such as custody papers should be attached if a parent is not allowed to pick up a child.



Medical Information

Child’s pediatrician/physician is _____ Phone # _____

Address _____

Child’s dentist is _____ Phone # _____

Address _____

Name a Hospital Preference _____

My child may have or does have (check those that apply and provide details below): Please specify CMC/Presby/Other

- Yes** **No** Asthma or use a nebulizer on a routine basis
- Yes** **No** An allergy to a medicine, food, animal, plant, or insect toxin **(Doctor’s Note Required)**
- Yes** **No** A condition or fear that may require special care or procedures/services (i.e., fire trucks)
- Yes** **No** A physical condition or disability that impairs movement
- Yes** **No** Receive any medication for any type of routine treatment (i.e., breathing treatments)
- Yes** **No** A mental or developmental disability that would prevent him/her from participating in any of the school’s regular/daily program or activities.

Please explain any “yes” answers in detail or fears of any problems you may have such as allergies or hereditary:

Has your child received any specialized tutoring or treatment? If so, please describe:

If your child has a special consultant/IEP, please provide us with their contact information and have them check in with us prior to their arrival to the Center the first time:

Name: _____ Entity: _____ Phone: _____

What are your child’s current interests, favorite toy, favorite book, etc.:

Best describe your child’s social relationships with other children of their age:

What extracurricular activities does your child participate in outside of preschool:



Enrollment Application – Part I

What are your child’s sleep habits; i.e., time to bed at night, time to wake and nap times:

What are your goals for your child; what accomplishments would you like to see them make this school year:

Describe your child’s previous child care or school experience:

Based on my job, my drop off time in the morning will be between:

- 6:30 – 7:00
- 7:00 – 7:30
- 7:30 – 8:00
- 8:30 – 9:00

My pick up time will be between:

- Before or 4:30 – 5:00
- 5:00 – 5:30
- 5:30 – 6:00

All times given must be approved by the Director with this form or at initial enrollment. These times are used for staffing to maintain proper child/teacher ratios.

An application fee of \$75 (\$125) per family, is paid as a part of this process. This fee is nonrefundable once you have submitted your paperwork as we will begin our preparations for your child’s arrival. In state checks, cash or money order is required to hold a space.

Once a space is available you will be notified and a week’s deposit is required at that time. Your child’s first week of tuition is due prior to their first week and always due prior to services being rendered, a \$20 late fee is required when payment is after Monday’s at 9:00 a.m. I understand that a written two-week notice is required. I understand that the Center has the right to disable our door code if we are not up to date with our payment.

Please take a moment to tell us how you heard about our Center

- Yellow Pages
- Newspaper/MI Monitor
- Sign/Drive by
- Website _____
- Parent Referral (name) _____
- Other _____

Parent/Sponsor Signature _____ **Date** _____

Parent/Sponsor Signature _____ **Date** _____

I, as the Executive Director, do agree to providing transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child’s parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play. The enrollment date of _____ is approved.

Executive Director’s Signature _____ **Date** _____