

The Learning Community

Enrollment Form

Date Received: ____/____/____	Office Use Only	Reg. Fee Pd. ____/____/____
Date of Tour: ____/____/____		Orientation: ____/____/____
Start Date: ____/____/____		PFW Faculty/Staff PFW Student

Child's Name _____
Last First Middle

Nickname _____ DOB ____/____/____ Sex M F

Please indicate hours of care needed for each day and meals expected during care. Operating hours are 6:30am-6:30pm M-F.

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

Father's Name _____ SSN#: _____-_____-_____

Address _____
Street City Zip Code

Email Address _____ Work Hours _____

Employer: _____ Phone # _____

Address _____
Street City Zip Code

Contact Numbers: Please indicate the order that you wish us to attempt contact.

___ Home _____ ___ Work _____ ___ Cell _____

Mother's Name _____ SSN#: _____-_____-_____

Address _____
Street City Zip Code

Email Address _____ Work Hours _____

Employer: _____ Phone # _____

Address _____
Street City Zip Code

Contact Numbers: Please indicate the order that you wish us to attempt contact.

___ Home _____ ___ Work _____ ___ Cell _____

Who has legal custody of child? ___ Both ___ Mother ___ Father

Do any court orders exist that prohibit an individual from having contact with child? ___ No ___ Yes

If yes, a copy of the court order must be kept on file at center.

Emergency Contacts/Persons Authorized to Remove Child

The following individuals may be contacted at the discretion of TLC Child Care Center should they be unable to contact me in an emergency or illness. Individuals are granted permission to pick-up my child from the center. My child will not be released to any individual not listed below or as parent/guardian without my direct consent. Individuals must provide picture identification at time of pick-up.

Name _____	Relationship to child _____
___ Home _____	___ Work _____ ___ Cell _____
Name _____	Relationship to child _____
___ Home _____	___ Work _____ ___ Cell _____
Name _____	Relationship to child _____
___ Home _____	___ Work _____ ___ Cell _____

Child's Name _____

Medical Information

Child's Physician _____ Phone # _____

Address _____
Street _____ City _____ Zip Code _____

Child's Dentist _____ Phone # _____

Address _____
Street _____ City _____ Zip Code _____

Insurance Provider _____ Policy # _____

Hospital Preference _____

Known allergies: _____

Reaction: _____ Treatment: _____

Medical Conditions: _____

Restrictions or Special Instructions: _____

Medications taken on a regular basis (name, dosage, frequency) _____

Dietary restrictions _____

Dietary restrictions for medical reasons must be documented by a physician stating restrictions and instructions for substitute food. Restrictions for personal or religious reasons must be documented by parent/guardian indicating requested restrictions and substitutions. Forms are available at the front desk.

I will provide and authorize the use of the following preventive care products for my child:

____ Sunscreen ____ Diaper rash ointment

Items listed above will be used on an "as needed" basis. Products must be in their original container and will be labeled clearly with child's name.

Non-Prescription Medication Authorization

The Learning Community will provide the following medications that have been approved by our consulting physician. These medications will only be dispensed at the direction of a parent/guardian by the completion of a MEDICATION AUTHORIZATION FORM that is available at the front desk. By state regulation, The Learning Community is NOT authorized to administer ANY other over-the-counter medications or listed medications for purposes other than those stated without a written doctor's order. Initial medications that you authorize your child to receive:

- ____ Acetaminophen-for fever of 100° or greater, teething
- ____ Benadryl or generic equivalent-for seasonal allergies and/or allergic reaction (CHILDREN age 2 and older ONLY)

Emergency Medical Authorization

I hereby authorize the staff of The Learning Community to take whatever emergency medical measures are deemed necessary for the protection of my child while in their care. I understand that this includes calling the named physician, implementing doctor's instructions, and/or transporting my child to a hospital or clinic without obtaining any further consent. I understand that medical personnel will be given a copy of my child's contact information and medical information provided on this form.

I authorize that in case of accident or illness of a serious nature, my child will be given emergency medical treatment and care, as deemed necessary by the EMS staff or emergency personnel of a hospital or medical clinic.

I understand that I will be contacted immediately or as soon as possible should I be away from the contact numbers provided, but that in the event of an emergency, the first consideration will be the proper care for my child.

I understand that The Learning Community will contact 911 in any situation that may be an emergency.

I hereby release The Learning Community and their staff from any and all liability.

Parent/Guardian (print)

Date

Parent/Guardian (signature)

Child's Name _____

Consents

Activities: All children are expected to participate in all activities planned by The Learning Community and its staff, unless directed by parent/guardian to exclude from specific activities. Children in the pre-k and school-aged rooms will occasionally use age-appropriate television programming or videos as a support to current lesson plans. All children may also occasionally play in materials such as sand, water, playdough, slime, clay, paint, mud, etc.

_____ My child may participate in any and all activities planned.
Initial

_____ My child shall be excluded from the following activities: _____
Initial

Walks: Staff may take children on walks, wagon rides, or buggy rides around the East State Professional Park as weather permits each day. Walks/rides may not leave the property of East State Professional Park.

_____ My child may participate in walks, wagon rides, or buggy rides.
Initial

_____ My child may NOT participate in walks, wagon rides, or buggy rides.
Initial

Field Trips: Parents/guardians will be notified in writing of any scheduled field trip. Parent/guardian must provide written permission prior to participation in a field trip. Staff will account for children before, during, and after field trips and must maintain appropriate child/staff ratio at all times. Transportation will be provided by the center and parent volunteers.

_____ My child may participate in scheduled field trips.
Initial

_____ My child may NOT participate in scheduled field trips.
Initial

Transportation: Transportation will be provided by the center and parent volunteers. Staff member or parent volunteer driver must be at least 21 years of age, hold a proper drivers license, and provide proof of insurance. Documentation must be on file at the center prior to transporting children. All children will be secured in proper safety restraints. No child will be permitted to ride in the front seat of any vehicle.

_____ The Learning Community staff may transport my child.
Initial

_____ The Learning Community approved parent volunteers may transport my child.
Initial

_____ The Learning Community staff or approved parent volunteers may NOT transport my child.
Initial

Photograph/Video Recording: Children may be photographed or videoed for documentation and educational purposes. Pictures may also be used to update website or in promotional material. Check all that apply.

_____ My child may be photographed/videoed for documentation and educational purposes only.
Initial

_____ My child may be photographed/videoed for use on website, Facebook, news media or promotional materials.
Initial

Financial Agreement: Payment is due on the week of attendance. Families whose account are two weeks behind will be denied care until payment is received in full. In the event of non-payment, you may be dis-enrolled. In the event that an attorney is needed to collect outstanding balances, all attorney fees will be the responsibility of the party who enrolled the child(ren) or those named on the account. I understand and agree to stated The Learning Community financial agreement.

Parent/Guardian (print)

Parent/Guardian (signature)

Date

Parent/Guardian (print)

Parent/Guardian (signature)

Date

This institution is an equal opportunity provider.
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