Children's Land of Imagination Academy

Child Care Application For Enrollment

Children are admitted without discrimination on the basis of age, race, color, gender, disability, political persuasions, national origin or ancestry.

Program Option Desired:

Enrollment date: _____

Full time____ Part time_____ M T W TH F **VPK:** ½ day only__ w/extended services___

School age care: School Name: _____

After school Care_____ Before and after school care_____ Summer Camp Only_____

Student Information

Child's Full Name: _____Nickname:_____

Birth Date: _____Gender: M__ F__ Primary Hours of care: From: _____ to _____

Insurance: _____ Physician & Number: _____

Family Information: Child Lives with: _____

Mother's Full Name: _____ Father's Full Name: _____

Address: _____Address: _____

Home Phone: _____ Home Phone: _____

Place of work: _____ Place of work: _____

Work Phone: _____/cell_____ Work Phone: _____/cell_____

Parent/Guardian with legal custody: Mother_____ Father_____ Both_____ Other_____

If your child is not allowed to be picked up by a parent due to court order please to notify the director and provide a copy of the court order which will be kept in confidential. Without court/restraining orders we legally have to release children to either parent.

Medical Alert Information:

Please list allergies, special medical or dietary needs, or other areas of concern: _____

_____

Authorization for Emergency Medical Treatment

If my child should become ill or injured at the center, I understand that the Facility will contact me immediately, or another designated person, if I cannot be reached. Should neither be reached, I authorized the center to contact my child's physician and/or arrange for immediate treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety to my child.

I will accept responsibility for payment of all medical services rendered due to an emergency situation.

Hospital Preference: _____ Phone: _____

Signature _____ Date_____

Persons Authorized to remove child (Identification Required)

Child will be released only to the custodial parent or legal guardian and the persons list below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

1. Name _____ Address_____ Phone_____
2. Name _____ Address_____ Phone_____
3. Name _____ Address_____ Phone _____