



STUDENT ENROLLMENT INFORMATION

Admission Date _____ Withdrawal Date _____

Please Fill out **all** information completely, including all addresses.

Child Information

Date of child's 1st day (approx.)

Child's Last Name _____ First Name _____ Middle Name _____

Sex _____ Age _____ Date of Birth _____

Social Security Number _____

Living Arrangement: () Both Parents () Mother () Father () Other _____

Home Address _____

Home Phone _____

Legal Guardian(s): () Both Parents () Mother () Father () Other _____

If your child is under 5, are they () Potty Trained () In Pull-ups (if over 2) () In Diapers (if under 2)

If your child is over 5 and attends school, please specify school name _____



ASCENSION CHILD CARE LEARNING CENTER

SOARING TO HIGHER HEIGHTS

Parent Information

Parent 1

() Mother () Father () Other _____

Last Name _____ First Name _____

Home Address _____

Social Security Number (optional) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Work Address _____

E-Mail Address _____

Parent 2

() Mother () Father () Other _____

Last Name _____ First Name _____

Home Address _____

Social Security Number (optional) _____



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Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Work Address _____

E-Mail Address _____

Child's Medical Overview

Does your child have any physical limitations, mental health disorders, mental retardation, developmental disabilities, or behavior disorders which could limit or challenge the child's participation in the center's programs and activities? () Yes () No

If yes, specify: _____

Are there any special instructions in caring for your child? () Yes () No

If yes, specify: _____



Allergies

Does your child have allergies (insect, seasonal, medications, foods, etc.)?

() Yes () No If yes, specify: _____

Please list any foods that your child may be allergic or sensitive to as our center nutritionist uses this information. Please note that a doctor's note and/or allergy form will be required. Parents may be required to bring in meals from home depending on the allergy and severity.

Child's Name _____ Food List: _____

Allergic reaction that occurs when ingested:



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Does your child have an epipen? () Yes () No

If there are any special instructions concerning your child's allergies or allergic reactions, please specify _____

Your child's health, welfare, and safety are the primary concerns of the staff members at ACCLC. The information requested is very important to ensure that your child receives the necessary care required for them.

Parental Agreements/ with ACCLC

Enrollment Information: My child is normally in attendance at the facility between the hours of _____ am/pm to _____ am/pm on the following days: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

My child will normally receive the following meals while in care: (Circle all that apply)

Breakfast Lunch PM Snack



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1. ACCLC agrees to provide child care for _____ (child's name) on Monday through Friday, 6:30 AM to 6:30 PM. My child will be allowed to participate in the following meal plans: Breakfast (served until 8:30 am), Lunch (served until 11:30 am), and Afternoon snack (3:00 pm).
2. Before any medication is dispensed to my child, I will provide written authorization, which includes date, name of child, name of medication, prescription number, if any, dosage, and date and time medication is to be given. Medication will be in original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by myself, the parent, person authorized by the parent, or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child physician, child's health status, infant feeding plans, immunization records, etc.)
5. The facility agrees to keep me informed of any incidents, including illnesses, any injury, adverse reaction to medications, etc. that involve my child.
6. The facility 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.
7. I acknowledge that it is my responsibility to follow all policies & procedures. I acknowledge that ACCLC has the right to terminate my child care contract at any time, for any reason, including but not limited to: the parent regularly breaks the rules, the parent is disruptive or difficult to deal, the child is disruptive or difficult to manage (ACCLC does not discriminate against the parent's or child's race, sex, religion, ethnic background, national origin or disability).
8. I have received a copy, read, and agree to abide by the policies and procedures for Ascension Child Care Learning Center.

Signed _____

(Parent or Legal Guardian)

Date _____



Authorization to Dispense External Preparations

590-1-.20(1)

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; dates to be given; the time of day to be dispensed; and signature of parent.

I give _____ permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Neosporin or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Child's Name _____

Parent/Guardian Signature _____ Date _____