



A STEP ABOVE LEARNING CENTER – CHILD ENROLLMENT FORM

Entrance Date: _____ **Withdrawal Date:** _____

Child's Name: _____ Sex: _____ Age: _____ Date of Birth: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Father's Name: _____ Home Phone Number: _____

Father's Home Street Address (if different from child's): _____

City: _____ State: _____ Zip: _____

Father's Place of Employment: _____ Work Phone: _____

Employer's Street Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Home Phone Number: _____

Mother's Home Street Address (if different from child's): _____

City: _____ State: _____ Zip: _____

Mother's Place of Employment: _____ Work Phone: _____

Employer's Street Address: _____ City: _____ State: _____ Zip: _____

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

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

The child may be released to the person(s) signing this agreement or to the following:

Name:	Address:
Relationship to child:	Phone:
Relationship to Parent(s)/Guardian(s):	
Other Identifying Information (if any):	
Name:	Address:
Relationship to child:	Phone:
Relationship to Parent(s)/Guardian(s):	
Other Identifying Information (if any):	

Person(s) to contact in the case of emergency when parent/guardian cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



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Name of Public or Private School child attends, if any: _____

Child's Doctor or Clinic Name: _____

Doctor or Clinic's Phone Number: _____

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 pre-existing 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 **A STEP ABOVE LEARNING CENTER** AND THE FACILITY IS UNABLE TO 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 OF SERVICES

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



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PARENTAL AGREEMENTS WITH CHILD CARE FACILITY

A Step Above Learning Center agrees to provide day care for

(Name of Child) _____

on the days of _____ from _____ am to _____ pm

during the months of _____.

My child will participate in the following meal plan(s) (check all that apply):

- 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. i.e. 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.

A Step Above Learning Center 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 child care 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 A Step Above Learning Center.

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

Signed _____ Date: _____
(Parent/Guardian)

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



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Parent/Guardian Notice of No Liability Insurance and Acknowledgement

I understand I am being informed in writing by signing this acknowledgement that this child care facility does not carry liability insurance sufficient to protect my child(ren) in the event of an injury, etc.

Parent(s)/Guardian(s)' Signature(s):

Date: _____

Date: _____

Printed Name(s):

Per SB24 (2004) requiring child care facility owners who are not covered by liability insurance to **provide and retain written notice** regarding no coverage to the parents and guardians.



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TRANSPORTATION AGREEMENT

Name of Child: _____

From (Pick-up Address) _____ at _____ (am / pm)

To (Drop-off Address) _____ at _____ (am / pm)

My child also needs to be transported My child does not need another ride.

From (Pick-up Address) _____ at _____ (am / pm)

To (Drop-off Address) _____ at _____ (am / pm)

My child will be transported on the following days: (check all that apply)

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

(Name of Authorized Person) _____ is authorized to receive my child. In the event the authorized person is not present to receive my child, the following procedures are to be followed:

The child will return to the center and parent(s)/guardian(s) will be immediately contacted by phone. In the event that the parent/guardian cannot be reached, the authorized pick-up people listed in the enrollment forms will be contacted to pick-up the child. If that is unsuccessful, the emergency contact person will be notified. (If the emergency contact person is not listed as an authorized pick-up person, they are NOT allowed to pick-up the child from the center.) If the child remains on the premises for more than one hour after dismissal, then DFCS will be contacted to pick-up him/her from the center, at the Director’s discretion.

This is to certify that I give A Step Above Learning Center permission to transport my child based on the aforementioned terms. In the event that my child is not transported as outlined, I agree to immediately notify A Step Above Learning Center.

Parent/Guardian Signature Date: _____



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VEHICLE EMERGENCY MEDICAL INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Home Phone: _____

Work Phone Number: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Work Phone Number: _____ Cell Phone: _____

Person to notify in case of emergency when parents cannot be reached:

Name: _____ Phone Number: _____

Child's Doctor: _____ Phone Number: _____

Medical Facility the Center uses:

Medical Facility Address:

Child's Allergies: _____

Current Prescribed Medication(s): _____

Child's special medical needs and conditions: _____

In the event of an emergency involving my child, and if A Step Above Learning Center cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment and/or ambulance transportation of my child.

Child's Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Witnessed by: _____ Date: _____



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MEDICATION AUTHORIZATION

CHILD'S FULL NAME: _____

NAME OF MEDICATION: _____

PRESCRIPTION NUMBER: _____

TIME MEDICATION IS TO BE GIVEN: _____

AMOUNT OF MEDICATION TO BE GIVEN: _____

DATE(S) TO BE GIVEN: _____

The information provided is true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN

DATE

For Center Use Only

	DATE	TIME GIVEN	AMOUNT	ANY ADVERSE REACTIONS	ADMINISTERED BY

IF NOTICIEABLE ADVERSE REACTION TO MEDICATION OCCURS, DESCRIBE WHAT ACTION WAS TAKEN?

DATE OF OCCURRENCE: _____

ACTION TAKEN: _____

DATE OF OCCURRENCE: _____

ACTION TAKEN: _____
