

Date: _____

ENROLLMENT APPLICATION (PLEASE PRINT)

CHILD'S NAME (FIRST, MIDDLE, LAST)		NAME PREFERENCE	MOTHER'S NAME	BIRTHDATE
SEX	BIRTHDATE	PRESENT AGE	HOME ADDRESS	HOME PHONE
NAMES AND AGES OF OTHER CHILDREN		LANGUAGE SPOKEN AT HOME	BUSINESS ADDRESS	WORK PHONE
EXPECTED DATE OF ENROLLMENT _____ <input type="checkbox"/> SCHOOL YEAR (SEPT - MAY) <input type="checkbox"/> SUMMER (JUNE-JULY) <input type="checkbox"/> BOTH			OCCUPATION	CELL PHONE
<input type="checkbox"/> Preschool	This center is open at 6:30 - 6:30, Monday through Friday		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> _____	
<input type="checkbox"/> Daycare	ATTENDANCE:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	FATHER'S NAME	BIRTHDATE
<input type="checkbox"/> After School	TIME: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		HOME ADDRESS	HOME PHONE
<input type="checkbox"/> Camp	(CIRCLE PREFERRED DAYS) M T W TH F		BUSINESS ADDRESS	WORK PHONE
PREVIOUS SCHOOLING NAME	ADDRESS		OCCUPATION	CELL PHONE
PHYSICIAN'S NAME	PHONE		MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> _____	
PHYSICIAN'S ADDRESS			LOCAL PERSONS TO NOTIFY IN EMERGENCY (Other Than Parents)	
LIST ANY SPECIAL NEEDS (i.e. allergies, medication, handicap, etc.)			1) NAME:	PHONE:
Email address (statement notices):	Email address (general info):		ADDRESS:	
FOR OFFICE USE ONLY: DATE ENROLLED: _____			2) NAME:	PHONE:
AGE GROUP: _____	DATE RELEASED: _____		ADDRESS:	
RECORD # _____	REG. PAID _____		PERSONS AUTHORIZED TO PICK UP CHILD:	

A \$100 NONREFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION TO ASSURE SERVICE REFERRALS.

PARENT'S AGREEMENT

I give my child permission to accompany the Youngworld Child Care Center on field trips in the Center Van or School Bus. I also give permission for my child to attend scheduled swimming sessions at the Youngworld Pool accompanied by a certified lifeguard.

(Parent's Signature) (Date)

I hereby give my consent to have my child treated by a physician for medical or surgical care should any emergency arise. I understand that every effort will be made to contact me or my spouse before such action is taken. I also agree that in case of injury to my child requiring medical attention that my accident and hospitalization insurance will be used to pay any expenses connected with that injury.

(Name of Insurance Company) _____
(Policy Number) _____
(Group ID)

(Parent's Signature) _____
(Date)

I hereby give my consent to have my child given first aid treatment, sunscreen, insect repellent or diaper ointment by the Youngworld staff.

(Parent's Signature) _____
(Date)

I agree to abide by the guidelines for payment as outlined in detail in the letter of agreement.

(Parent's Signature) _____
(Date)

