

Spring House Early Learning APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: _____

Date of Enrollment: _____

Child's Full

Name: _____

Last First Middle Nickname

Child's

Address: _____

Primary Hours of Care: From: _____ To: _____

Full Time

6:30a.m.-6:00p.m.

8:00a.m.-3:00p.m.

Infant

Toddler

Preschool

School Age Before After or Both (Circle one)

Part-Time

6:30am-12:30pm

8:30am-1:00 pm

Family Information:

Child Lives With: _____

Mother's

Name: _____

Address: _____

Home

Phone: _____

Employer: _____

Address: _____

Work

Phone: _____

Father's

Name: _____

Address: _____

Home

Phone: _____

Employer: _____

Address: _____

Work

Phone: _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone: _____

Doctor: _____ Address: _____

Phone: _____

Dentist: _____ Address: _____

Phone: _____

Hospital

Preference: _____

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

concern:

Informed Consent - Sunscreen

I give my permission for sunscreen that I provide to be applied to my child,
_____, when needed.

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed 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:

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Custody: Mother Father Both Other (specify):_____

I, _____, agree to enroll my child,
_____, at Spring House Early Learning. I understand that I will pay a fee of _____* every Monday of each new week or _____ by _____ of each month. It is my understanding that fee payment will be made, regardless of my child's absence. I agree to give Spring House Early Learning two weeks advance written notice if I should decide to terminate my child's enrollment (depending on circumstances). If that notice is not given, I agree to pay the remainder of the fees owed to the Center, in lieu of the two weeks notice.

How did you hear about us? _____

Helpful Information About Child:

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date