

CREATIVE LEARNING CENTERS

School –Age/Summer Camp Enrollment Form

Child Information		
Child's Full Name:	Date of Birth:	
Siblings "Names and Ages":		
	Pre-Enrollment Visit:	Date of Enrollment:
Information About Child's Mother/Guardian		
Court issued custody papers that clearly describe custody arrangements must be presented to Creative Learning regarding custody of a child. Any person granted custody in such papers may pick the child up and may designate other persons who are authorized to pick the child up.		
Full Name:		
Home Address Zip code:	Home Phone:	
Place of Employment: Work Hours:	Work Phone:	
Work Address:	Cell Phone:	
Information About Child's Father/Guardian		
Full Name:		
Home Address: Zip Code:	Home Phone:	
Place of Employment: Work Hours:	Work Phone:	
Work Address:	Cell Phone:	
Emergency Contacts (other than parents) - Required		
1 st Person to Contact:		Cell Phone:
	Home Address:	Home Phone:
	Work Address:	Work Phone:
2 nd Person to Contact:		Cell Phone:
	Home Address:	Home Phone:
	Work Address:	Work Phone:
3 rd Person to Contact:		Cell Phone:
	Home Address:	Home Phone:
	Work Address:	Work Phone:

Child's Interests and Behavior Information

If you are separated/divorced, how often does your child spend with each parent?

Eating Habits:

Behavior Issues:

How do you discipline your child?

Special Instructions for your child:

I do give permission for my child to be photographed and the photographs to be displayed (please write yes or no on the following lines):

_____ Facebook – Creative Learning Page

_____ Creative Learning website (creativelearningchildcare.com)

_____ Bulletin Boards and Room Displays

I understand and agree to the following policies: (Please initial

_____ **Payment: *Payment is due on Monday of each week or the first day your child attends.*** If payment is not received on Monday there will be a \$5 late charge. If payment is not received by 10:00 a.m. on Friday, another \$5 late fee will be charged.

_____ ***Full payment is always required regardless of attendance and center holidays.***

_____ **Late fee: *Children not picked up by 6:00 p.m. will be charged a late fee of \$1.00 per minute per child.*** (This is to be paid to the employee when you pick up your child, or this will be added to your account.)

_____ **Vacation:** After 6 months you may use one week of vacation that will count for your first year. Two weeks of vacation are granted during each subsequent year of enrollment. (Vacation = no attendance for that week and no payment).

Health Information

Please list any serious illness or hospitalization:

Does your child have allergies? If so, please list and explain how the allergy affects him/her.

Name of your child's physician:

Phone:

1. I am aware that the state law requires that all children attending a child care facility be in good health, free of communicable diseases, and current with all required immunizations. I agree that my child has a complete and current immunization record on file at _____ (school name).

_____ *Parent's Initials*

2. 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), dosage, any potential adverse reactions and dates the medication is to be given. Medication will be in the original container with my child's name marked on it.

_____ *Parent's Initials*

3. In critical emergency situations where the child requires immediate medical care, the parents assume responsibility for all costs of transportation and treatment. Children will be transported to the closest appropriate treatment facility.

_____ Parent's initials

4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, ex. Telephone numbers, work location, emergency contacts, child's physician, and child's health status.

_____ Parent's initials

Other:

I hereby authorize Creative Learning to obtain emergency medical treatment for my child.

_____ *Parent's Initials*

I will complete and return the following on or before my child attends Creative Learning:

1. Enrollment Form
2. Child's Health History Checklist
3. Child Emergency Information Sheet
4. Acknowledgement & Receipt of Policies & Procedures Statement

_____ *Parent's Initials*

I have read and understand the above information and agree to abide by the terms.

Mother's Signature:

Date:

Father's Signature:

Date:

CREATIVE LEARNING CENTERS

DEPARTMENT OF HUMAN SERVICES

Developmental Health History

(School Age Children)

Child's Name:	Date of Birth:
Physical Health	
What health problems has your child had in the past/present?	
Does your child have any recurring chronic illnesses or health problems such as: _____ asthma _____ cerebral palsy _____ developmental delay _____ diabetes _____ hemophilia _____ ADHD	
If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem?	
Do you have any other concerns about your child's health?	
Development (compared to other children this age)	
Does your child have any problems with speech? (If yes, please explain.)	
Does your child have any problems with walking, running, or moving? (If yes, please explain.)	
Does your child have any problems seeing? (If yes, please explain.)	
Does your child have any problems hearing? (If yes, please explain.)	
Daily Living	
Is your child on any special diet? Please describe.	
School/Social Relationships	
Does your child have trouble making friends?	
How does your child get along with peers/friends?	
Is your child involved in any sports/hobbies? Please describe.	
What is the best way to discipline your child, <i>excluding physical punishment</i> ?	
Is there any other information that you wish to share that would assist in meeting your child's needs?	
Parent's Signature:	Date:

C R E A T I V E L E A R N I N G C E N T E R

Acknowledgement and Receipt of Policies and Procedures

1. I have read the School Age Program Handbook in its entirety and have been informed of the policies and procedures of Creative Learning Center. I agree to their use for my child.
2. I have received a copy of the DHS Tennessee Regulations.
3. In the event my child is left at the Center past closing time, a late pick-up fee of \$1.00 per minute will be required to be paid in cash and is due immediately when I pick up my child.
4. In the event that my child is voluntarily removed from enrollment, *a mandatory written two week notice is required. There are no exceptions!*

Mother's Signature:___

Date:___

Father's Signature:___

Date:___

I agree to the adherence of these policies and will pay the weekly tuition on Monday of each week (or the first day that my child attends that week). Payments received after this are subject to a \$5.00 late fee. NSF fees are \$35.00 per offense.

Parent's Signature:___

Date:___

Based upon management discretion, I understand that no child will be released to an adult showing risky behavior.

Parent's Signature:___

Date:___

Director's Signature:___

Date:_____