

CREATIVE LEARNING CENTERS

275 SOUTH WALNUT

COOKEVILLE, TN 38501

931-528-2782 FAX 931-526-6669

Enrollment Form

Child Information		
Child's Full Name:	Date of Birth:	
Siblings "Names and Ages":		
<i>WE WILL NEED A 4 DIGIT SECURITY CODE FOR YOU TO USE FOR OUR SECURITY SYSTEM TO ENTER BUILDING: _____ Put In 4 digit code PLUS *</i>	Pre-Enrollment Visit:	Date of Enrollment:
	EMAIL ADDRESS: Parent #1	EMAIL ADDRESS: Parent #2
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. Papers must be signed by a judge.		
Full Name:	Maiden 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:	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: Work Phone:	
2 nd Person to Contact:	Cell Phone: Work Phone:	
3 rd Person to Contact:	Cell Phone: Work Phone:	
4 th Person to Contact:	Cell Phone: Work Phone:	
5 th Person to Contact:	Cell Phone: Work Phone:	
6 th Person to Contact:	Cell Phone: Work Phone:	

Miscellaneous Information

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

Sleeping/Nap Habits:

Eating Habits:

Behavior Issues:

Has your child attended any other pre-school or child care program? If so, name?

Special Instructions/information concerning 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 polices: (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:

Can your child be relied upon to indicate his/her bathroom wishes? Yes No

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

Name of your child's physician:

Phone:

Health Information (continued)

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 to obtain a Certificate of Immunization from my physician and to submit this form to Creative Learning, prior to my child's enrollment date.

_____ *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; e.g. **telephone numbers, work location, emergency contacts, child's physician, child's health status, immunizations records, etc.**

_____ *Parent's Initials*

Individuals, other than the parents, to whom Creative Learning is authorized to release the child:

Name:	Relationship:
Cell Phone:	Work Phone:
Name:	Relationship:
Cell Phone:	Work Phone:
Name:	Relationship:
Cell Phone:	Work Phone:

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. Current Immunization Record
5. 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:	
Accepted by:	Title:	Date: