

Ark Children's Center

2011-2012

Enrollment Form

All information must be provided for this application to be considered. Please print legibly or type.

Applying for: (circle one)	Days (circle one)
<input type="checkbox"/> PreK2 <input type="checkbox"/> PreK3 <input type="checkbox"/> PreK4 <input type="checkbox"/> K	<input type="checkbox"/> MWF
<input type="checkbox"/> TTH <input type="checkbox"/> M-F	

Child's Name _____ Home Phone _____
Last First Middle

Date of Birth _____ Male _____ Female _____

Child's Address _____
City State Zip

Father's Name _____ Occupation _____

Employer _____ E-Mail _____

Work Phone _____ Cell Phone _____ Pager _____

Address (if different from child's) _____
City State Zip

Mother's Name _____ Occupation _____

Employer _____ E-Mail _____

Work Phone _____ Cell Phone _____ Pager _____

Address (if different from child's) _____
City State Zip

Persons to call if parents cannot be reached in an emergency:

Name _____ Relationship _____

Address _____ Phone Number _____

Name _____ Relationship _____

Address _____ Phone Number _____

Other than parents, I authorize Ark Children's Center to allow my child to leave the facility ONLY with the following:

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name

Phone Number

Relationship

FIELD TRIPS: The ACC offers field trips for three-year old through Kindergarten classes. Parent(s) are notified prior to the event of a field trip, and a permission slip must be signed in order for the child to attend the event. In the event that I have been notified, I hereby: **give** **do not give** my consent for my child to take part in any scheduled field trip.

WATER ACTIVITIES: I hereby give my consent for my child to participate in the following water activities: (please check all that apply) **sprinkler play** **water table play** **splashing/wading pools** **swimming pools**

NUTRITION AGREEMENT: I acknowledge that I am responsible to provide a nutritious lunch for my child each school day, and that the ACC is not responsible for meeting my child's daily nutritional needs.

Signature of Parent or Legal Guardian

Date

MEDICAL INFORMATION

List any special problems that your child may have such as allergies, existing illness, previous illness, hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, or any other information that the staff should be aware of. Failure to disclose a medical condition may result in expulsion.

***This section must be filled out, so if no problems exist, please put "NONE" in the space provided.**

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Licensed Physician _____ **Phone Number** _____

Address _____ **City, State, Zip** _____

Preferred Hospital (or write "nearest") _____ **Phone Number** _____

Address _____ **City, State, Zip** _____

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

Date

ADMISSION REQUIREMENTS: Each of the following must be presented before your child is admitted to the school.

- I have attached a copy of my child's most current Immunization Record
- I have attached Form 1515 (Doctor's Statement) or a written statement from a health service or clinic

FOR OFFICE USE ONLY

Date of Admission _____ **School Year** _____ **Class Enrolled** _____

Registration Fee _____ **Cash** _____ **Check #** _____

Referred By _____