



ENROLLMENT APPLICATION

❖ CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

DOB _____ SEX: _____ M _____ F _____

❖ MOTHER/GUARDIAN LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

MOTHER/GUARDIAN TEL# _____ WORK # _____ CELL# _____

❖ FATHER/GUARDIAN LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL: _____

FATHER/GUARDIAN TEL# _____ WORK# _____ CELL# _____

❖ DATE OF ADMISSION _____ CLASSROOM _____

❖ HOURS OF CARE: M _____ T _____ W _____ TH _____ FR _____

❖ MEALS PROVIDED: BREAKFAST _____ LUNCH _____ SNACK _____

❖ SPECIAL CIRCUMSTANCES _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____



ADJUSTMENT SCHEDULE

CHILD'S NAME _____ D.O.B _____

DATE OF ADMISSION _____ CLASS _____

HOURS OF CARE: M _____ T _____ W _____ TH _____ FR _____

TEACHERS _____

DAY 1 _____ HOURS _____

DAY 2 _____ HOURS _____

DAY 3 _____ HOURS _____

DAY 4 _____ HOURS _____

DAY 5 _____ HOURS _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____



EMERGENCY CONTACT/ESCORTS

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____ D.O.B _____

MOTHER/GUARDIAN LAST NAME _____ FIRST _____ MIDDLE _____

MOTHER/GUARDIAN TEL# _____ WORK # _____ CELL# _____

FATHER/GUARDIAN LAST NAME _____ FIRST _____ MIDDLE _____

FATHER/GUARDIAN TEL# _____ WORK# _____ CELL# _____

ADDRESS _____

EMAIL : _____

IF YOU ARE NOT AT HOME OR WORK, WHERE CAN PARENT/GUARDIAN BE REACHED? _____

THE PERSON THAT YOU LIST BELOW WILL BE CALLED IN CASE WE CANNOT REACH YOU FOR ANY REASON. THESE PEOPLE ARE ALSO AUTHORIZED BY YOU TO ESCORT YOUR CHILD TO AND FROM THE DAY CARE CENTER.

1. NAME _____ ADDRESS _____

RELATIONSHIP _____ TELEPHONE _____

2. NAME _____ ADDRESS _____

RELATIONSHIP _____ TELEPHONE _____

3. NAME _____ ADDRESS _____

RELATIONSHIP _____ TELEPHONE _____

4. NAME _____ ADDRESS _____

RELATIONSHIP _____ TELEPHONE _____

IF WE ARE NOT ABLE TO REACH ANY OF THE PERSONS LISTED ABOVE, SHOULD YOUR CHILD BECOME ILL OR IS INJURED – WHAT ACTION SHOULD THE SCHOOL TAKE?

It should be noted that in the final disposition of emergency situation, the judgment of School Authorities will be used. The recommendations from the Parent(s)/Guardian will be carried out if all at all feasible however, should there be other circumstances/decisions, and the Parent(s)/Guardian is not available to confirm, the School will use the best judgment in the interest of the child.

I _____ AGREE WITH ALL OF THE ABOVE. Date: _____



PARENT CONSENT SLIP

Child Name _____ DOB _____

EMERGENCY MEDICAL CONSENT

I give permission for child _____, to be taken to the nearest hospital or medical facility in case of an emergency during the time he/she is in attendance at Nasry Michelen Day Care Center .

Parent/Guardian Signature _____ Date _____

CONSENT FOR FIELD TRIPS

I hereby give consent for my child _____, to participate in all field trips and activities with Nasry Michelen Day Care Center.

Parent/Guardian Signature _____ Date _____

MEDIA CONSENT SLIP

The Nasry Michelen Day Care Center occasionally engages in media-related activities that require the children to be photographed, video-taped, or filmed for the purpose of educational enrichment and research, promotion of the agency's programs and solicitation of contributions to support the agency. The media may be in the form of press release, agency/center brochures and reports, newspaper articles, advertisements, etc. Please indicate below if you want your child to participate in the above activities.

I give consent for my child to participate

I give consent but wish to have my child and family names withheld

I DO NOT give permission for my child to participate,

Parent/Guardian Signature _____ Date _____



FOODS MY CHILD CANNOT EAT

CHILD NAME _____ DOB _____

It is important that we know the foods that your child cannot eat (medical or religious reason.) Please indicate below foods your child cannot eat and why. Food allergies must be specific and clearly documented by your child's doctor.

LIST OF FOODS

REASON

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARENT/GUARDIAN SIGNATURE _____ DATE _____



HEALTH AND ILLNESS NOTICE

CHILD'S NAME: _____ DOB _____

To insure your child's well being during his/her stay at Nasry Michelen Day Care Center, it is important that you identify any health concerns or illness that your child may have. You will also need to provide a doctor's note if your child is currently being treated for a medical condition (e.g. asthma, eczema, allergies etc.)

Please indicate health concerns/illness in the space provided below:

My child's health problem is:

Please indicate a specific illness and treatment:

Parent/Guardian Signature _____ Date _____