

## Jack & Jill Enrollment Application

The center staff needs your help to understand and plan for your child. Please fill out the following form and return it to the center before enrollment along with a copy of the birth certificate.

### FAMILY INFORMATION

Child's Full Legal Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Preferred Name or Nickname: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Legal Status of Child's Custody: \_\_\_\_\_

\*if a legal custody agreement is in place, a copy of this agreement must be provided with this form.

Child's Physician's Name and Phone Number \_\_\_\_\_

\_\_\_\_\_

Allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency: \_\_\_\_\_

\_\_\_\_\_

Chronic physical problems and pertinent developmental information and any special accommodations: \_\_\_\_\_

\_\_\_\_\_

Emergency Contacts (Must live and/or work within 30 minutes of the school)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Additional persons authorized to pick up child (besides parents and emergency contacts)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Is there anyone whom you do not wish to pick up your child? If so, please give name and relationship to child.

Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other Members of your household (siblings, grandparents, etc.):

Name	Age	Name used by child	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS SCHOOL/DAYCARE INFORMATION

Has your child had any preschool or daycare experience? \_\_\_\_\_

If so, please give name of facility/provider and length attended:

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CHILD INFORMATION

Does your child take a nap?\_\_\_\_\_ If so, at what time(s)?: \_\_\_\_\_

Approximately how many hours a night does your child sleep?: \_\_\_\_\_

Is you child toilet trained? \_\_\_\_\_ If so, please specify any special words or routines used during toilet time?: \_\_\_\_\_

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If toilet trained, does your child have accidents?: \_\_\_\_\_

If so, how frequently do they occur?: \_\_\_\_\_

Please describe your child's appetite and eating habits:

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Does your child have any special dietary restrictions due to allergies, religious customs, etc.? If so, please describe:

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Does you child have any special interests? (music, outdoor play, books, trucks, etc.)

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Please list any other information you feel we should know about your child: (behavior problems, fears, medical concerns, special needs, etc.)

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PDFENROLLMENT CONTRACT

I, the undersigned, hereby make application to enroll my child in the Jack & Jill Child Care Center. I have read the handbook and understand the rules and regulations governing the Child Care Center. I wish to enroll my child in the following program (please circle days):

Morning Preschool (9:00 a.m. to 12:00 p.m.)	M	T	W	Th	F
Full Day Program (7:00 a.m. to 6:00 p.m.)	M	T	W	Th	F

I agree to pay the tuition fee of \_\_\_\_\_ per \_\_\_\_\_ in advance and understand that no reduction will be made for holidays, bad weather, vacations, or absence except in the case of extended illness, where special consideration may be given.

I understand that a late fee may be charged for every day the payment is overdue.

I understand that I must pick my child up by \_\_\_\_\_ and that an overtime charge will be due after that time.

I agree to give two week's notice of intent to withdraw from the Center along with tuition for those two weeks.

I hereby grant permission for my child to use all play equipment and participate in all activities of the school. I hereby grant permission for my child to leave the school premises under the supervision of staff members for neighborhood walks.

I agree to pick my child up as soon as possible in the event of illness or accident requiring medical care.

I hereby authorize the Child Care Center to take whatever steps may be necessary to obtain emergency medical care if needed. This may include, but not be limited to, administration of First Aid or CPR, transportation to the local emergency room, hospitalization, the performance of diagnostic testing, surgery, and/or the administration of drugs if the parent cannot be located immediately. It is understood that this agreement covers only those situations which are true emergencies and only when the parent or guardian cannot be reached. I will be responsible for payment of any medical expenses which are incurred.

I understand that I will inform the center within 24 hours or the next business day after my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Social Security Number: \_\_\_\_\_

For Office Use Only:

Admission Date: \_\_\_\_\_ Withdrawal Date : \_\_\_\_\_

Director's Signature: \_\_\_\_\_