

CHILDREN'S VILLAGE - ENROLLMENT APPLICATION

BR Early Learning Center

2904 NE Burton Road
Vancouver, WA 98662
(360) 944-0123
Provider # 658665

BR School-Age Center

2904 NE Burton Road
Vancouver, WA 98662
(360) 944-0123
Provider # 373632

SC Early Learning Center

1900 NE 129th Street
Vancouver, WA 98686
(360) 573-1144
Provider # 549709

Date Received: _____

Recd by: _____ Input by: _____

Start Date: _____

Orientation Date: _____

DCYF ~ Private ~ CPS

CHILD INFORMATION

First Name	Middle Name	Last Name	Nickname
Date of Birth	Gender	Child's Home Language	Parent's Home Language
Child's Home Address			Home Phone

List all people living in the home-- include names and ages of siblings

CHILD PUBLIC SCHOOL INFORMATION - Please complete a Transportation Form

Does your child attend school	Elementary School Name	Grade Level	School Phone
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School transportation provided by:

ENROLLING GUARDIAN INFORMATION

Name	Relationship to Child	Marital Status
Home Address	Home Phone	Cell Phone
	Email address	Social Security Number (required)
Employer Name and Address		Work Phone

OTHER PARENT/GUARDIAN INFORMATION *

Name	Relationship to Child	Marital Status
Home Address	Home Phone	Cell Phone
	Email address	Social Security Number (required)
Employer Name and Address		Work Phone

* This parent/guardian must sign this enrollment application or be listed as "Authorized to Pick Up" in order to pick up the child **

PERSONS AUTHORIZED TO PICK UP CHILD -- Other than Enrolling Guardian(s) **

** All authorized persons must have picture ID and be at least 18 years of age -- additional names may be written on back **

Name	Home Phone	Cell Phone
Address		
Name	Home Phone	Cell Phone
Address		
Name	Home Phone	Cell Phone
Address		

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CHILD'S MEDICAL INFORMATION

CHILD'S PHYSICIAN	PHYSICIAN'S PHONE	DATE OF LAST PHYSICAL (Req. Annually)
PHYSICIAN'S ADDRESS		
CHILD'S DENTIST	DENTIST'S PHONE	DATE OF LAST EXAM (Req. Annually)
DENTIST'S ADDRESS		
MEDICATION(S) CURRENTLY TAKEN BY CHILD	REASON CHILD IS TAKING MEDICATION(S)	
DOES YOUR CHILD HAVE AN IEP, IFSP OR 504? IF SO, PLEASE PROVIDE A COPY.		
SPECIAL HEALTH/DEVELOPMENTAL CONCERNS (INDIVIDUAL PLAN OF CARE, "IPC", MAY BE REQUIRED BEFORE ATTENDING)		
PLEASE LIST ANY SURGERIES YOUR CHILD HAS HAD		
PLEASE LIST ANY BIRTHMARKS YOUR CHILD HAS		

CHILD'S ALLERGIES (An individual plan of care is required for all allergies)

<input type="checkbox"/> Medications	_____	Reaction	_____
<input type="checkbox"/> Milk *	_____	Reaction	_____
<input type="checkbox"/> Food *	_____	Reaction	_____
<input type="checkbox"/> Respiratory	_____	Reaction	_____
<input type="checkbox"/> Bee sting	_____	Reaction	_____
<input type="checkbox"/> Other	_____	Reaction	_____

* If your child has an allergy to food, fluid milk, bee stings or medications, a doctor's note stating the allergy and resolution is required.

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I give permission for my child, _____, to be given first aid/emergency treatment by Children's Village staff and/or other emergency responders. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or other emergency vehicle to an emergency center for treatment.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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ENROLLMENT AGREEMENT

1. I will promptly notify Children's Village of any changes to information contained in this Application.
2. A Children's Village Parent Information Packet has been provided to me. Policies in the Parent Information Packet are incorporated into this agreement.
3. Children's Village has the right to change its policies and program at any time.
4. I grant permission for my child to participate in all activities, and to be transported for field trips and to/from public school.
5. My child may be photographed for non-commercial, in-school purposes.
6. I hold harmless Children's Village and its staff from loss or damage to toys, clothes or personal articles.
7. I warrant to Children's Village that I am entitled to legal custody of my child, and that I am authorized to place my child in your care.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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