



ENROLLMENT APPLICATION

DCYF ~ Private ~ CPS	Date Received: _____
Recd by: _____	Orientation Date: _____
Input by: _____	Start Date: _____

CHILD INFORMATION

First Name	Middle Name	Last Name	Nickname
Date of Birth	Gender	Child's Primary Language	Parent's Primary Language
Child's Home Address			Home Phone
List all people living in the home-- include names and ages of siblings			

PUBLIC SCHOOL INFORMATION - Please complete Transportation Forms

Does your child attend school?	Elementary School Name	Grade Level	School Phone
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

ADDITIONAL PERSONS AUTHORIZED TO PICK UP/DROP OFF CHILD -- Other than Parent/Guardian(s) listed above**

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

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

CHILDREN'S VILLAGE - ENROLLMENT APPLICATION, PAGE 2

CHILD'S MEDICAL INFORMATION

CHILD'S PHYSICIAN	PHYSICIAN'S PHONE	DATE OF LAST PHYSICAL
PHYSICIAN'S ADDRESS		
CHILD'S DENTIST	DENTIST'S PHONE	DATE OF LAST EXAM
DENTIST'S ADDRESS		
DOES YOUR CHILD HAVE AN IEP, IFSP OR 504? IF SO, PLEASE PROVIDE A COPY.	MEDICATION(S) TAKEN BY CHILD AND REASON FOR TAKING	
SPECIAL HEALTH/DEVELOPMENTAL CONCERNS (INDIVIDUAL CARE PLAN, "ICP", 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 care plan signed by a physician 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 a food and/or fluid milk allergy a doctor's note stating the allergy and appropriate substitution 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
------------------------------	---------------------------	------

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, 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, that I am authorized to place my child in your care, and that I am authorized to sign and/or make informational changes to this enrollment form.

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