

Vinton Early Learning Center Enrollment Form 2023

PLEASE COMPLETE FORM FULLY

CHILD'S INFORMATION



Child's Last Name:		First Name:		Birth Date:	Gender:
Street Address:				Phone Number:	
City:	State:	Zip Code:	Nationality:		Age/Grade:

PARENTS INFORMATION










Primary Parent/ First Guardian Name:		Last:	Marital Status:		
Street Address:		City:	State:	Zip Code:	
Primary Number:		Secondary Number:			
Relationship to Child:		Email Address:			
Employer:	Position:	Work Hours:	Work Location:		

Other Parent/ First Guardian Name:		Last:	Marital Status:		
Street Address:		City:	State:	Zip Code:	
Primary Number:		Secondary Number:			
Relationship to Child:		Email Address:			
Employer:	Position:	Work Hours:	Work Location:		

MEDICAL INFORMATION

Physician Name:		Address:	City:
Dentist Name:		Address:	City:
Hospital Preference:	Medical Insurance Company:	Medical Insurance Policy #:	

Name of Persons the Center is authorized to call in case of an emergency (in addition to Parents) who have blanket authority to bring or pick up my child from the Center with Parents written or verbal permission: (At least one local contact is required)

Emergency Contact Name:		Home:		Cell:		Work:
Relationship:	Where Located:	Can Provide Transport:				
Emergency Contact Name:		Home:		Cell:		Work:
Relationship:	Where Located:	Can Provide Transport:				
Emergency Contact Name:		Home:		Cell:		Work:
Relationship:	Where Located:	Can Provide Transport:				

Other Information

Ethnicity:	Custody Details	
(Required for Food Program)	Names of Persons NOT authorized to pick up the child (Legal Documentation required in some cases)	Is there a separation or Divorce custody problem of which we should be aware of? (Please provide explanation)

Parental Emergency Medical Consent

In the event that my child (listed above) may require medical or surgical care while I am out of the city or unable to be reached, & reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the **doctor/hospital or dentist** listed above, or if unavailable, another licensed physician or dentist. _____ **Please initial for consent**

To the best of my knowledge this information is true & correct. I will keep the Center updated with any changes to the above information as soon as possible.

Signed: _____
Date: _____

STATEMENT OF HEALTH

To my knowledge, my child is free of any communicable disease

 Yes No**Current Medications:****(PLEASE LIST)****Acute or chronic conditions:****(PLEASE LIST)****Known Allergies/Food Exemptions:****(PLEASE LIST)****MEDIA RELEASE**

- I understand that newspaper, television, radio stations & other media resources may contact & visit Vinton Early Learning Center.
- I give permission for my child to be photographed &/or interviewed for such media resources & to be distributed &/or broadcast to the general public.
- In addition, I grant permission for photographs of my child to be used in any brochures, center website or social media & information publication describing Vinton Early Learning Center, which is distributed to the public.

 AGREE DISAGREE AGREE DISAGREE AGREE DISAGREEIf **DISAGREE**, are pictures for classroom and in-center use OK? Yes No

Comments:

SUNSCREEN & LOTION PERMISSION

- I give permission for the daycare to use Sunscreen/Lip Balm on my child (when child is age 6 months or older) as needed.
- I give permission for teachers to apply: Diaper Cream/Petroleum Jelly/Lotions or Sunscreen/Lip Balm/Insect Repellent as & when required.
- I will provide and label my child's name on all Creams/Lotions/Balms/Spray or Gels in the **original container** & advise teachers if they are no longer necessary.

 Yes No Yes No Yes No

Please provide BRAND NAME/or Comments:

TRAVEL & ACTIVITY

- I give permission for my child to be transported in the event of mandatory emergency evacuation from the center.
- I understand that I will be notified before each travel activity, apart from walks outside to the playground or around the Child Development Center/Tilford.
- I give permission for my 3–5-year-old/School Age child to leave the Vinton Early Learning Center/Tilford on public transportation for field trips.

Agree

Disagree

Parent Comments/restrictions:

ATTENDANCE AGREEMENT

To properly staff our center within State guidelines for staff/adult ratios, we need to know what days and times your child will be attending the center.

- I understand that I will use the check-in/out procedure each day when dropping off/picking up my child.
- I will notify Vinton Early Learning Center of any changes to my child's schedule (in advance when possible.)
- An after-hours fee will be charged at the rate of \$15.00 if your child is not picked up by closing time and \$1.00 per minute will be charged after 15 minutes after closing. **Before/After School Program** closes at 5:30pm, **Center** closes at 6:00pm.
- If you decide to terminate services with Vinton Early Learning Center, we require 14 days' notice in writing & completion of a new EFT contract, or a final account payment prior to the end of the notice period.

Agree

Disagree

Scheduled Hours

	MON	TUES	WED	THURS	FRI	TOTAL HOURS
Start Time						
Pick-Up Time						

- I agree that all the above statement responses are true & correct.
- I have received the Parent Handbook & understand that it is my responsibility to abide by the policies written. It is my responsibility to contact the Director or Assistant Director to answer questions I have about the requirements, expectations, and consequences of non-compliance found in the Vinton ELC Parent Handbook. I understand my child's enrollment may be terminated if at any time I fail to comply with the policies found in the Parent Handbook.

Signed:

Print Name: