



# A READINESS LEARNING ACADEMY CHILD ENROLLMENT FORM

For Office Use Only

Date of Entry \_\_\_\_\_

Registration Fee \_\_\_\_\_

Classroom \_\_\_\_\_

Tuition \_\_\_\_\_

**Child Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ First Date of Attendance: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care: M T W Th F Sa Su

**Family Information:** Child Lives With: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

## **Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the person listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

\_\_\_\_\_  
Name Address Work # Home #

\_\_\_\_\_  
Name Address Work # Home #

\_\_\_\_\_  
Name Address Work # Home #

\_\_\_\_\_  
Name Address Work # Home #

**Alternate Nutrition Plan Agreement:**

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

Indicate Special Dietary Requirements: \_\_\_\_\_

\_\_\_\_\_

(Mark P for Parent Provides, or A for Academy Provides)

\_\_\_\_\_  
Breakfast

\_\_\_\_\_  
A.M. Snack

\_\_\_\_\_  
Lunch

\_\_\_\_\_  
P.M. Snack

\_\_\_\_\_  
Formula

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Care Plan instructions (if applicable): \_\_\_\_\_

\_\_\_\_\_

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24),
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

My signature below indicates I have received the above items as well as a copy of "The Flu", a guide for parents, CF/PI 175-70; and the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records. I also agree to notify the Academy if my child is not in attendance within one hour of his/her scheduled arrival time.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date