

LEARNING AVENUES CHILD CARE CENTERS

Enrollment Form

Enrollment Date_____

Start Date_____

Registration Fee_____

PRESCHOOL _____ ECEAP _____ HEADSTART _____ KINDERGARTEN _____ MCCOY _____

SCHOOL AGE: BEFORE ONLY _____ AFTER ONLY _____ BEFORE & AFTER _____

SCHEDULE: Monday Tuesday Wednesday Thursday Friday

CHILD'S NAME_____ NICKNAME_____

SEX_____ BIRTHDATE_____

HOME ADDRESS _____ PHONE_____

E-MAIL ADDRESS_____

MOTHER'S NAME _____ OTHER PHONE _____

EMPLOYER/SCHOOL _____ PHONE_____

FATHER'S NAME _____ PHONE _____

EMPLOYER/SCHOOL _____ PHONE_____

PARENT'S MARITAL STATUS: MARRIED ___ SEPARATED ___ DIVORCED ___ SINGLE _____
WIDOWED ___ (Copies of custody papers or court orders are advised for special concerns)

EMERGENCY CONTACTS:

1.NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE_____

2.NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE_____

3.NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE_____

Who in addition to those listed above is allowed to pick up your child? Give all names, addresses, and phone numbers. Your child will not be released to anyone not authorized by you.

BACKGROUND:

What is your child's ethnic or cultural heritage (this is voluntary and used for statistical purposes and curriculum planning only)?

No child will be discriminated against because of race, sex, color, religion, national origin, age, or handicap.

Names of Siblings and Birthdates:_____

List all people living in the home:

Does child spend time in a second home? If yes, please explain circumstances below.

YES NO

DEVELOPMENTAL RECORD:

Any birth difficulties?_____

List Major illnesses child has had (e.g. chicken pox)_____

List any operations_____

List any specific medical problems_____

List any special needs (physical, learning disabilities, behavior disorders, etc.)

Child's first language_____ Is child easily understood?_____

List any speech difficulties_____

What is child afraid of?_____

How has fear been handled?_____

How does child show anger?_____

Describe the method of discipline used by parents_____

How does child respond to this discipline?_____

DEVELOPMENTAL RECORD CONT.

Has child played with other children their own age? _____ younger? _____ older? _____

How does child get along with other children in your family? _____

outside of the family? _____

List other day care or pre-school situations previously attended:

TOILETING/RESTING (Preschool Only)

How does child show he/she needs to use the restroom? _____

Does he/she need any assistance? _____

Does your child have any rest or sleeping problems? _____

OUTSIDE ACTIVITIES (School Age Only)

Learning Avenues can only take responsibility for your children when they are signed into our center. We will sign them in after-school, but we need to know when to expect them and what activities they may be involved in. List any after-school special activities that your child is involved in. Include days, times, how they will be getting there, and whether they will return to the center.

PARENT'S GOALS AND INVOLVEMENT

What would you like your child to gain from our program? _____

Please mark which ways you would like to be involved with the center:

_____ Share special hobbies/interests with the children.

_____ Help with field trips.

_____ Help with special class projects.

_____ Volunteer in the classroom.

_____ Share cultural customs/cooking with the classes.

_____ Collect craft materials.

_____ Serve as a parent representative.

_____ Help with center "fix-up" days or projects.

_____ Help with fund-raising events.

_____ Other: _____

TRANSPORTATION AND FIELD TRIPS

Our center bus has seat belts, insurance, and drivers with intermediate licenses. A second adult is required with over 6 preschoolers. Staff cars are used if they have insurance and seat belts for special trips, emergencies, or when there are too many children for the bus. Please **initial all items below** which you give permission for. **Mark NO if not acceptable.**

_____ My child has permission to be picked up at school by the center bus or appropriate staff car.

_____ My child has permission to participate in field trips in the bus, appropriate staff car, public transportation, or leased transportation. I understand I will have prior notice and give prior approval for each trip.

_____ My child has permission to participate in walking field trips close to the center.

_____ My child may have his/her picture taken for publicity or news purposes.

EMERGENCY RELEASE

This is to certify that the bearer of this release has the permission of the undersigned to take my child to the hospital and to authorize necessary emergency medical care and/or emergency surgery by the attending physician or others he/she may choose in case of accidental injury, illness, or ingestion for my child: _____

(CHILD'S NAME)

List any allergies _____

List any medications your child is taking _____

Other critical medical information _____

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital Preference _____ Phone _____

Family insurance company _____

Policy # _____

(LACCC insurance pays first \$100, then is secondary to families insurance.)

I certify that I am the Parent/Legal Guardian and that the above information is true and complete to my knowledge.

Signature _____ Date _____