



For Office Use Only:
Application Date: _____
Registration Payment Received Date: _____
Date of Acceptance: _____
121 Immunization Record Form (Date Received): _____
Handbook Signed: _____
Withdrawal Date: _____
Center Staff: _____

Child Enrollment Form

Program: _____ Date of Admission: _____

Child's Name: _____ Telephone #: _____

Home Address: _____

Date of Birth: _____ Age at Admission: _____ Sex: _____ Primary Language: _____

Hair Color: _____ Height: _____ Weight: _____ Etc: _____

Meals Needed: _____ Hours of Care: _____

Allergies/Special Diet: _____

*A copy of immunization record is required for enrollment.

Parent/Guardian Information:

1. Parent's Name: _____ Home Phone #: _____

Address: _____ Email: _____

Work Phone #: _____ Cell Phone #: _____

Business Name: _____ Business Address: _____

2. Parent's Name: _____ Home Phone #: _____

Address: _____ Email: _____

Work Phone #: _____ Cell Phone #: _____

Business Name: _____ Business Address: _____

Additional Information:

Child's Physician's Name: _____ Phone #: _____
Address: _____
Special Limitation or Concerns: _____
Chronic Health Conditions: _____

Developmental History and Background Information

Child's Name: _____ Date of Birth: _____

Development History:

Age began sitting _____ Crawling _____ Walking _____ Talking _____
Any speech difficulties? _____

Health:

Any complications at birth? _____
Serious illnesses and/ or hospitalizations? _____
Physical conditions or disabilities? _____
Allergies (i.e. Food, Medicine, etc)? _____
Does your child take medicine regularly? _____

Eating Habits:

Special Characteristics or difficulties? _____
Favorite Foods? _____ Foods refused? _____

Toilet Habits:

Is a potty-chair or special child seat used at home? _____
How does your child indicate bathroom needs (special words)? _____
Is your child ever reluctant to use the bathroom? _____
Does your child have accidents? _____

Sleeping Habits:

Does your child nap during the day (if yes, when and how long)? _____
When does your child go to bed at night? _____ Get up in the morning? _____

Social Relationships:

How would you describe your child? _____
Any previous experiences with other children/child care? _____
Reaction to strangers? _____
Favorite toys/activities? _____

Medical Emergency Treatment:

I hereby give The Scholar’s Academy permission to administer basic first aid and/or CPR to my child and/ or take my child _____, to the nearest hospital and to secure medical treatment when I cannot be reached, or when delay would be dangerous to my child’s health.

Participating Hospital: _____

*Parent’s Signature Date

Other Information

Other Information:

Is there anything else that we should know about your child?

What would you like your child to gain from this school/child care experience?

Will your child eat breakfast at the center?

Infant & Toddler Students only:

Are disposable/cloth diapers used? ___ Is there frequent occurrence of diaper rash? _____

Do you use powder _____ Lotion _____ Other: _____

Are bowel movements regular? _____ How many per day: _____

Is there a problem with diarrhea or constipation? _____

Has toilet training been attempted? _____

Please describe any particular toileting procedure to be used for your child at the center:

Does your child sleep in a crib or bed?

Emergency Contact and Alternate Pick-Up Persons:

1. Name: _____ Address: _____
Phone #: _____ Relationship to child: _____
Do you give permission for your child to be released to this person in an emergency and/ or as
an alternative pick-up person? Yes _____ No _____

2. Name: _____ Address: _____
Phone #: _____ Relationship to child: _____
Do you give permission for your child to be released to this person in an emergency and/ or as
an alternative pick-up person? Yes _____ No _____

Parent's Signature

Date

Permission for Photographs and Videotaping

The Scholars Academy may take and use photographs of the children for school related purposes only, such as special activities, special occasions, student projects, and bulletin boards. These photographs would only be posted within the school classrooms.

Do you give permission for The Scholar's Academy to photograph your child for school purposes, only?

Through our website and Facebook page, we want to keep parents up-to-date with information, and let you see what your child is doing at school. In order to do this we post pictures of the children engaged in activities while at The Scholar's Academy. Names are NEVER included on any site.

Please check one of the following:

_____ I give permission for school related photos of my child to be posted on The Scholar's Academy website, Facebook page, or other site for other educational purposes. I understand that at any-time, I may request to have my child's photos removed.

_____ I do not want any photos of my child to be posted on The Scholar's Academy website, Facebook page, or other sites for educational purposes.

Parent's Signature

Date