



Gate City Day Nursery Association Enrollment Application

Center _____ Program _____

REGISTRATION FEE IS NON-REFUNDABLE

Entrance Date _____ Weekly Fee _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____ Email Address _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____ Cell Phone # _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____ Cell Phone # _____

Father's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(Street-City-State-Zip) _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(Street-City-State-Zip) _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(Street-City-State-Zip) _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Address _____

Telephone Number _____ Cell # _____

Name _____ Address _____

Telephone Number _____ Cell# _____

Name _____ Address _____

Telephone Number _____ Cell# _____

Name _____ Address _____

Telephone Number _____ Cell# _____

Name of Public or Private School child attends, if any: _____

Child's primary source of health care is:

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns (such as diabetic, asthma, drug allergies, etc.):

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of Gate City Day Nursery Association and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: X _____

Signature

Date: _____.

Facility Administrator/Person-In-Charge _____

Signature

Date: _____.

Parental Agreement with Gate City Day Nursery Association

1. Gate City Day Nursery Association agrees to provide early childhood education for my child, Monday through Friday, 6:30 a.m. to 6:00 p.m. from January to December.

My child will participate in the following meal plan: Breakfast, Lunch and Afternoon Snack

2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

6. Gate City Day Nursery Association agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

7. Should my suffer an injury or become ill while in the care of Gate City Day Nursery Association, and the facility is unable contact me immediately, it shall be authorized to obtain emergency medical care for my child as may be necessary.

8. My child who should turn three (3) years of age during the regular school may remain grouped with other two (2) year olds for the school year.

9. I understand the above and agree to abide by the policies and procedures of Gate City Day Nursery Association.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

(Certification: I certify that this information is true. If any part is false, my participation in this Agency's program may be subject to termination. I also understand that the information in this application will be held in strict confidence within the Agency, and is accessible to me during normal business hours.)

Signed: X _____ Date: _____
(Parent/Guardian)