

Enrollment Registration Information

Pages 1 and 2 must be updated annually

Annual Parent Update: _____ / / _____
(Signature) (Date)

Annual Parent Update: _____ / / _____
(Signature) (Date)

Annual Parent Update: _____ / / _____
(Signature) (Date)

Child Information (Complete a separate page for multiple child families)

Full Name of Child (Last, First, Middle): _____

Date of Birth: _____ Age: _____ Sex: _____

Nickname: _____

Child's Primary Language: _____

Parent/Guardian's Primary Language: _____

Parent/Guardian Email Address: _____

Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed

Primary Residence: Mother Father Both Guardian

List the family members your child lives with—include names and ages of siblings: _____

Arrival Time: _____ Departure Time: _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #3: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian Signature: _____ Date: ____/____/____

Enrollment Registration Information

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of twenty-one (21), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

Mandatory:

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____
 Emergency Contact and Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____
 Emergency Contact and Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____
 Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

Child's Name: _____ Date: _____ Parent/Guardian Initial: _____

Enrollment Registration Information

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am
(we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____
_____, who resides with me (us) at _____.

I (we), authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of South Carolina

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____
Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____
Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to Drugs, Foods, or Other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian Signature: _____

Appeared Before Me and Produced _____ **as identification. Date:** _____

Director Signature: _____ **Print Name:** _____

Child's Name: _____ Date: _____ Parent/Guardian Initial: _____

Enrollment Registration Information

Child Profile

Child's Name: _____ Age: _____ Date of Birth: _____

You are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

CHILDREN:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

2. Who also cares for your child(ren)? _____

3. What language is spoken in your home? _____

4. When did your child begin speaking or using words? _____

5. What would you like most for your child to experience with us?

6. How would you describe your child (personality characteristics)? _____

7. What do you enjoy the most about your child? _____

8. What are your child's play interests (preference for creative, dramatic, or construction play)? _____

9. How does your child express frustration? _____

10. Does your child have any particular fears? _____

11. How does your child react to change (such as being left by parents)? _____

12. How does your child comfort himself/herself? _____

13. How do you discipline your child? _____

14. What are the foods your child likes best? _____
Least? _____

15. What are your child's mealtime routines at home? _____

16. How many hours of sleep does your child receive at night? _____

17. Does your child need to be awakened in the morning to attend the school? _____

Child's Name: _____ Date: _____ Parent/Guardian Initial: _____

Enrollment Registration Information

Child Profile (Cont'd)

18. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____

19. What are your child's bedtime rituals? _____

20. Are you available to help us with field trips or other special events? _____

21. Do you have a special interest or hobby you would like to share with the children? _____

22. What family or cultural traditions are important in your home? _____

23. Would you be willing to share these traditions with the children? _____

24. Is there anything else you would like us to know about your child that would help us better meet their needs?

Parent/Guardian Signature: _____ **Date:** _____

Child's Name: _____ Date: _____ Parent/Guardian Initial: _____

Enrollment Registration Information

Medical History

Child's Name: _____ Age: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs: _____

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Does your child have any medical or physical needs? Explain:

6. Does your child have any allergies? Explain:

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Allergen: _____

Reaction: _____

Food Allergen: _____

Reaction: _____

Other: _____ Allergen: _____

Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Child's Name: _____ Date: _____ Parent/Guardian Initial: _____

Enrollment Registration Information

Checklist

Please review the entire Enrollment Registration Information Packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed Enrollment Registration Information Packet (Make a copy and staple to the back of the Handbook)
- Family Handbook Acknowledgement

REVIEW WITH FAMILY

- The child's first day
- Child guidance and classroom management (discipline policy)
- Tuition payment schedule, amounts, and due dates
- Parent conferences and other communications, what to expect daily and/or weekly
- Process and procedures of building access
- Authorized pick-up, late pick-up policy and emergency controls
- Child custody documents (if applicable)
- Clothing and other items to bring (labeled)
- Any pick-up restrictions
- Immunization/health information
- Registration fee
- Late fees
- Vacation policy
- Special needs
- Absenteeism policy
- Sick policy
- Allergies
- Medication policy
- Review Emergency and Disaster Plans

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Early Learning Music Academy's policies.

Name of Parent/Guardian: _____ **Relationship:** _____

Signature: _____ **Date:** _____

Name of Director: _____

Signature: _____ **Date:** _____

Child's Name: _____ Date: _____ Parent/Guardian Initial: _____