

APPLE TREE ACADEMIES & AFFILIATES
CHILD ENROLLMENT APPLICATION
 Infants * Toddlers * Preschool * Schoolagers * Summer Day Camp

Date of Application: _____ Date of Enrollment: _____

Child's Information:

Date of Birth: _____ (M) ____ (F) ____

 (Last) (First) (Middle) (Preferred) Social Security No.

 (Address) (City) (State) (Zip)

Mother / Guardian:

 (First) (Middle) (Last)

Home Address: _____
 (Street) (City) (State) (Zip)

Telephone Numbers: _____
 (Home) (Work) (Cell)

Employer: _____

Father / Guardian:

 (First) (Middle) (Last)

Home Address: _____
 (Street) (City) (State) (Zip)

Telephone Numbers: _____
 (Home) (Work) (Cell)

Employer: _____

Emergency Care Information

Physician: _____
 (Name) (Address) (Phone)

Dentist: _____
 (Name) (Address) (Phone)

Hospital Preference: _____
 (Name) (Address) (Phone)

Insurance Carrier: _____
 (Name) (Address) (Phone)

Policy Number: _____ ***Please provide a copy for our files***

Authorized Release and Emergency Contact Information

The child will only be released to those authorized below. **We must have a minimum of two (2) emergency contacts (other than mother and father).** Legal authorities will be contacted for children remaining at the center one (1) hour after closing time of the center.

Contact 1: _____
(Name) (Address) (Phone) (Relation)

Contact 2: _____
(Name) (Address) (Phone) (Relation)

Contact 3: _____
(Name) (Address) (Phone) (Relation)

**** Note:** *Appropriate legal documentation shall be on file when the custodial parent requests the center not to release the child to the other parent.*

Medical Authorization / Information

My child is subject to the following (please and provide details)

_____ An allergy to medicine, food, plant, animal or insect toxin: _____

_____ A reaction to the following sunscreens, diaper rash ointments, insect repellents or other: _____

_____ A condition that requires special care, procedures, services medication or diet: _____

_____ A physical, mental or developmental disability that would prevent my child from participating in the center's Regular programs and / or activities: _____

Please initial the following:

_____ If your child has a temperature of 100° or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we will require you child to remain at home for 24 hours after having left the center because of illness. Re-admittance is at the discretion of the Director and we may require a doctor's note. By initialing you agree to inform the center within 24 hours or the next business day if your child or any member of your immediate household develops or shows symptoms of a reportable contagious / communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

_____ **ATA and Affiliates** will not administer medication of any kind, unless for a breathing apparatus or life threatening situations (such as an epi-pen). All medication brought to the center must be clearly labeled with the child's name and dosing instructions. All medication must be in the original containers.

_____ **ATA and Affiliates** has my permission to take photos of my child that may be posted and / or used for promotional / advertising purposes.

_____ I agree that the Director of **ATA and Affiliates** may authorize the physician of their choice to provide emergency treatment in the event that neither the child's Physician nor I can be contacted immediately.

_____ I agree to notify the center immediately of any changes that occur in the information provided on the Enrollment Application. This includes home and work phone number, home and work address, place of employment, Physician / Dentist information, Emergency Contacts / Authorized Release Information, change in living arrangements or health information, etc.

****In the state of Virginia, we are required to obtain a copy of your child's Birth Certificate.****

Please list anything special about your child that may help us to help him / her better adjust in a “new” place (examples – favorite toys, games, siblings, favorite activities, their personality, etc.) _____

Please list previous child care centers / schools that your child has attended:

(Name) (Address) (Phone) (Dates attended)

(Name) (Address) (Phone) (Dates attended)

(Name) (Address) (Phone) (Dates attended)

Signature of Parent / Guardian: _____ Date: _____

By signing above, you certify that you are the legal parent / guardian of this child.

Director Signature: _____ Date: _____