

**Elizabeth B. Sherman Child Development Center
Student Application/Enrollment**

Today's Date: _____

Registration Fee: _____

Program: Please check your preferences

Start Date: _____

Full-time _____

Beginnings (6-weeks - 3 years) _____ Foundations (3-5 years) _____

Half-time _____

3-day (2-4 years) _____

5-day (4-5 years) _____

Child's Name: _____

Nickname: _____

Birth Date: _____

Male__

Female__

Address: _____

Parents/Guardians

Mother: _____

Father: _____

Address: _____

Cell Phone: _____

Home phone: _____

Employer: _____

Phone: _____

Email: _____

Emergency Contact Information

First Contact: _____

Second Contact: _____

Relationship: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Employer: _____

Phone: _____

Persons **Authorized** to pick-up my child: _____

Persons **Not Authorized** to pick-up my child: _____

*****Copies of court documents must accompany this application if a parent is prevented from picking up a child. Otherwise, both parents must be authorized.*****

Child's Personal Information

The Commonwealth of Virginia requires:

Copy of Birth Certificate (proof of identity) to be provided for child's file. (Copy received)_____

List all previous childcare or preschool programs attended (name, city, state) and why child left the program.

If your child has **not** previously attended a childcare or preschool program, please check _____.

The following information helps us better interact with your child. Please complete all sections.

Family Information (members living at primary address):

Siblings (names and ages):_____

Others (names and relationship):_____

Special Interests:_____

Fears:_____

Medical Issues/Allergies:_____

Special Dietary Needs:_____

Chronic Physical Problems or Pertinent Developmental Information: _____

Words Used for Toilet/Bathroom: _____

Any Other Information you wish to share: _____

Child's Healthcare Information:

Child's Physician: _____ Dentist: _____

Address: _____

Phone: _____

Physical Exam and Immunization Record: _____ (date form received/staff initial)

A completed immunization form must be submitted for the child's record by the date of the child's admission. The form must have the child's name, be signed or stamped and dated by a licensed physician, the physician's designee, or an official of a local health department. The form must contain a statement (typed or hand-written) that the child is adequately immunized.

UPDATES MUST BE RETURNED TO THE FACILITY EVERY SIX MONTHS FOR CHILDREN UNDER THE AGE OF 2 AND BETWEEN THE CHILD'S 4TH AND 6TH BIRTHDAY.

Immunization records must be current. I understand every time an immunization is given to my child I will provide a record (signed and dated by a physician) of the name and date of the immunization.

Parent/Guardian Signature

Date

Healthcare Agreements:

I understand the facility will notify parent/guardian should my child become ill, and my child will be picked-up promptly (within one hour of receiving notice).

I understand that, in case of emergency, the facility will obtain medical care if parents cannot be located. I also understand that if medical care is required, I will be responsible for any and all costs for that care.

I understand that I will notify the facility with 24 hours if any family member has a communicable disease.

I understand I must supply a birth letter and record of immunization at enrollment and a birth certificate and physical no later than 30 days after enrollment. I also understand my child's records are not complete without records of updated immunizations.

Parent/Guardian Signature

Date

Parental/Guardian Permission

Please read carefully, initial, sign and return with application.

Permission for Healthcare: Initial either *Yes* or *No* for each entry and sign at the signature line.

Yes___ No___ In the event of an emergency, I authorize EBSCDC to provide any **First Aid Care** deemed necessary for my child.

Yes___No___ In the event of an emergency in which I cannot be reached, the rescue squad, physician/dentist (listed above), or the local hospital are hereby authorized to provide any **Emergency Care** deemed necessary for my child. I understand I will be responsible for any and all costs.

Yes___No___ I give permission for the staff of EBSCDC to apply over the counter **diaper cream** on my child as needed.

Yes___No___ I give permission for the staff of EBSCDC to apply over the counter **lotion** on my child as needed.

Yes___No___ I give permission for the staff of EBSCDC to apply over the counter **sunscreen** on my child as needed.

Parent/Guardian Signature

Date

Permission for Photography/Webcast: Initial either *Yes* or *No* for each entry and sign at the signature line.

Yes___No___ I give permission for EBSCDC to take photos of my child for **school displays**.

Yes___No___ I give permission for EBSCDC to take photos of my child for use in **newspaper articles or advertising**.

Yes___No___ I give permission for EBSCDC to **webcast** (under the FRUMC website) **any special program** presented with participation of my child for the purpose of viewing by family and friends living outside of the area.

Yes___No___ I give permission for EBSCDC to post my child's picture to our Facebook page. No identifying information used.

Parent/Guardian Signature

Date

Permission for Field Trip(s):

I understand that field trips may be an integral part of the curriculum and that I will be asked permission for each field trip as it approaches. I further understand that my child will be secured in a safety device while being transported in a vehicle on a field trip. With this understanding, I hereby give my permission for the staff and volunteers of EBSCDC to take my child (print full name) _____ on field trips while he/she is enrolled in the program. I also give my permission for the adult in charge of my child during the fieldtrip to make any emergency medical care decisions for my child if the need should arise. I also understand that if emergency medical care is required, I will be contacted as soon as possible and I will be responsible for any and all costs related to that care.

Parent/Guardian Signature

Date