



UPC DISCOVERY

early learning center

Enrollment Form

PLEASE PRINT CLEARLY

Date: _____

Program of Enrollment: Preschool: *1/2 Day A.M.* Preschool *Full-Day* Toddlers:*Mon/Tues*

Full Day Families **ONLY:** Please mark which program(s) you intend to use:

Before care After care

Child's Name _____

Nickname (if any) _____ Last _____ First _____ Middle _____
Date of Birth _____ Sex _____

Child lives with _____

Parent's Name _____ Home Phone _____

Street Address _____

City/State/Zip _____ Cell Phone: _____

Place of Employment _____ Work Phone _____

E-mail: _____

Parent's Name _____ Home Phone _____

Street Address _____

City/State/Zip _____ Cell Phone: _____

Place of Employment _____ Work Phone _____

E-mail: _____

Legal Guardian (if other than parent) _____

Street Address _____

City/State/Zip _____ Home Phone _____

Place of Employment _____ Work Phone _____

AUTHORIZED PEOPLE THAT MAY PICK UP CHILD

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Is there anyone who is specifically NOT authorized to remove your child from our care?

Name _____ Relationship _____

Signature of parent/guardian _____ **Date** _____

Medical Information

Child's Physician _____ Phone # _____

Address _____

Preferred Hospital (if any) _____

Does your child have any special medical needs/concerns? No _____ Yes _____

Is your child on any medications? No _____ Yes _____

Does your child have any food allergies or diet restrictions? No _____ Yes _____

Should your child need prescription medication, over the counter medication, or topical products administered/applied during the school day, please sign a permission form for each medication/product. Should your child need medical interventions for allergies/anaphylaxis, please see the director to fill out an Allergy and Anaphylaxis Emergency Plan. Forms are available from your child's teacher or the director.

Signature of parent/guardian _____ **Date** _____

EMERGENCY CONTACT, when parent cannot be reached:

Name _____ Phone _____

Address _____ Relationship _____

Signature of parent/guardian _____ **Date** _____

Consent Form

Child's Name _____
Last First Middle

Emergency Medical Care

In case of emergency medical or first aid care, treatment of illness or accident, I hereby consent UPC Discovery to provide emergency medical care, through a hospital, clinic, and physician or UPC Discovery staff.

Signature of parent/guardian _____ Date _____
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Permission for Trips and Excursions

I hereby give consent to UPC Discovery for my child to participate in special excursions to places of interest, with the understanding that such trips are under supervision of authorized personnel of the program, and that all possible precautions will be taken to insure the health and safety of my child. In the event there is a field trip off the premises, you will have prior notice.

Signature of parent/guardian _____ Date _____
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Photographs

UPC Discovery has my permission to use my child's likeness in photographs, film, video, and the internet for publicity purposes, advertising or for display in the church. I also give my consent to have my child's work/likeness appear in any Teacher's College Press publications for the purpose of teacher education. I understand that my child's likeness or work **will not** be labeled with his/her full name.

Signature of parent/guardian _____ Date _____
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Internet

I hereby give consent to UPC Discovery to place my child's art work/projects on the United Presbyterian Church web site. I understand the child's first name & age may be included.

Signature of parent/guardian _____ Date _____
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Payment of Fees

All fees are due the first of each month. Late fees will be assessed after the 10th day of the month. In the event you fail to pay all charges due within 60 days of our written notice and we must enforce our rights to collect unpaid fees, you must pay all charges, including collection agency fees, attorney fees, court costs, court reporter's fees for depositions and at trial, and others expenses we incur in enforcing our rights. During school year programming, you are responsible for tuition fees even when you choose not to send your child (ex. family vacation, illness etc).

Signature of parent/guardian _____ Date _____