

For Office Use Only: Date of Registration <hr/> Date of Termination Status <hr/>
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Enrollment Application

Please fill in application completely and legibly

Child's Name: _____
(Last Name) (First Name) (Initial)

Child's Address: _____

City _____ **State** _____ **Zip** _____ **Phone#** _____

Date of Birth: _____ **Age:** _____ Sex F M Child's social security # (Not required) _____

Circle days to attend	AM	Mon	Tues	Wed	Thurs	Fri	Arrival Time _____	Departure Time _____
	PM	Mon	Tues	Wed	Thurs	Fri	Arrival Time _____	Departure Time _____

School-age Out of Session days to attend Mon Tues Wed Thurs Fri Sat **Arrival Time** _____ **Departure Time** _____

Enrolling Parent/Guardian Name: _____
(Last Name) (First Name) (Initial)

Relationship to Child: _____ **Drivers License #** _____

Address _____ **City/State/Zip** _____

E-mail Address _____ **Home Phone #** _____ **Cell Phone #** _____

Employer: _____ **Work Phone #** _____ **Extension #** _____

Address: _____ **City/State/Zip** _____ **Work Hours** _____

2nd Parent/Guardian Name: _____
(Last Name) (First Name) (Initial)

Relationship to Child: _____ **Drivers License #** _____

Address: _____ **City/State/Zip** _____

E-mail Address: _____ **Home Phone #** _____ **Cell Phone #** _____

Employer: _____ **Work Phone #** _____ **Extension #** _____

Address: _____ **City/State/Zip** _____ **Work Hours** _____

Parents Marital Status Married Divorced Single **Primary Residence: Both** Mother Father Guardian _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

Millennium Kids Early Childhood Center must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court paper state otherwise.

The child will be released only to the people on this application and the following persons:

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____

Name: _____ **Address:** _____ **Phone:** _____



Enrollment Application (page 2)

Child's Name: _____
(Last Name) (First Name) (Initial)

Child's Physician: _____

Any allergies or special needs: _____

Hospital preference: _____

Emergency contact other than parent's: _____

Name: _____ Address: _____ Phone: _____

Is your child potty trained? Yes No What does your child say when he/she wishes to use the toilet?

How did you hear about us? Local ad Driving by Referred by: _____

Does your child have any special fear, problems, likes, dislikes, or strengths? _____

Any other information you would like to share with us about your child? _____

Has your child been cared for by anyone other than the parents? Yes No
If Yes, whom? _____

The Center will be open from 7 AM to 6 PM for children ages 6 weeks to 11 years old.

- I agree that I am enrolling for _____ days per week at a cost of _____.
- I agree to pay a registration fee at the time of enrollment to be renewed each August/September. This enrollment fee is not refundable.
- I agree to pay in advance each week's tuition beginning of each week before 6pm.
- I am aware that I will be charged a fee for payments received after Monday 6pm.
- I am aware that I will be charged a fee for late pick-ups.
- Up to two additional electronic collection attempts and, if needed, by paper draft thereafter will be made to collect on returned checks. The maximum fee allowed by state law will be charged for all collection attempts.
- I have received my Parent Handbook, containing additional policies and procedures.
- This institution is an equal opportunity provider.

Alternate Nutrition Plan Agreement

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs. Indicate Special Dietary Requirements: _____

Breakfast A.M Snack Noon Meal P.M Snack Dinner Snack Evening Formula

AUTHORIZATION FOR EMEREGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at _____, I understand that the Facility will: (1) Contact me immediately and (2) Contact the person (s) designated, that they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE RELATIONSHIP DATE

Here at Millennium Kids Early Childhood Learning Center we perform observations on every child. Observations are done to help with better teaching strategies and to assist with identifying each child's learning needs. In order to perform these observations we need your consent please indicate below.

Consent Non-consent

I (parent name) _____ authorize Millennium Kids Early Childhood Learning Center to perform observations on (child's name) _____.

Parent Signature

Date

Please sign you received a hand out of: Knowing your childcare Facility:

Parent Signature: _____