

Morning Preschool Enrollment Application

*The Enrollment Fee (\$165.00) must accompany the Enrollment Application. Please make checks payable to: **Babette Torres***

CHILD INFORMATION

Child's Name		Date of Birth	Enrollment Date	
Address			City/State/Zip	
Home Phone				
Child lives with:	Mother	Father	Both Parents	Guardian

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name		Parent/Guardian Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
Employer		Employer	
Employer Address		Employer Address	
Employer Phone	Ext.	Employer Phone	Ext.

ADDITIONAL INFORMATION

Is your child FULLY POTTY TRAINED? (Please circle one) **YES NO**

Parent's Marital Status: Married _____ Single _____ Divorced _____

Person's with legal custody: _____
(Attach pertinent paperwork such as a Court Order if a parent is not permitted to pick up the child.)

Is your child FULLY POTTY TRAINED? (Please circle one) **YES NO**

Are you interested in placing your child on the waiting list? (Please circle one) **YES NO**

EMERGENCY CONTACTS/AUTHORIZED PICK-UP

The following people are authorized to pick up my child and may be contacted in an emergency or illness in the event I cannot be reached. **PERSONS LISTED MUST NOT BE A PERSON WITH WHOM CHILD RESIDES. *Required Field**

*Name	Authorized to pick up YES NO	*Name	Authorized to pick up YES NO
*Home Number	*Work Number	*Home Number	*Work Number
Cell/Other Number	Relationship to child	Cell/Other Number	Relationship to child
*Home Address		*Home Address	

PERSON'S NOT AUTHORIZED FOR PICK-UP

Please Note: A Busy Child Preschool **must** have a copy of the legal custody order in order to detain pick up from a parent.

Name		Name	
Home Number	Work Number	Home Number	Work Number
Cell/Other Number		Cell/Other Number	
Relationship to child		Relationship to child	

EMERGENCY MEDICAL INFORMATION

In the event parents/guardians cannot be reached for medical emergency attention, I/We authorize A Busy Child Preschool to contact the following:

Physician Name	Dentist Name
Phone Number	Phone Number
Address	Address
Preferred Hospital	Phone Number
Address	

*I understand a signed **Health Form** and an **Immunization Record** must be filed with the preschool before admission is completed. I also understand that **ALL FORMS ARE TO BE RENEWED EACH YEAR** my child is enrolled. I have read the Policy Handbook and agree to follow the policies in place at A Busy Child Preschool. I also understand that Tuition is due on the **1st of every month**, and that a **\$10.00 per day** late fee will be assessed for any payments received after the first of the month. **I also understand tuition is based on the amount of in-school days, and there isn't a reduction in the monthly tuition.***

Tuition for my child(ren) will be \$ _____/month.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Health Evaluation Form

****This form MUST be completed by your child's physician prior to your child's first day.**

Center Name: A Busy Child Preschool	Director/Owner Name: Babette Torres
Address: 5102 Tucson Way, Denver CO 80239	Phone Number: 720.935.0364

Dear Physician:

The completion of this statement is necessary for school records.

Child's Name: _____ Sex: _____ Birth date: _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns:)

Significant Health Concerns:

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reactive Airways Disease | | <input type="checkbox"/> Developmental Delays | |

Explain Significant health concerns: _____

If Tuberculin Test Given: Date: _____ Result: _____

If Chest X-rayed: Date: _____ Result: _____

Surgery, Accidents, Illnesses, Chronic or Handicapping Problems: _____

Current Medication or Special Diets: _____

Physical Findings (include, if tested vision and hearing) _____

Next Well Child Visit:

Per *AAP Guidelines Age _____

**The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.*

Date _____

Doctor's Signature

Office Stamp:

Doctor's Address

Doctor's Telephone Number

Transportation & Field Trip Permission

I hereby request that my child(ren), _____ and _____ be permitted to participate in field trips to the park, or any other activities that would involve taking the child outside of the preschool for his/her benefit in attendance at this facility. I understand I will be notified before hand of any said activities. In automobiles, children will be secured in car seats, as supplied by the center, with a safety belt as appropriate for their age.

I hereby expressly waive any claim for injury or damage to such child arising out of such field trip and expressly agree to hold **A Busy Child Preschool**, harmless.

Date: _____

Persons signing contract are responsible for payment:

Parent/Guardian (Mother) _____

Parent/Guardian (Father) _____

Photograph Authorization

_____ **I authorize** Babette Torres of A Busy Child Preschool to photograph my child(ren).

I understand that such photographs may be used for promotional materials including, brochures, newsletters and A Busy Child Preschool's website. No last name or specific identifying information will be included in any sort of material. If I do not want any photo on the website for any reason, I understand Babette will gladly remove it as soon as possible.

_____ **I authorize** Babette Torres of A Busy Child Preschool to photograph my child(ren) for use in the Family Resource Area of the website only. I understand the Family Resource Area is password protected and only accessible to other families enrolled. **However, I do not authorize photos taken of my child(ren) to be used for promotional materials.**

_____ **I do not authorize** Babette Torres of A Busy Child Preschool to photograph my child(ren).

Child(ren)'s Name

Parent/Guardian Signature

Date

Media Authorization

_____ **I authorize** my child for Media Usage at A Busy Child Preschool. I understand this includes (but not limited to) television viewing (such as Disney Channel or Nick Jr. 7:00-7:30), age appropriate internet and computer software usage (with teacher supervision), music, and occasional age appropriate movies. As stated in the Policies Handbook, I understand these activities are very limited, and if used, will not exceed 60 minutes per day.

_____ **I do not authorize** my child for Media Usage, and understand he/she will be directed to other activities that may include (but not limited to) coloring, art, reading, etc.

Child(ren)'s Name

Parent/Guardian Signature

Date

Notice of Pets on Premises

A Busy Child Preschool has the following pets on the premises:

- Lab (dog) Female- **Paisley, 12 years**
- Heeler Mix (dog) Male – **Luffy, 5 years**
- Boxer Mix (dog) Female – **Vivi, 3 years**

Paisley, Luffy, and Vivi

Paisley, Luffy, and Vivi are child-friendly dogs, both Luffy and Vivi have been raised with the preschool. All dogs have been certified as healthy by a Veterinarian, and are current on all vaccinations including their rabies shot.

***I understand this form serves as legal notification that the above named Pets are on the premises at A Busy Child Preschool. I also understand that my child(ren) may have occasional access to these pets while in care.*

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date