

Morning Preschool Enrollment Application

The Annual Enrollment Fee (**\$50.00**) must accompany the Enrollment Application. Please make checks payable to: **Babette Torres**

2014 - 2015

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**

Desired Session: (Please circle one below)

Lunch Bunch Class

8:15 a.m. - 12:15 p.m.

Traditional Class

8:15 a.m. - 11:40 a.m.

Extended Day

8:15 a.m. - 5:30 p.m.

1 day Session \$80/month
2 day Session \$160/month
3 day Session \$240/month
5 day Session \$400/month

1 day Session \$72/month
2 day Session \$144/month
3 day Session \$216/month
5 day Session \$360/month

1 day Session \$30/week
2 day Session \$60/week
3 day Session \$90/week

Choose Days - FIRST CHOICE:

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Choose Days - SECOND CHOICE:

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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:

- 2 Chihuahuas (dog) Male – **Papi** Female- **Bella**

Papi & Bella

Papi and Bella are child-friendly dogs, and are 5 and 6 years of age. They have been certified as healthy by a Veterinarian, and are current on all vaccinations including their rabies shot. Papi and Bella are separated from the children while indoors, and may at times, join us during Outdoor Play.

***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