

Garden Lakes Christian Academy
2517 North 107th Avenue
Avondale, Arizona 85323
 (623) 936-9147

Child Enrollment Form

For Office Use Only: Date submitted ___/___/___ Date enrolled ___/___/___ Date withdrawn ___/___/___

Complete all information on the Child Enrollment Form. Please print throughout the form for clarity. Incomplete forms will **not** be processed.

Enrollment Information:

I am requesting that my child be enrolled at Garden Lakes Christian Academy in the following program:

Young Toddler Toddler Preschool PreK
 18 months – 24 months 2 years 3 years – 4.5 years 4.5 – 5 years

My child will attend the center on the following days and times: (Initial enrollment)

Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____

Thursday _____ to _____ Friday _____ to _____ .

Full time students must be enrolled for a minimum of three full days per week. Part-time care is only available if children are enrolled five days per week.

Child's Information:

Child's full name _____ Birthday ___/___/___ Age _____

Nickname if appropriate _____ Sex _____ Ethnicity _____ (optional)

Home address _____ City _____ State _____ Zip _____

Relationship of child's parents: Please circle one that applies.

Married Divorced Legally separated Single – same or different household

Parent or Legal Guardian Information:

Mother or guardian's name _____ **Soc. Sec. #** _____

Custodial parent? Yes No (Non-parent guardians must submit guardianship papers.)

Driver's License # _____ State _____ License Plate # _____

Home address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ E-mail _____

Employer _____ Address _____

Phone _____ Ext. _____ Days/hours of employment: _____

Father or guardian's name _____ Soc. Sec. # _____

Custodial parent? Yes No (Non-parent guardians must submit guardianship papers.)

Driver's License # _____ State _____ License Plate # _____

Home address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ E-mail _____

Employer _____ Address _____

Phone _____ Ext. _____ Days/hours of employment: _____

Step-parent Information: (If applicable)

Is there a step-parent who resides in your child's primary residence? Yes No

If so, please provide full name: _____

Authorization for Child Release:

For the safety and security of your child, children will only be released to custodial parents or legal guardians identified in enrollment information. However, should an emergency arise and you cannot bring or pick-up your child from the center, please identify and provide your signature below for those adults you authorize to be local contacts to take physical custody of your child. **Only adults authorized by the parent or legal guardian will be allowed to admit or release a child from the center.** These persons will be asked to present picture identification and provide their signature on the Center's daily sign out sheet.

Full name _____ Relationship _____

Home phone _____ Cell phone _____ Work phone _____

Home address _____ City _____ State _____ Zip _____

Full name _____ Relationship _____

Home phone _____ Cell phone _____ Work phone _____

Home address _____ City _____ State _____ Zip _____

Signature of parent/legal guardian _____ Date _____

Health Care Information:

Parents/guardians **must** complete the "Emergency Information and Immunization Record Card" (blue card) as part of the enrollment packet. Please be sure that you provide **all** information requested and **answer each question** to the best of your ability. Staff will use this information to provide quality care for your child and to insure that their health needs are met. You must attach an official copy of your child's current immunization record as documented by your health care provider. Children must have received all age-appropriate immunizations as required by the Arizona Department of Health Services before they may enroll in the center.

If you wish for your child to be exempt from the immunization requirements, please complete the form "Request for Exemption to Immunization, Child Care Facilities," attach copies of lab results, and/or have your physician sign the form.

Child's Medical History:

When was your child's last **complete** physical? Date: _____

Has your child had a vision or hearing screening? _____ If yes, what were the results? _____

What childhood communicable diseases or repeated illness has your child experienced? (Measles, mumps, strep infections, ear infections, asthma, allergies, etc.)

Has your child ever had any surgery or serious illness? Please indicate dates and explain the nature of the surgery or illness:

Does your child have a physical disability or prolonged medical condition? Please explain.

Does your child experience any allergies? _____ If yes, please list what triggers a reaction and how it manifests itself. (Rash, asthma, hives, difficulty breathing, etc.)

Does your child receive prescription medication on a regular basis? _____ Nebulizer? _____

Type and frequency: _____

Reason for medication: _____

Medical Contact Information:

FAMILY DOCTOR _____ Phone # _____

Office address _____ City _____ State _____ Zip _____

DENTIST _____ Phone # _____

Office address _____ City _____ State _____ Zip _____

HEALTH INSURANCE COMPANY _____

Policy Holder: _____ Policy #: _____

Parent Authorization for Emergency and Medical Care:

Child's Name _____ Date of Birth _____

I have been informed and agree to the following medical procedures:

1. In case of illness, I will be called and required to pick up my child immediately.
2. In case of simple injury (such as scrapes, splinters, etc.) I understand that the center's staff will perform routine hygienic measures, such as washing wounds and applying Band-Aids. Staff currently trained in the basics of first aid/CPR will administer first aid treatment.
3. In cases requiring the attention of a physician (such as stitches or x-ray) I understand that I will be called immediately. If I, or my emergency contacts cannot be reached, I give my permission for my child's physician, Dr. _____ to be called and for that doctor to provide the necessary treatment. I agree to assume financial responsibility for such treatment.
4. In case of medical emergency, I will be called immediately. However, if I cannot be reached, I hereby authorize the program to contact persons listed below. If circumstances require, emergency rescue will be called to treat and/or transport the child to the nearest hospital. In the event hospitalization is required, I give my permission for my child to be hospitalized and treated by a qualified physician. I agree to assume financial responsibility for such treatment.

Parent/guardian's name (please print) _____

Parent/guardian's signature _____ Date _____

Emergency Contacts: (in order to be contacted)

Full name _____ Relationship _____

Home phone _____ Cell phone _____ Work phone _____

Home address _____ City _____ State _____ Zip _____

Full name _____ Relationship _____

Home phone _____ Cell phone _____ Work phone _____

Home address _____ City _____ State _____ Zip _____

Photo/Video Release

I give permission for my child to be photographed, tape recorded, or videotaped by the staff at Garden Lakes Christian Academy when involved in center activities, including classroom programs and special events. Use of child's photo will be for materials for promotion of the Early Childhood Education Program, posting such as in craft and art type projects and/or audiovisual productions for school use.

Signature of parent/legal guardian _____ Date _____

Billing Payment Agreement

I, _____, understand that I will be held solely responsible for payment of childcare charges accrued during my child's enrollment at Garden Lakes Christian Academy. I understand that determination of my charges will be based on the child care rates in effect during my child's enrollment, and that I will be expected to pay charges in advance of services in order to maintain my child's enrollment status. I understand failure to pay charges will result in loss of childcare and/or additional fees.

Signature of person responsible for payment: _____ Date: _____

Confidential

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Child's Profile and Developmental History

The staff at Garden Lakes Christian Academy is committed to providing quality care and education to each child enrolled in our program. The following information will assist us in guiding your child's development and educational experiences at Garden Lakes Christian Academy.

Child's First and Last Name:

Child's Family Information:

Name and age of siblings (or step-siblings) living with your child:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other persons living in the home:

Name	Relationship
_____	_____
_____	_____

List any pets in the home:

Child's Developmental History:

Age at which child: _____ Sat alone _____ Crept on hands and knees _____ Walked
 _____ Slept thru night _____ Named simple objects _____ Repeated short sentences
 _____ Dressed himself _____ Used eating utensils _____ Began toilet training

Is your child toilet trained? _____ Does your child have any problems with urination, bowels, or toileting?

If yes, please specify: _____

What words does your child use for urine/bowel movements? _____

Is your child right or left handed? _____

Does your child need help eating? _____ If yes, please specify: _____

Favorite foods: _____

Foods your child dislikes: _____

Does your child need help dressing? _____ If yes, please specify: _____

Does your child nap? _____ Typical length of nap: _____ Ways to help your child nap comfortably: _____

Is English your child's primary language? _____ If not, what is? _____

Describe your child's language and communication skills: _____

Describe your child's general physical motor skills: _____

Does your child have any special fears or concerns? _____

Please describe discipline techniques used at home: _____

Please describe your child's preferred play activities: _____

Favorite toys: _____

Please describe your child's personality and temperament: _____

Are there religious or family/cultural traditions your child observes? _____ If so, please specify:

Please describe any unique circumstances in your family or child's life that may affect your child's current behavior. (For instance, new sibling, a recent move, problems with child care arrangements, death in the family, illness or hospitalization, parent separation or divorce, etc.)

What do you hope your child gains from enrollment in our program? _____
