

Center: _____

Enrollment Date: _____

Start Date: _____



How did you hear about us?

- Website Facebook
- Jax4kids JaxMomsBlog
- Personal Referral: _____
- Other: _____

Registration

Child Information:

Full Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____

Child's Physical Address: _____

Child Lives with: _____

Primary Hours of Care: From _____ To _____ Days of the Week in Care: M T W Th F

Meals Typically Served While in Care: Breakfast Lunch PM Snack

Family Information:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to the child: _____ Relationship to the child: _____

Email: _____ Email: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

Work Number: _____ Work Number: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Emergency Contacts

Child will be released only to the custodial parent(s) or legal guardian(s) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent(s) or legal guardian(s) cannot be reached:

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Emergency Care Plan instructions for children with special medical needs including symptoms, medication, and notification in the event of an actual emergency (if applicable):

As parent/legal guardian, I give consent to have my child receive first aid by Chappell Schools staff, and, if necessary, be transported to receive emergency care. In case of emergency, I _____, parent/legal guardian of _____, do hold Chappell Schools harmless of any injury/illness. I understand that I am responsible for such treatment. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

- Section 7.1 and 7.2, of the Child Care Facility Handbook, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. Chappell requires that you provide a current immunization and physical form prior to enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure: "Know Your Child Care Center." (CF/PI 175-24)
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies that includes language on food safety and allergens used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility. (available online at www.chappellschools.com and included in this package)
- Parent Handbook (available online at www.chappellschools.com or printed upon request)

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Parent Signature: _____ Date: _____