



STUDENT INFORMATION

Preferred Name _____ First _____ Middle _____ Last _____
Child lives with (name) _____ Relationship _____
Enrollment Date ____ / ____ / ____ DOB ____ / ____ / ____ Child is Male _____ Female _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name _____ Parent/Guardian's Name _____
Address _____ Address _____
City _____ City _____
State _____ Zip Code _____ State _____ Zip Code _____
Email _____ Email _____
Home Phone _____ Work _____ Home Phone _____ Work _____
Cell _____ Cell _____
Cell Phone Carrier _____ Cell Phone Carrier _____

PICK UP AUTHORIZATION/EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

CHILD'S MEDICAL INFORMATION Medical Action Plan attached? Yes _____ No _____

Allergies, symptoms and type of response for allergic reactions _____
Current medications _____
Please list any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____
Primary Physician _____ Phone _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither I, my spouse, alternate contacts, nor my child's doctor can be located immediately. By signing, I also authorize my school age child to be transported to and from public school by a Childcare Network vehicle.

Public/Private School Name _____ Drop-off _____ AM Pick-up _____ PM
Parent/Guardian Signature _____ Date _____
Date Updated _____ Signature _____ Date Updated _____ Signature _____
Date Updated _____ Signature _____ Date Updated _____ Signature _____

DIRECTOR USE ONLY

Withdrawal Date: _____

Withdraw Reason: _____

All applications for enrollment are considered without regard to race, creed, color, sex, religion, national origin or disability. Childcare Network is an equal opportunity provider.



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CHILD'S MEDICAL INFORMATION

Dentist _____ Phone _____

My child has health insurance coverage _____yes _____no Insurance Company_____

My child is subject to (check and give details)

___ An allergy to a medicine, food, plant, animal, or insect toxin

___ A condition, fear, or unique behavior characteristics that may require special care, procedures, or services

___ A physical, mental, or developmental disability that would prevent my child from participating in

the school's regular program or activities

___ No known conditions or allergies

Explanations _____

_____(initial) If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we ask that your child remain at home at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director.

MEDICAL AUTHORIZATION

_____(initial) I agree that Childcare Network staff may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. Childcare Network agrees to provide transportation to an appropriate medical resource in the event of an emergency and will not administer any drug or medication without specific instructions from the physician. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release Childcare Network, and all of its employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child.

DELIVERY OF STUDENTS

_____(initial) I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated, will personally come into the school and receive my child from his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.

PUBLIC/PRIVATE SCHOOL TRANSPORTATION

_____(initial) I do _____ do not _____ give my permission for my child to be transported to and/or from a public/private school. I understand that it is the policy of Childcare Network not to allow any child to enter or leave the school unless escorted by an adult.

FIELD TRIPS AND SPECIAL ACTIVITIES

_____(initial) I do _____ do not _____ give my permission for my child to participate in field trips and special activities away from the school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination, and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the school.

ACTIVITIES PLANNED OUTSIDE THE FENCED AREA OF THE FACILITY

_____(initial) I do _____ do not _____ give my permission for my child to participate in activities planned outside the school's fenced area.



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SWIMMING/WATER RELATED ACTIVITIES

_____(initial) I do _____ do not _____ give my permission for my child to participate in swimming/water related activities.

_____(initial) I have received a copy of Childcare Network's Aquatics Policy and all my questions have been answered.

MEDIA AUTHORIZATION

_____(initial) I do _____ do not _____ give permission for me, my spouse, and/or my child to be photographed or videotaped by Childcare Network. I understand that the photographs and/or videos may be used for public display including, but not limited to in school displays and Childcare Network's website, social media site(s), advertising, newsletters, and promotional materials.

DISCIPLINE POLICY

_____(initial) I have received a copy of Childcare Network's discipline policy. The policy has been discussed with me and all my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.

CHILD ABUSE/NEGLECT

_____(initial) As a child care provider, Childcare Network is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than an accidental means by a parent, guardian or caretaker, to the proper authorities. Childcare Network will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstandings, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring at home.

CONFIDENTIALITY STATEMENT

_____(initial) Information pertaining to your child is considered confidential and will not be released by Childcare Network to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information.

CHANGE OF STATUS

_____(initial) I agree to notify Childcare Network immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

NORTH CAROLINA CHILD CARE LAW AND RULES

_____(initial) I have received a copy of "North Carolina Child Care Law and Rules" as published by the Division of Child Development in my enrollment materials.

HOW DID YOU HEAR ABOUT US? (circle one)

Yellow pages Radio Newspaper Drive by Internet Agency _____

Parent Referral (name) _____ Other _____

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____