



2019-2020 Enrollment Application

OFFICE USE ONLY	
Enrollment Date:	_____
Start Date:	_____
Application Fee (new students only):	\$ _____
Date Paid:	_____
Enrollment Fee: \$	_____
Date Paid:	_____
Days Attending:	_____

Section 1: Student Information

Child's First Name _____ Mi Child's Last Name _____

Child's Gender Male Female

Child's Preferred Name/Nickname _____

Before Care After Care

Applying for which age group? _____

 / /20
Date of Birth Child's Age as of September 1, 2018: ____ y ____ mos.

Primary Residence of Child _____ City _____ State _____ Zip _____

Home Phone Number _____

Parents are: Married Divorced Father Deceased Mother Deceased Single Parent Child is adopted

Child lives with: _____ Relationship to child: _____

Section 2: Parent/ Guardian Information

*(All listed individuals **MUST** have documented legal custody of the child enrolling in Collage Day School. If mother/father is not listed, legal documentation must be provided, prior to the child's first day).*

	Parent/Guardian #1	Parent/ Guardian #2
Title	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:
Name		
Home Address		
Home Phone		
Cell Phone		
Email		
Employer		
Business Address		
Position		
Business Phone		

Are there circumstances about the custody of your child that we should know about, which limit the sharing of record, picking up of your child, etc.? Yes No

(It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office with current and complete legal documents each year and after any changes.)

Additional Persons Authorized to Pick Your Child Up & Emergency Contacts (other than parent/guardian):

Important: Child will be released only to the parent or legal guardian, and persons listed below. The following people will also be contacted and are authorized to remove your child from the facility in case of illness, accident or emergency if the parent or legal guardian cannot be reached. Please introduce us to the persons authorized to pick up your child. For the safety of your child, please notify teachers (verbally or in writing) of who will be picking up your child. We will request a photo ID from someone listed below whom we have not previously met before releasing your child to them

Please list the name, relationship, and phone number for ALL individuals who are permitted to remove your child from Collage property.

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

Please make a 4 digit code that will be used for pick up purposes only. This is a number that you make up and give to people authorized to pick up your child. **Authorized Pick-up 4 Digit Code:** _____

AS PARENT/GUARDIAN OF THE ABOVE, I VERIFY THAT THE INFORMATION ON THIS ENTIRE DOCUMENT IS CURRENT, THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION AND I WILL BE RESPONSIBLE FOR TUITION, FINES, OR PENALTIES, ATTORNEY’S FEES AND COURT COSTS RESULTING FROM A FALSIFIED DOCUMENT. I AUTHORIZE THE SCHOOL PERSONNEL TO TAKE RESPONSIBLE EMERGENCY MEASURES, INCLUDING CALLING 911, ON BEHALF OF MY CHILD AND AGREE TO HOLD THEM HARMLESS FOR ANY TREATMENT RENDERED.

Signature of Parent/ Legal Guardian: _____ Date: _____

Printed Name of Parent/ Legal Guardian: _____ Date: _____

Section 3: Medical Information

Child’s Full Legal Name _____ Child’s Date of Birth _____
Child’s Physician: _____ Physician’s Telephone _____
Child’s Dentist: _____ Dentist’s Telephone _____

Please list any allergies, medical conditions, developmental delays or medications currently being taken, including dietary requirements, allergies to medication, or any other limitations.

I hereby give permission in the event of an emergency for the Director, the Acting Director, or a Teacher at Collage Day School, to take whatever steps may be necessary for the medical care of my child, _____. I understand that in order for Collage Day School to assume responsibility of my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below: 1. The parent/guardian will be called. Note: If the parent/guardian is unavailable, the emergency contact persons designated by the parent/guardian will be called. 2. Child’s physician will be called. 3. If these efforts are unsuccessful, the following steps will be taken (order may vary depending on the situation): a. Another physician will be called. b. The child will be taken to the nearest emergency room accompanied by a staff member. c. An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member. If I cannot be reached in the event of an emergency, I give consent for a Collage Day School staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance. I give consent to any emergency facility or physician to administer any necessary medical treatment to my child as the situation may warrant it. I further understand that I am responsible for any and all costs associated with any and all medical treatments for my child. Parent/Guardian confirms that they will hold Collage Day School and its staff harmless from any liability which might arise from this consent. Parent/Guardian agrees to reimburse Collage Day School for any medical expenses that may arise while child is in our care.

Signature of Parent/ Legal Guardian: _____ Date: _____

Printed Name of Parent/ Legal Guardian: _____

Section 4: Student Profile/ Background Information

(Please feel free to add additional pages if necessary)

Child born prematurely? Yes No If YES, how many months early? _____ Child's place of birth: _____

Languages spoken at home: _____

List child's siblings and their ages: _____

Please list any other members of your household (pets, too!) by name, age and relationship: _____

If child is adopted, list age at time of adoption _____ Is child aware of adoption? _____

Is your child toilet trained? _____ If in progress, explain: _____

Describe assistance needed and words used: _____

Does your child nap? _____ If yes, what time? _____ If no, will your child be able to rest quietly with books for at least a half hour each afternoon? _____ Does your child take a bottle at nap time? _____

Does your child take a pacifier at nap time? _____ My child wakes up in the morning at ____ am, and goes to sleep at night at ____ pm Has your child previously attended preschool? _____ If so, where _____

Please describe any health issues that we should be aware of: _____

Please describe any special dietary needs that we should be aware of and describe your child's appetite: _____

What methods of behavior management are used in your home? _____

Does your child attend any sort of therapy? _____

If yes, please describe: _____

Please describe any serious operation or accident your child may have had: _____

Please list all medications your child takes on a regular basis and the associated conditions: _____

Please describe any special medical, physical or emotional needs that the school and staff should be aware of: _____

What are your child's favorite activities? _____

What does your child enjoy doing with Mother? _____

What does your child enjoy doing with Father? _____

Does your child play well alone? _____ In groups _____

Do you think your child will display anxiety on his/her first day of school? _____

_____ As a parent, what do you feel you can do to avoid an unpleasant first day at school? _____