

# ENROLLMENT FORM

CHILD'S NAME: \_\_\_\_\_

NAME CHILD IS CALLED BY: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: M F

CHILD LIVES WITH: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE ZIP: \_\_\_\_\_

HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_

S.S.# \_\_\_\_\_ DRIVER LICENSE# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK HRS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE ZIP: \_\_\_\_\_

HOME# \_\_\_\_\_ CELL# \_\_\_\_\_ WORK# \_\_\_\_\_

S.S.# \_\_\_\_\_ DRIVER LICENSE# \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK HRS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

REFERRED BY: DROVE BY \_\_\_\_\_ CLIENT REFERRAL \_\_\_\_\_

STAFF REFERRAL \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_ OTHER \_\_\_\_\_

## ATTENDANCE INFORMATION:

ENROLLMENT DATE: \_\_\_\_\_

CLASSROOM: \_\_\_\_\_ TIME: \_\_\_\_\_

PLEASE CIRCLE DAYS ATTENDING: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PUBLIC SCHOOL ATTENDING: \_\_\_\_\_ GRADE LEVEL (SCHOOL AGE ONLY) \_\_\_\_\_

**AUTHORIZATIONS:**

**PERSONS AUTHORIZED TO PICK UP CHILD:**

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1.) NAME ADDRESS CITY  
HOME# CELL# WORK#  
RELATIONSHIP: \_\_\_\_\_

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2.) NAME ADDRESS CITY  
HOME# CELL# WORK#  
RELATIONSHIP: \_\_\_\_\_

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3.) NAME ADDRESS CITY  
HOME# CELL# WORK#  
RELATIONSHIP: \_\_\_\_\_

**IF NEITHER PARENT CAN BE REACHED IN CASE OF EMERGENCY CALL:**

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1.) NAME ADDRESS CITY  
HOME# CELL# WORK#  
RELATIONSHIP: \_\_\_\_\_

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2.) NAME ADDRESS CITY  
HOME# CELL# WORK#  
RELATIONSHIP: \_\_\_\_\_

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3.) NAME ADDRESS City  
HOME# CELL# WORK#  
RELATIONSHIP: \_\_\_\_\_

**MEDICAL INFORMATION:**

PHYSICIAN: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Address: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Address: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Address: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ ID # \_\_\_\_\_

**CHILD'S PERSONAL INFORMATION:**

BROTHERS AND/OR SISTERS WITH WHOM CHILD LIVES WITH :

NAME AGE DATE OF BIRTH

NAME AGE DATE OF BIRTH

NAME AGE DATE OF BIRTH

IS YOUR CHILD TOILET TRAINED? \_\_\_\_\_

WHAT DOES YOUR CHILD SAY WHEN NEEDING TO USE THE TOILET? \_\_\_\_\_

DOES YOUR CHILD TAKE A NAP? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL SLEEPING PATTERNS? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL FEARS? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL EATING HABITS? \_\_\_\_\_

HAS YOUR CHILD EVER BEEN IN ANY OTHER GROUP SETTINGS?

NAME LOCATION DATES

DESCRIBE ANY PROBLEMS THAT YOUR CHILD MIGHT HAVE IN REGARDS TO ALLERGIES, ASTHMA, SEIZURES, DIABETES, HEART DISEASE, RESPIRATORY ILLNESS, DRUG REACTIONS, CHRONIC, HANDICAPPING PROBLEM OR ANY OTHER INFORMATION THAT WOULD HELP US IN REGARDS TO THE CARE OF YOUR CHILD:

\_\_\_\_\_  
\_\_\_\_\_

## **TV AND VIDEO VIEWING**

TV AND VIDEO VIEWING IS LIMITED. EACH AGE GROUP WILL HAVE A SPECIAL MOVIE DAY. CARTOONS AND G RATED MOVIES WILL BE SHOWN TO PRE K AND YOUNGER CHILDREN. ON OCCASION THE SCHOOL AGE CHILDREN WILL VIEW A PG MOVIE AT THE CENTER DIRECTORS DISCRETION.

WITH THE ABOVE CRITERIA: I, \_\_\_\_\_ GIVE PERMISSION TO PARKER LANDING TO ALLOW MY CHILD TO VIEW MOVIES AT THE CENTER DIRECTORS DISCRETION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **PARENT RELEASE FORM**

I, \_\_\_\_\_ GIVE PERMISSION TO PARKER LANDING CHILD DEVELOPMENT CENTER TO SEEK ANY MEDICAL OR SURGICAL CARE FOR MY CHILD SHOULD AN EMERGENCY ARISE. IT IS UNDERSTOOD THAT A CONSCIENTIOUS EFFORT WILL BE MADE TO LOCATE US. THIS EXPENSE WILL BE ACCEPTED BY US.

OUR INSURANCE CARRIER IS: \_\_\_\_\_

OUR GROUP # IS: \_\_\_\_\_ OUR POLICY # IS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **TRANSPORTATION**

I, \_\_\_\_\_ GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED ON THE PARKER LANDING CHILD DEVELOPMENT CENTER VAN OR BUS OR IN A PRIVATE VEHICLE UNDER PROPER SUPERVISION ON FIELD TRIPS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **SCHOOL AGE CHILDREN**

MY CHILD ATTENDS \_\_\_\_\_ ELEMENTARY SCHOOL

I, \_\_\_\_\_ GIVE PARKER LANDING CHILD DEVELOPMENT CENTER PERMISSION FOR TO PROVIDE TRANSPORTATION TO AND FROM SCHOOL, WHETHER BY FOOT OR BY VEHICLE. I UNDERSTAND THAT IT IS THEIR RESPONSIBILITY TO TAKE MY CHILD AND/OR PICK UP MY CHILD AT THE DESIGNATED TIMES OF THE ABOVE MENTIONED SCHOOL. I ALSO UNDERSTAND THAT I WILL INFORM PARKER LANDING IF MY CHILD WILL NOT BE NEEDING TRANSPORTATION DUE TO ILLNESS, VACATIONS, OR FOR ANY OTHER REASON.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **Sunscreen**

Sunscreen will be applied for each time children are to be playing outside or on field trips. At this time we are requesting that you please supply one tube of sunscreen for each of your children with their name on it.

I, \_\_\_\_\_ give permission to Parker Landing to apply \_\_\_\_\_ brand sunscreen to my child \_\_\_\_\_.

## **Napping Cots**

All children ages 12mo to 24mo of age will nap on 11/2" tall cots. State policies regulate a parent release must be signed.

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_, to take a nap on a cot while at Parker Landing.

## **Late Arrival**

Any child who arrives late to the center while their class is away on a field trip or excursion will be able to join another class as age appropriate as possible. If a parent decides to take their child to the exact location of the trip they must notify the center as well as the staff member in charge of the field trip. In addition, should you schedule any appointment during the day where your child will be returning to the center, we ask that you do not return with your child during nap time out of respect for the other children napping.

## **Enrollment Disclaimer**

Being that Parker Landing is a privately held company, we reserve the right to disenroll any child/family whose behavior causes them to be a threat to the safety or cause mental distress to the other children and /or staff members, whose needs the organization is unequipped to handle, or whose parents will not abide by the policies of the center. Disenrollment is at the sole and absolute discretion of the administration and may occur without prior notification. In addition, any parent or guardian who is abusive, rude or unreasonably uncooperative with Center Staff or who will not abide by the policies of the Center shall be subject to disenrollment. Should immediate disenrollment be necessary, no refunds will be given.

## **Parent Acknowledgement**

Name \_\_\_\_\_ Date \_\_\_\_\_

# Illness/Medication Policy

In order to keep your child healthy and as free from contagious diseases as possible we enforce these Social Service and Tri County Health guidelines. Please, reread our policy and sign-off at the bottom.

Thank you,  
Parker Landing

Children will be observed for contagious diseases and other signs of illness. If your child becomes sick during the day, we will isolate your child until you arrive. You will be requested to come at once. A child should not be brought to the center and/or will be requested to be picked up when:

1. A temperature of 99.6 F or above, even if they are on medication.\*
2. Diarrhea or vomiting.
3. Discharge or puffy red eyes, ears or profuse nasal discharge.
4. Sore throat, burning of the ears, or general complaint of illness.
5. Undiagnosed rash.
6. Severe coughing or severe congestion.

If your child is exposed to an infectious disease while in the center, we will post a sign. In return we ask for your assistance in preventing the spread of illness through the center. Please call us at 303-841-5006 to report a contagious illness.

Any medication can only be administered if a consent form is signed by both the child's physician and parents. This is Colorado State law. The consent form can be brought in along with the medication or faxed to the center (303-841-9656). Any prescribed or over the counter medication (including Tylenol only for pain and all topical) must be in the original container which states the child's name, date, type of medication and dosage.

\* If your child is sent home due to one of the above conditions, they must be away from the center for a minimum of 24 hours from the last onset of the condition.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_

## **PAYMENT POLICIES**

**Registration:** To reserve a space or to be placed on a waiting list, the enrollment application along with registration payment must be turned in. Your physician, physician assistant, or nurse practitioner must sign the medical form upon enrollment. All immunizations must be current.

**Fees:** A non-refundable annual registration & supply fee of \$75.00 per child or \$100.00 per family is due every September and each September thereafter.

All fees are payable in advance and are due the first day your child attends each week. A \$25.00 late fee will be charged to your account if not paid by Wednesday A.M. If payments are more than two weeks past due, services may be terminated.

No credit will be given for holidays or absences. Your tuition reserves your child's space in our program. This will ensure a quality program and proper staffing at all times.

Breakfast is \$1.00 per day served from 7:00 - 8:00. (Cereal, juice & toast)

A \$25.00 service fee will be charged on all returned checks.

Each family is eligible for one-week vacation at half charge after every six months of attendance. A two-week notice must be given prior to your child's absence.

A 10% family discount will be given off the rate of the oldest enrolled child. (This discount does not apply in our infant or toddler programs.)

A \$1.00 per minute late fee will be charged for each child after 6:30.

A fee of \$50.00 per hour will be charged for each staff member or management called upon for legal matters. This will include telephone conversations with legal council, driving and court time.

A two-week written notice of withdrawal or schedule change is mandatory. Failure to do so will result with a charge equal to two weeks tuition. If this is not paid it will be turned over to collections, with all fees paid by you (Attorney fees, court costs, collection costs).

If your child withdraws, a \$75.00 re-registration fee will be assessed per child or \$100.00 per family.

## **FINANCIAL ACKNOWLEDGMENT**

I have reviewed each of the above policies and hereby agree to comply with all the provisions here of.

Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_