



Elsass Academy  
Preschool/ Afterschool/ Summer camp  
Enrollment packet  
"A Preschool Kids Want and Parents Hope for"

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Director's Name: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
Date of Withdrawal: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Day's in care: \_\_\_\_\_ Hours in care: \_\_\_\_\_ Child's Sex: M or F (circle one)

Has your child ever been asked to leave a center? \_\_\_\_\_ why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Second Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Second address if the child is in two homes 50% of the time\***

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**Parent/ Guardian Information.** (Please fill out neatly and carefully)

Mom's Name: \_\_\_\_\_ Best number to be reached at: ( ) \_\_\_\_\_ - \_\_\_\_\_

Mom's Place of Employment: \_\_\_\_\_ WK phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Mom's Cell phone #: \_\_\_\_\_ Mom's phone contractor: \_\_\_\_\_

Example: Sprint/ AT&T

Mom' email: \_\_\_\_\_ (please print Clearly)

Initials \_\_\_\_\_

Child: \_\_\_\_\_

pg. 2/6

Dad's Name: \_\_\_\_\_ Best number to be reached at: ( ) \_\_\_\_\_ - \_\_\_\_\_

Dad's Place of Employment: \_\_\_\_\_ WK phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Dad's Cell phone #: \_\_\_\_\_ Mom's phone contractor: \_\_\_\_\_

Example: Sprint/ AT&T

Dad's email: \_\_\_\_\_ (please print Clearly)

**Custody Document on File: YES NO (circle one)**

Primary Emergency Contact (after mom and dad)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_ Address: \_\_\_\_\_

Elsass Academy may release my child to the following people:

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injury and hospitalization during the past 12 months and any medication prescribed for long-term continues use, and any other information we should be aware of: \_\_\_\_\_

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

Initials \_\_\_\_\_

Child: \_\_\_\_\_

pg 3/6

### Consent information

#### Transportation:

I Give consent for my child to be transported and supervised by the operations employees:

For emergency care \_\_\_\_\_ On Field Trips \_\_\_\_\_ After school Care \_\_\_\_\_

#### Field Trips

I give consent for my child to go on Field trips YES or NO

#### Water Activity

I give consent for my child to participate in:

(initials indicate authorization, an X would indicate no consent)

Water Table Play \_\_\_\_\_ sprinkler play \_\_\_\_\_ Splashing/wading pools

Swimming pool @ Elsass \_\_\_\_\_ Public Swimming pools \_\_\_\_\_

#### Publication, Video and Internet consent and release agreement

Special occasions such as Gymkahana, 4th of July parade, Graduation, Halloween Carnival are filmed for private viewing by classrooms at special functions Please indicate and shing below where or not your child's name, pictures, art, written work, voice, verbal statements, or portraits (video or still) to appear in Elsass Academy and/or Crenshaw's Athletic Club publications.

Yes, I give permission \_\_\_\_\_ No, I do not wish to participate \_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date

#### Authorization for emergency medical attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

DR. \_\_\_\_\_ Hospital: Children's Dell  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

\*I give consent for the facility to secure any and all necessary emergency medical care for my child\*

\_\_\_\_\_  
Parent Signature Date

Child: \_\_\_\_\_

pg 4/6

## **Policy's**

### Operational Policies

I have received a copy of Elsass Academy Operational Policies. I have read, understand and agree abide by these policies. I also understand that if changes are made to these policies I will be notified writing and my signature will be required to update this information.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Food/Illness Emergency Waiver

My child does have a food or potential illness emergency action plan I have filled out the form and it is signed by my child's specialist or pediatrician and I have attached it to the enrollment packet. In addition , I have Elsass Academy NC permission to post this information on public boards/refrigerators and in binders accessible to all who care for my child. I understand this will be able to be viewed by anyone who has access to those places

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Sign-in and sign-out

I understand that I must sign my child in and out each day on the sign in and out computer. When I drop off my child I must walk my child in, log in, and then drop him/her to his current teacher. I also understand that I must let my child's teacher know that I am leaving or picking up my child for that day. I understand that is dangerous to call a child over to the fence and pick them up without knowledge of the class teacher. Children will not be allowed to leave the group in these circumstances. It is the policy of Elsass Academy and the Department of Protective and Regulatory Services that all children must be accompanied by and adult and supervised at all times while on the property including inside the buildings, on the playgrounds and especially in the parking lot

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Child: \_\_\_\_\_

pg. 5/6

### Parent Handbook

I have received a copy of the parent handbook, I understand the information provided with-in the handbook. By signing below I agree to the policies, procedures, as well as the general information provided in the hand book. At any time I can ask for another copy of stop by the office for more information.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

### 30 days Notice

I am required in writing to notify the of my intent to end care 30 calendar days beforehand. I understand this give Elsass NC time to fill my child's spot. If I do not give 30 days notice I am liable for the additional month's tuition.

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

### Nutrition Statement:

I understand that I am responsible for my child's nutritional daily needs. I will provide for him/her a balanced diet.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

### School age children

My child attends \_\_\_\_\_ (elementary)

School Phone #: \_\_\_\_\_

My Child's teacher's name is: \_\_\_\_\_

Child: \_\_\_\_\_

pg 6/6

**Office Information to be filled out by NC personnel**

Has he/she been added to the computer? \_\_\_\_\_

1 day of enrollment \_\_\_\_\_

Classroom: \_\_\_\_\_

Has been added to app if needed \_\_\_\_\_

Has been given key cards \_\_\_\_\_

How many \_\_\_\_\_

Child has severe allergy \_\_\_\_\_

If yes, this information has been discussed with classroom teacher/teachers \_\_\_\_\_

Initials of office staff that completed this enrollment \_\_\_\_\_

Notes:

Enrollment Packet updated 12/14/2020