



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

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

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: _____

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

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

Dad's Cell phone #: _____ Dad's phone contractor: _____

Example: Sprint/ AT&T

Dad's email: _____ (please print Clearly)

Custody Document on File: YES NO (circle one)

Primary Emergency Contact

1. Name: _____ Relationship: _____
Phone#: _____ Address: _____

2. 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 _____ Afterschool 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 Gymkhana, 4th of July parade, Graduation, Halloween Carnival are filmed for private viewing by classrooms at special functions. Please indicate and sign 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

I
Initials _____

Policies**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 my child's specialist signs potential illness emergency action plan I have filled out the form and it 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 handbook. At any time I can ask for another copy of stop by the office for more information.

Parent Signautre _____ Date: _____

30 days Notice

I am required in writing to notify the office 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 _____

School age children

My child attends _____ (elementary)

School Phone #: _____

My Child's teacher's name is: _____

Immunization Records: I certify by signing below that my school-age child's immunization record is current and on file at the above Elementary school. I acknowledge that my child has been seen by his/her peditrician with in the last calendar year and is free of any illness or condition that would limit his/her participation in our program. Listed on page five of this agreement.

Parent signature: _____ Date: _____

Health Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, on of the following must be presented when your child is admitted to the child care operation or within one week of admission

1. Health care professional statement _____
2. Assigned and dated copy of the healthcare professional statement is attached _____
3. Affidavit that medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization which I adhere to or am a member of _____

Initials _____

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: