



Elsass Academy Westlake Toddler/Preschool Enrollment Form



Child's Info (please print)			
Last:	First:	Child's Sex (Circle One) M / F	Date of Birth: / /
Mother's Information		Father's Information	
Last:	First:	Last:	First:
Address:		Address:	
City:	State:	Zip:	
Home #: ()	<i>(Please asterisk by best contact number)</i>	Home #: ()	<i>(Please asterisk by best contact number)</i>
Work #: ()	Place of Employment:	Work #: ()	Place of Employment:
Cell #: ()		Cell #: ()	
Email:		Email:	

Allergies and Illnesses: List any conditions that your child has, such as allergies and their severity, existing or previous serious illness/injuries during the past year, any medications prescribed for long-term continuous use, and any other information which staff should be aware of:

Check this box if your child's allergy has been diagnosed by a health care professional and requires a plan of action. If so, you must complete the attached **Food Allergy Emergency Plan**.

Primary Emergency Contact: Please provide the name, address and phone number of the primary person to call in case of an emergency if parents / legal guardians cannot be reached:

Name: _____ **Address:** _____ **Phone Number:** _____ **Relationship to Child:** _____

Authorized Pick Ups: In addition to parents/legal guardians and the above Emergency Contact, I hereby authorize Elsass Academy Westlake to allow my child to leave the facility with the following persons:

Name: _____ **Phone Number:** _____ **Relationship to Child:** _____

- 1.
- 2.
- 3.
- 4.

Emergency Medical Attention: In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the following physician or hospital:

Physician/Hospital: _____ Address: _____ Phone #: _____

*Initial Here _____ **I give consent for Elsass Academy Westlake to secure any and all necessary emergency medical care for my child.**

By signing below, I am acknowledging that the above information is correct, I have read the policies on this page and agree to abide by them:

Signature of Parent/Legal Guardian: _____ Date: _____

Health Statement: The Health Statement is a separate form from your child's Immunization Record. It is required by State Licensing Regulations that one of the following be presented *within one week* of admission.

Please check only one option:

- Health Statement: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.
Health Care Professional's Signature: _____ Date: _____
- A signed and dated copy of a health statement from my child's physician is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Immunization Record: State Licensing Standards also requires that one of the following be presented *prior to* admission:

- A current copy of my child's immunization is attached.
- Immunizations are in conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Check All That Apply:

Transportation: I hereby give do not give— my consent for my child to be transported and supervised by Elsass—
on field trips from school to/from Crenshaw's for emergency care

Field Trips: I hereby give do not give— my consent for my child to participate in field trips.

Water Activities: I hereby give do not give— my consent for my child to participate in the following water activities:
sprinkler play splashing/wading pools swimming pools other bodies of water provided

Media Release: I hereby give do not give— permission for my child's name, picture, art, written work, voice, verbal statement or portraits (video or still) to appear in Elsass Academy Westlake/Crenshaw Athletic Club classrooms, publications, videos or on the school's website. If consent is granted, we will notify you prior to using any image or statement regarding your child.

Communication: I hereby give do not give— permission to release my contact information to be used by Elsass Academy Westlake for communication purposes such email notifications, newsletters, etc.

Parent Contact: I hereby give do not give— permission to provide my contact information to other parents of Elsass Academy Westlake for play dates, birthday parties, keeping in contact, etc.

Nutrition Policy: Elsass Academy Westlake provides a morning and afternoon snack but **does not** provide lunch for students.

I understand that:

- as a parent/legal guardian, I am responsible for meeting the daily nutritional needs of my child.
- Elsass Academy Westlake is not responsible for meeting my child's daily nutritional requirements.

Toddler / Preschool Policies: I understand that:

- It is required by State Licensing Regulations for my child to be signed in / out each day.
- When I am at Elsass with my child, I agree to supervise my child at all times by being aware of them and keeping them within physical proximity.
- I cannot leave any child under the age of 12 years old unattended in a vehicle for any amount of time.
- Preschool hours are from 7:00 a.m. to 6:30 p.m.** Elsass Academy Westlake closes at 6:30 p.m. daily and my child should be picked up by this time each day. I understand there is a **Late Pick Up Fee of \$1 per minute** that is to be paid directly to the supervising teacher if my child is picked up late.

Parent Handbook and Operational Polices:

By checking this box, I acknowledge that I have received a copy of the Parent Handbook and Operational Polices. I confirm that I have read, understand and agree to abide by these policies.

By signing below, I am acknowledging I have read all of the policies on this page and agree to abide by them:

Signature of Parent/Legal Guardian: _____ Date: _____



Elsass Academy Westlake Release Form



Student Name: _____

Please Read and Sign:

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. However, in the event that arrangements must be made for emergency medical attention at the time of illness or accident, I hereby authorize Elsass Academy/Crenshaw Athletic Club to take my child to _____ Hospital. In return for the use, today and on all future dates, of the property, facilities and services (the "Facilities") of Elsass Academy/Crenshaw Athletic Club ("Elsass" or "Crenshaws"), the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agrees to:

- (1) ASSUME any and all risks to self and/or my/our children involved in or arising from the use of or presence upon the facilities, including, without limitation, the risk of bodily injury, property damages or death. I/we are fully aware of and understand the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with the participation at Elsass/Crenshaws and/or being on the facilities.
- (2) RELEASE Elsass/Crenshaws and all of its successors, assigns, subsidiaries, officers, directors, employees, and agents from, and agree not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of my/our or my/our child's use of or presence upon the facilities, including, without limitation, those based on death, bodily injury or property damages; whether or not caused by the negligence or other fault of Elsass/Crenshaws, of its agents, employees, or servants, whether paid or volunteers.
- (3) INDEMNIFY, hold harmless, and defend, at my/our own cost, Elsass/Crenshaws, its agents, employees and servants from any and all liability, damages, losses, claims, judgments, costs or expenses, including attorney's fees, which in any way arises from my/our or my/our child's use of or presence upon the facilities, irrespective of whether such liability, damages, losses, claims, judgments, costs or expenses were actually or allegedly caused wholly or in part through the negligence of Elsass/Crenshaws or any of its agents, employees or servants, whether paid or volunteers.

I have read and understand this assumption of risk, release and indemnification agreement and agree to abide by its terms. I understand a copy of this agreement will be made available for me at my request.

Legal Guardian Signature: _____ Date: _____



Elsass Academy Westlake
Food Allergy & Anaphylaxis Emergency Plan



You must only complete this form if your child's allergy has been diagnosed by a health care professional and requires a plan of action. If applicable, this form MUST be completed and returned PRIOR to your child's first day of class.

Child's Info (please print)			
Last:	First:	Child's Sex (Circle One) M / F	Date of Birth: / /
Weight: lbs.	Asthma: <input type="checkbox"/> Yes (higher risk for severe reaction)		<input type="checkbox"/> No

Extremely reactive to the following: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
 If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

- LUNG:** Short of breath, wheeze, repetitive cough
HEART: Pale, blue, faint, weak pulse, dizzy, confused
THROAT: Tight, hoarse, trouble breathing/swallowing
MOUTH: Obstructive swelling (tongue and/or lips)
SKIN: Many hives over body
GUT: Repetitive vomiting, severe diarrhea

OR A COMBINATION of symptoms from different areas.



- 1. INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Give additional medications:*
-Antihistamine
-Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat severe reactions (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH:** Itchy mouth
SKIN: A few hives around mouth/face, mild itch
GUT: Mild nausea/discomfort



- 1. GIVE ANTIHISTAMINE**
- 2. Stay with student; alert parent and healthcare professionals**
- 3. If symptoms progress (see above), USE EPINEPHRINE**

Medications/Doses:

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Other Directions/Information Noted by Physician or Parent (ie. Call parents, apply hydrocortisone, etc.):

Signature of Physician/Healthcare Provider: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____