**West Emory Child Enrichment Center Registration Form**

(This form must be filled out **completely** and turned in on time to secure your child’s spot.)

|  |
| --- |
| Student Name: |
| DOB: |
| Pre-Enrollment Tour Date: |

|  |  |  |
| --- | --- | --- |
| Semester | Days preferred | Full or Half Day |
| Summer 2023 |  |  |
| Fall 2023 |  |  |
| Spring 2024 |  |  |

|  |
| --- |
| Pediatrician: |
| Name: |
| Address: |
| Phone: |

**Known allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications taken regularly by your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s previous hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s previous significant diseases or recurrent illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Has your child**:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Had problems with: | Hearing | Vision | Speech | Walking | Running |  |  |
| Ever had: | Measles | Mumps | Chicken Pox | Asthma | Tonsilitis | Ear infection | Pneumonia |
|  | Seizures | Strep Throat |  |  |  |  |  |

Please list and describe any social, physical or mental limitations your child has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

­­­­­­­

Please explain any special needs/requirements for your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Hospital of choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address of mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Employment Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address of father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/Cell #: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Employment Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best number to reach you in case of an emergency:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list names and phone numbers for THREE persons who may be called in an emergency for pick-up or emergency health care decisions if a parent cannot be reached:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If there are custody issues, please explain, and provide papers for child’s file:***

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

Did you choose this facility because of the Gold Sneaker designation? (Check one)

\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_NO

**Parents must sign and mark below indicating agreement to the following statements:**

1. I have completed a pre-enrollment visit to WECEC.
2. I have received the enrollment email which includes:
   1. Emergency contact information
   2. Health history checklist
   3. DHS Rules and Regulations Summary
   4. Parent Handbook (also located on the WECEC website **westemorypresbyterianchurch.org/preschool.html**) and agree to abide by the regulations in the WECEC Handbook, which includes a Tennessee DHS Summary of Licensing Requirements for child care centers, and information on sexual /physical abuse. Any updates or changes to the handbook will be communicated to all parents by the Director and will require a written signature. I understand that a hard copy of the handbook is available in the office, upon request.
   5. Emergency Preparedness Plan for WECEC
   6. Illness Policy
   7. Classroom daily schedule
   8. Disenrollment Policy
   9. Personal Safety information
   10. Gold Sneaker information
   11. Preschool weekly themes
   12. WECEC closure dates
3. I understand that my child will not be released to anyone whose behavior is considered to be “at risk” by WECEC staff. My emergency contacts listed above, and/or 911, will be called if necessary to prevent transportation of my child with any person who appears to be intoxicated, under the influence of drugs, or otherwise deemed unable to safely transport child.
4. I hereby authorize the transfer of my child’s health record to the hospital listed above in the event of an emergency.
5. I authorize third party department’s (CCR&R, Assessors, DHS, Fire Department, Health Department etc.) to observe my child whenever necessary.
6. I authorize the emergency contacts, physician and hospital listed above, and/or WECEC staff to provide any emergency care necessary for my child.
7. I agree to my child viewing any G-rated videos while at WECEC.
8. I understand the illness policy at WECEC and will not bring my child to school until they have been ***symptom-free for 24 hours prior***.
9. I understand the WECEC privacy policy in regards to photos, videos, audio, or any other type of media in regards to my child and other children at the center. In consideration for being allowed to photograph, videotape or audio record your child on company property, you shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings.

**PERMISSIONS**

1. The company, its agents, affiliates, and licensees**, ❏ MAY ❏ MAY NOT** use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. (For the official WECEC website and social media group, HiMama app or for posting in the facility, as monitored by the Director only.)
2. The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians. I/We acknowledge that we have been provided an opportunity to review the agency’s personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.
   1. \_\_\_\_ my child may participate in Personal Safety
   2. \_\_\_\_ my child may NOT participate in Personal Safety
3. I/we authorize WECEC to administer sunscreen, bug spray, diaper cream AND/OR chap stick that I/we will provide.
   1. Sunscreen Y N
   2. Bug spray Y N
   3. Diaper cream Y N
   4. Chap stick Y N

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

Guardian signature Guardian signature Date

Children are a gift from the Lord!