



ELAINE ROSI ACADEMY FOR CHILDREN

Child Enrollment Application

Date: _____

CHILD & FAMILY IDENTIFYING INFORMATION

CHILD	Child's Name	Sex	Est. Due Date (if pregnant) / /
	Address (Street, City, State, Zip Code)	Birth Date / /	
PARENT/ GUARDIAN	Parent or Guardian's Name	Home Phone Number ()	
	Address <input type="checkbox"/> Same as Child (Street, City, State, Zip Code)	Mobile Phone Number ()	
	Place of Employment (or School)	Hours of Employment (School) FROM: TO:	
	Employment (or School) Address (Street, City, State, Zip Code)	Work or School Phone Number ()	
	Email Address		

PARENT/ GUARDIAN	Parent or Guardian's Name	Home Phone Number ()	
	Address <input type="checkbox"/> Same as Child (Street, City, State, Zip Code)	Mobile Phone Number ()	
	Place of Employment (or School)	Hours of Employment (School) FROM: TO:	
	Employment (or School) Address (Street, City, State, Zip Code)	Work or School Phone Number ()	
	Email Address		

EMERGENCY CONTACT & PERSON AUTHORIZED TO TAKE CHILD FROM ELAINE ROSI ACADEMY (OTHER THAN PARENTS OR DOCTOR) AT LEAST ONE REQUIRED

CONTACT	Contact #1 Name	Contact #1 Tel. Number ()
	Contact #1 Address (Street, City, State, Zip Code)	Relationship to Child

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

EMERGENCY CARE	I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Elaine Rosi Academy to contact:	
	Doctor or Clinic Name	Doctor or Clinic Phone Number ()
	For Emergency medical treatment of my child, my preferred hospital is:	
	Hospital Name	Hospital Phone Number ()

COMMENTS ON CHILD'S DEVELOPMENT AND HEALTH HISTORY

DEVELOPMENT (Note Allergies, Habits, Special Language, Medical Conditions, Medications, Restrictions, Chronic Health Problems, Dietary Restrictions)

DEVELOPMENT	This certifies that my child is, to the best of my knowledge, in good health and free of disabilities that would endanger him/her or other children at Elaine Rosi Academy.	Parent or Legal Guardian Signature ▶	Date
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ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS	A	I have received a copy of Elaine Rosi Academy's policies pertaining to the admission, care, and discharge of children.	Parent or Legal Guardian Initials
	B	I have been informed that a copy of the <i>Licensing Rules for Group Child Care Homes and Centers</i> is available at Elaine Rosi Academy for review.	Parent or Legal Guardian Initials
	C	Elaine Rosi Academy and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	Parent or Legal Guardian Initials
	D	When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.	Parent or Legal Guardian Initials
	E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations.	Parent or Legal Guardian Initials
	F	I <input type="checkbox"/> Do <input type="checkbox"/> Do not give permission for field trips/excursions.	Parent or Legal Guardian Initials
	G	I <input type="checkbox"/> Do <input type="checkbox"/> Do not give permission for Elaine Rosi Academy to transport my child.	Parent or Legal Guardian Initials
	H	I have been informed and have received a copy of Elaine Rosi Academy's safe sleep policy when enrolling a child less than one (1) year of age.	Parent or Legal Guardian Initials
	I	I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	Parent or Legal Guardian Initials

↓ OFFICE USE ONLY ↓

OFFICE	Promised start date: _____	Schedule: M T W Th F	Referral: _____
	Desired start date: _____		Classroom: _____