

# Springing Up CDC Enrollment Form

Date \_\_\_\_\_  
 Received \_\_\_\_\_  
 Check# \_\_\_\_\_  
 Initials \_\_\_\_\_

Child's Full Name \_\_\_\_\_  
 Child's Address \_\_\_\_\_  
 Child's Birthdate \_\_\_\_\_ Male/Female \_\_\_\_\_ Start Date \_\_\_\_\_

<b>Parent Name</b> (Guardian, or Legal Custodian)		<b>Parent Name</b> (Guardian, or Legal Custodian)	
<b>Home Phone</b>		<b>Home Phone</b>	
<b>Work Phone</b>		<b>Work Phone</b>	
<b>Cell Phone</b>		<b>Cell Phone</b>	
<b>Cell Phone Carrier</b>		<b>Cell Phone Carrier</b>	
<b>Email Address</b>		<b>Email Address</b>	
<b>Home Address</b>		<b>Home Address</b>	
<b>Employer</b>		<b>Employer</b>	
<b>Employer Address</b>		<b>Employer Address</b>	
<b>Work Schedule</b>		<b>Work Schedule</b>	
<b>Additional Phone Number</b>		<b>Additional Phone Number</b>	

(Maximum daily hours at Springing Up are no more than 10 Hours)

### Proposed Arrival/Departure Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Time In</b>					
<b>Time Out</b>					

**I understand and approve all medical treatment and transportation necessary in case of accident or illness involving my child.** If I cannot be reached, the person to reach in case of an emergency is:

Name \_\_\_\_\_ Relation \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Numbers \_\_\_\_\_ Additional No. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Hospital to be used in case of an emergency \_\_\_\_\_ Number \_\_\_\_\_  
 Address \_\_\_\_\_

### Names and Relation of those authorized to take child from facility

Name	Relation

\_\_\_\_\_  
 Parent or Legal Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent or Legal Guardian's Signature

\_\_\_\_\_  
 Date

**Comments on Child's Development** (personal, developmental, behavioral, patterns, habits, & individual

Has your child been enrolled in child care before? Yes  No  If so where \_\_\_\_\_ how long \_\_\_\_\_

Have you ever been informed of any concerns personal, developmental, behavior, patterns, habits, & individual needs regarding your child - **please explain & attach documents**. (Medical records and or evaluations are helpful)

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

**Additional care information**

Are you or your child related to a childcare provider at SU/CA? Yes  No  if so how \_\_\_\_\_

**Check the meals your child will be in attendance at Springing Up and Cornerstone Academy**

Breakfast  Morning Snack  Lunch  Afternoon Snack  None

SU/CA are closed to observe & spend time with their families on the following holidays:

New Year's Day, Good Friday- Easter, Memorial Day, 4<sup>th</sup> of July, Labor Day,

Thanksgiving, & Christmas. **Please check the additional holidays your child will be in care.**

Martin Luther King Jr's Bday  Presidents' Day  Columbus Day  Veteran Day

**Acknowledgements**

A	I have received a copy of this facility's policies pertaining to the admission, care and discharge of children, <i>as parents it is our responsibility to provide support and necessary steps to be taken to help SU/CA help our child be successful.</i>	Parent Initials
B	I have been informed that a copy of the licensing rules for child care homes or the licensing rules for group child care home and centers is available at this facility for review.	Parent Initials
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	Parent Initials
D	When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care, <i>a Doctor's note may be required explaining the diagnosis and care requirements to have him/her return to school.</i>	Parent Initials
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age- appropriate immunizations or exemption from immunizations.	Parent Initials
F	I <input type="checkbox"/> Do <input type="checkbox"/> Do not give my permission for the facility to transport my child. (All field trips parents will be notified in advance)- <i>if not I understand my child may not be allowed to be in attendance the day of the field trip.</i>	Parent Initials
G	I have been informed and have access to a copy of the facilities safe sleep policy on line when enrolling a child less than one (1) year of age.	Parent Initials
H	I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	Parent Initials

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

Date: \_\_\_\_\_