

OFFICE USE ONLY
 Health Record Form: _____
 Review of Licensure: _____
 Application Fee: _____

Pre-Enrollment Visit: _____
 Enrollment Date: _____
 Tuition Rate: _____

Emory Valley Early Learning Center Application Form

Please fill out completely – no blanks

Child's Name: _____ Birth Date: _____ Sex: **M** **F**
 Circle one

Name to be Called: _____ Ethnicity/ Race: _____

Language Spoken in Home: _____ Guardianship papers must accompany this application
 Child resides with: Mother () Father () Both () Other: _____

Mother's Name: _____ Address: _____ _____ Home Phone: _____ Cell Phone: _____ Employer: _____ Employer Address: _____ _____ Work Phone: _____ Typical work schedule each day: _____	Father's Name: _____ Address: (If different) _____ _____ Home Phone: (If different) _____ Cell Phone: _____ Employer: _____ Employer Address: _____ _____ Work Phone: _____ Typical work schedule each day: _____
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Email Address(es): EVELC has gone "green"! In efforts to conserve, we will email your child's classroom lesson plans, newsletters and menus to you as well as other important information that we need to relay, snow day closings, photos that we want to share, etc... please provide the email address where you prefer to receive these messages:
 _____ @ _____ @ _____

Drop Off and Pick Up Times

Time child will be dropped off in the morning (between 7:00 and 9:00): _____

Time child will be picked up in the afternoon/evening (by 3:00, 5:00 or 6:00): _____
 Please do not deviate from these times without letting us know ahead of time so we can ensure proper staffing levels. Please bring your child by 9:00 or call to tell us your child will be late.

Other Members of the Household

Name	DOB	Sex	Relationship to child	School /occupation

Emergency Contacts

Please list at least one responsible person to be contacted in case of an emergency in which parents cannot be contacted promptly.

1.	_____	_____	_____
	Name/Relationship to Child	Home Address	Home Phone
	_____	_____	_____
	Place of Employment/School	Work/School Address	Work Phone
2.	_____	_____	_____
	Name/Relationship to Child	Home Address	Home Phone
	_____	_____	_____
	Place of Employment/School	Work/School Address	Work Phone

Transportation Release

Please list the people (other than parents/guardians) who have permission to pick up your child:

1.	_____	_____
	Name/Relationship to Child	Phone numbers
2.	_____	_____
	Name/Relationship to Child	Phone numbers
3.	_____	_____
	Name/Relationship to Child	Phone numbers
4.	_____	_____
	Name/Relationship to Child	Phone numbers

Medical Information and Emergency Treatment Permission

Does your child have any known food/ medical allergies? _____

Please describe any special needs or medical conditions: _____

IN THE EVENT OF AN EMERGENCY, the information below is required.

Child's Physician's Name: _____ Phone Number: _____

Physician's Address: _____

Insurance Provider: _____ Policy/ Group # _____

By signing below, I give my permission in the event my child should require emergency medical attention and I cannot be reached, for child to be transported by ambulance to _____

(hospital emergency room)

*** Please note that EMS may deem it necessary to transport your child to the nearest hospital.

Permission/Signature

Date

Medication Policy

It is our policy that no medications will be dispensed to children while they are in our care. Sunscreen may be applied by staff if a permission form is on file and if the parent has provided the sunscreen labeled with the child's name.

Medication should NOT be given to control a child's temperature so they can be sent to school.

Parent/ Guardian Signature

Health History

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the correct answer.

Pregnancy and Birth

- | | | |
|-----|----|--|
| Yes | No | 1. Were there any problems with pregnancy or your child's birth? |
| Yes | No | 2. Was his/her birth weight under 5-1/2 pounds? |
| Yes | No | 3. Did the baby have any problems in the hospital? |

Medical Problems

- | | | |
|-----|----|---|
| Yes | No | 4. Has your child ever been in the hospital overnight? |
| Yes | No | 5. Is your child taking any medicine? |
| Yes | No | 6. Any allergies or reactions to medicine, DPT or other shots or insects? |
| Yes | No | 7. Has your child had asthma or wheezing? |
| Yes | No | 8. Does your child have speech or hearing problems? |
| Yes | No | 9. Has your child had more than two ear infections in a year? |
| Yes | No | 10. Has your child had tonsillitis? |
| Yes | No | 11. Does your child have trouble with his/her eyes or seeing? |
| Yes | No | 12. Has your child had a bladder or kidney infection? |
| Yes | No | 13. Does he/she have burning when urinating? |
| Yes | No | 14. Does he/she have seizures, fits or shaking spells? |
| Yes | No | 15. Have you been told your child has a heart murmur? |
| Yes | No | 16. Is your child able to play as hard as other children? |
| Yes | No | 17. Has your child ever had a bumpy, swollen reaction the TB skin test? |
| Yes | No | 18. Has your child ever been with anyone with TB? |
| Yes | No | 19. Has your child ever had worms? |
| Yes | No | 20. Does your child scratch his/her genital area? |
| Yes | No | 21. Is your child a hemophiliac (free bleeder)? |
| Yes | No | 22. Is his/her bottom or genitals red or sore? |
| Yes | No | 23. Is your child on a heart monitor? |
| Yes | No | 24. Does your child have tubes in his/her ears? |

General Development

- | | | |
|-----|----|--|
| Yes | No | 25. Does your child get along with other children? |
| Yes | No | 26. Is he/she usually happy? |
| Yes | No | 27. Does your child have any special problems not indicated above? |
| | | 28. When did your child last see a doctor? _____ |
| | | Month Year |

Other pertinent information or instructions relating to your child's health or health history:

Referrals

How did you learn about our program? _____

Statement of Understanding and Agreement

The Emory Valley Early Learning Center (EVELC) is a program of the Emory Valley Center, non-profit agency serving children from birth to age five. Our primary purpose is to assist children of all ability levels to reach their maximum potential by offering an interactive, structured, play and language based natural environment where children of all ability levels learn, grow, and play together.

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My signature below reflects that I agree to the following statements and policies of the EVELC.

- I have received a copy of the EVELC Parent Handbook which includes policies, procedures, HIPPA Privacy Act and confidentiality practices, phone numbers, overview, health and safety procedures, medication policy, child's health policy, visitation policy and observation room policy.
• I agree to communicate and cooperate with the program staff and follow through with the requirements of the center based program in efforts to maximize the benefits of the program for my child.
• I understand and give my consent that photographs and videos may be taken of my child for instructional use or promotional use of the program or agency or for inclusion on the program's website or Facebook page and that any other use must be approved by me.
• To the best of my knowledge I have informed the program staff of any pertinent information as related to my child that could affect his / her safety and well being while attending the program.
• I understand that my child must have an annual physical and keep immunizations current each year in order to maintain enrollment in the program and will provide copies of each to program staff.
• I understand that occasionally the center may be closed for in-service, training days, holidays, inclement weather or other unforeseen circumstances including illness and I have been provided with a copy of the annual school calendar.
• I understand that attendance is important and that my child can be dropped from the program due to frequent and/ or unexcused absences.
• I understand that I should call the office to inform staff as soon as possible if my child will be arriving after 9:00 a.m.

Parent/ Guardian Signature

Date

Permission to Assess

Program Staff conduct annual developmental assessments of each child enrolled in the program. The assessments are conducted using the Early Learning Accomplishment Profile (ELAP, ages 1-3) and the LAP-D (ages 3-5) or other assessment tools. Each assessment will be shared with you, and program staff are available to discuss any concerns or questions that you may have about your child's progress or development.

- YES, YOU HAVE PERMISSION TO ASSESS MY CHILD
- NO, YOU DO NOT HAVE PERMISSION TO ASSESS MY CHILD

Parent/ Guardian Signature

Date

Receipt of Summary of Licensing Rules

I have received and reviewed a summary of the Department of Human Services licensure regulations, May 2017 revision, for the Emory Valley Early Learning Center (See attached pages following this form. Please keep for your reference.)

Parent/ Guardian Signature

Date