

Arcanum Early Learning Center
Enrollment Form

Pg.1

Child's Name _____
Preferred Name _____ Male/Female _____
Date of Birth _____ Child's Current Age _____
Address _____ City/State/Zip _____
Phone # _____ Child's Social Security # _____
Child's City & State of Birth _____ Public School System _____

Mother's Name _____ Home Phone _____
Address _____ City/State/Zip _____
Employer _____ Work Phone _____
Mother's Maiden Name _____

Father's Name _____ Home Phone _____
Address _____ City/State/Zip _____
Employer _____ Work Phone _____ Hours _____

Other Phone Numbers where Parents may be reached:

Mother _____ Father _____

Status of parents (check) Living together Living apart
Child lives with _____

If I am not at home or cannot be contacted in case of an emergency, please contact: (Your child will be released to these people). (Must have two people)

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip _____	City/State/Zip _____
Phone: _____	Phone: _____
Relationship to Child: _____	Relationship to Child: _____

Our Family is applying for: (Check appropriate areas of services needed)

1. Preschool (2½ hrs.)

2 days per wk. (Tues. & Thurs.) - (3's and young 4's)

We would prefer: Mornings Afternoons No preference

3 days per wk. (Mon., Wed., Fri.) - (4's and 5's)

We would prefer: Mornings Afternoons No preference

Either Part I or Part II below must be completed. DO NOT COMPLETE BOTH.

Part I: Permission to Transport Child

I give Arcanum Early Learning Center permission to transport my child,
_____ to _____ for emergency medical care
(Name of Child) (Hospital or Clinic)
care or _____ for emergency dental care, or to the nearest
(Dentist or Clinic)
available source of assistance.

PARENT SIGNATURE _____ Date: _____

Part II: Refusal to Grant Permission

I do not give permission to Arcanum Early Learning Center to transport my
child, _____ for emergency medical or dental care. In the event
(Name of Child)
of an illness or injury which requires emergency medical or dental treatment. I would like
the child care facility to take the following actions:

PARENT SIGNATURE _____ Date: _____

+++++

Authorization for Pickup

Please list any other names of people who may pick up your child in case of an emergency, other than those listed on the front side.

Name _____
Phone _____
Relationship _____

Name _____
Phone _____
Relationship _____

Name _____
Phone _____
Relationship _____

Name _____
Phone _____
Relationship _____

Please list the names of anyone who may NOT pick up your child.

*If a biological parent is listed as MAY NOT pick up, please include custody papers stating the parent may not take the child from school.

Name _____
Name _____
Name _____

Name _____
Name _____
Name _____

Arcanum Early Learning Center
Enrollment Form
Health Record

1. List all allergies and any special precautions and treatment indicated for these allergies:
(e.g., food, medications, or environmental allergies):
2. List medications, food supplements, modified diets, or fluoride supplements currently being administered to the child:
3. List any chronic physical problems and any history of hospitalization:
4. List any diseases that the child has had:

Signature of Parent, Custodian, or Guardian _____ Date _____

Please fill out the information below:

Physician/Clinic _____
Address _____
City/State/Zip _____
Phone _____

Dentist/Clinic _____
Address _____
City/State/Zip _____
Phone _____

While your child is enrolled in this program, he/she will be involved in a number of special activities for which we need your permission. Please read the following information carefully. You are encouraged to ask questions about anything which is unclear to you. You, of course, have the option of withdrawing permission at any time.

_____ (Child's Name)

(Please circle your choice)

- | | | | |
|----|---|--------|---|
| A. | I DO | DO NOT | Give my permission for my child to be screened for speech and language. |
| B. | I DO | DO NOT | Give my permission for my child to be screened for hearing and vision. |
| C. | I DO | DO NOT | Give my permission for my child to be screened for specific educational needs. |
| D. | From time to time photographs of our Preschool/ Child Care program will be made for educational and publicity purposes. These pictures will be representative of the enriching experiences offered to your child during the year. | | |
| | I DO | DO NOT | Give my permission for my child to be photographed for use in educational, nonprofit publications/presentations intended to further the cause of public education. This permission is applicable for current, as well as, future project use. |
| | I DO | DO NOT | Give my permission for my child to be photographed for inner school use only. (Class pictures, or scrapbook) |
| E. | I DO | DO NOT | Want my child's name listed on the parent roster. (Child's name, parent's name, & phone number) |
| F. | I DO | DO NOT | Give my permission for my child to participate in all programs and activities which may include holiday and birthday parties. |

_____ Parent's Name

_____ Date

It is Ohio State Law that each student provide a certified copy of any child custody order decree which has been issued with respect to the student. The custodial parent of such a student must also provide the board with certified copies of any later court orders which modify the original custody order or decree. (Ohio Revised Code 3313.672 (B))

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____

PLEASE CHECK ONLY ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

- _____A. Child lives with natural parent(s). (or with legally adoptive parents).
- _____B. Parents are divorced or legally separated: Child resides with parent that has legal custody by court order. If this is your situation, you must provide the school with a copy of the court order within 30 days.
- _____C. Parents are divorced or legally separated: Child resides with parent that does not have legal custody.
- _____D. Child lives with a guardian who has been granted legal custody by court order. If this is your situation, you must provide the school with a copy of the court order.
- _____E. Child lives with a guardian who has not been granted legal custody by court order.
- _____F. Child lives with foster parents. If this is your situation, you must have a representative of the custodial agency with you and all necessary court orders, proof of district responsible for education costs and previous school records at time of enrollment. Your child will not be enrolled without meeting all these requirements.

Arcanum Early Learning Center
Child's Physical Form
(Due No Later Than 30 Days After Beginning School)

This is to certify that I have examined (child's name) _____ on
(date) _____

And have found that he/she:

1. _____ Has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations required by the Ohio Department of Health for infants, toddlers, and preschool children. OR _____ the child is exempted from these requirements for medical or religious reasons.

Immunization Record: Enter Month/Day/Year of each immunization (This information is required by the first day of attendance.)

DTP	1 _____	2 _____	3 _____	4 _____	5 _____
Polio	1 _____	2 _____	3 _____	4 _____	
MMR	1 _____	2 _____			
HIB	1 _____	2 _____	3 _____	4 _____	5 _____
HepB	1 _____	2 _____	3 _____	4 _____	5 _____
Varicella (Chicken Pox)	1 _____				
Other	_____	1 _____	2 _____		
Other	_____	1 _____	2 _____		

Physicians please note your instructions: 5th DTP & 4th Polio should be administered just Prior to Preschool _____ OR when entering _____ Kindergarten.

2. _____ Is free from apparent communicable disease and is in suitable condition to attend a preschool program, based on his/her medical history & physical condition at the time of this examination.

Physician's Signature _____

Printed Physician's Name _____

Physician's Address _____

Physician's Phone _____ Child's Date of Birth _____

A medical statement is required annually. It should be completed on an annual schedule according to the initial examination date. It must be current for the child's enrollment year (within the past 12 months).