

Application for Enrollment  
TO BE COMPLETED BY PARENTS



Child Development Center

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

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

African American: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_ Pacific Islander: \_\_\_\_\_

Caucasian: \_\_\_\_\_ Bi-Racial: \_\_\_\_\_ Native American: \_\_\_\_\_ Other: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_  
& Phone Street

\_\_\_\_\_ City State Zip Code Phone Number

Mother's Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_  
& Phone: Street

\_\_\_\_\_ City State Zip Code Phone Number

Work Schedule: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Employer's Address \_\_\_\_\_  
& Phone: Street

\_\_\_\_\_ City State Zip Code Phone Number

Work Schedule: \_\_\_\_\_

\*In order to guarantee your child's spot, please fill out this application and return it with your registration fee (\$25.00 per family) to the Child Development Center as soon as possible.

Parent's marital status: single: \_\_\_\_\_ married: \_\_\_\_\_ divorced: \_\_\_\_\_ widowed: \_\_\_\_\_

Brothers & Sisters of your child

Date of Birth

School/Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child will be attending: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

(circle days) Monday Tuesday Wednesday Thursday Friday

Preferred start date: \_\_\_\_\_

I will be dropping my child off at: \_\_\_\_\_ am/pm

I will be picking my child up at: \_\_\_\_\_ am/pm

How did you hear about us? \_\_\_\_\_

Favorite activities (songs, books, etc.): \_\_\_\_\_

\_\_\_\_\_

Sleep habits (pacifier, blanket, animal or doll. Light sleeper? How long? Does your child like to have his/her back patted?): \_\_\_\_\_

\_\_\_\_\_

Eating habits (likes/dislikes, allergies, picky or fussy): \_\_\_\_\_

\_\_\_\_\_

Toilet training (has interest/has no interest. Stays dry \_\_\_\_\_ hours): \_\_\_\_\_

\_\_\_\_\_

Fears:

\_\_\_\_\_

\_\_\_\_\_

Behaviors (stubborn, tantrums, easy going, timid, shy): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please feel free to visit the room or call your child's teacher at any time to keep us informed of his or her needs or changes in routine. We look forward to a great relationship with you and your child.

In detail, describe your child's personality: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical concerns or allergies (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Acknowledgement completed (if applicable): \_\_\_\_\_ yes \_\_\_\_\_ no

Child's pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contacts (other than parents)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Others authorized to pick up child

Primary list:

1. Name: \_\_\_\_\_ Address/phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address/phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address/phone: \_\_\_\_\_

Contingency list:

1. Name: \_\_\_\_\_ Address/phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address/phone: \_\_\_\_\_

**Referral Information:**

How did you hear about Crittenton Centers Child Development Center? (please mark all that apply)

<input type="checkbox"/> Phone Book	<input type="checkbox"/> PJ Star's Child Care Directory	<input type="checkbox"/> Board Member
<input type="checkbox"/> Website	<input type="checkbox"/> Local Agency	<input type="checkbox"/> Crisis Nursery
<input type="checkbox"/> News Story (TV or newspaper)	<input type="checkbox"/> Family member or friend	<input type="checkbox"/> Other

If you marked "other," please explain: \_\_\_\_\_

I am completing an application to enroll my child in the Child Development Center (or CDC). As part of the application process, I have provided CDC certain background information about myself and my child (ren). I know that CDC will rely on the accuracy of this information, and I state that the information that I have provided is true and correct.

I have received a copy of the CDC's handbook, and I have read it and agree to all its terms. In addition, I have read and fully understand the discipline policy of CDC. I know that violation of these rules may be a cause for dismissal of my child.

I agree to pay all charges, including late charges, assessed by CDC for the care of my child(ren), and agree to reimburse CDC for any expenses they incur in doing so. I understand that fees are due and payable one week in advance and that failure to pay these fees as they become due may be cause for dismissal of my child from the program. If CDC undertakes collection action to recover monies due to them for the care of my child, I agree to pay all costs of collection, including attorney fees.

Please indicate with initials if you "do" or "do not" give permission for the following:

- \* I do \_\_\_ do not \_\_\_ give permission for my child to be photographed at CDC and on fieldtrips and for the photographs to be used in promotions to benefit CDC.
- \* I do \_\_\_ do not \_\_\_ give authorization for my child to take walking trips, special excursions and go to nearby public park facilities.
- \* I do \_\_\_ do not \_\_\_ give authorization for my child to ride as a passenger in the vehicle owned or leased by CDC and understand all such trips are under the supervision of CDC staff and that the health and safety precautions are taken in compliance with DCFS standards for licensure.
- \* I do \_\_\_ do not \_\_\_ give permission for topical products such as diaper ointment, sun screen and insect repellent to be used on my child.
- \* I do \_\_\_ do not \_\_\_ give permission for my child and anyone in contact with my child to be recorded via the video monitoring system at Crittenton Centers. (This is to allow staff to review the recordings for your child's safety.)

**ACCIDENT OR INJURY:** In case of an accident or sickness of my child(ren), CCCDC will attempt to notify, in order, the child(ren)'s parent or guardian, the preferred doctor, and other emergency contacts listed on page 3 of this application. Until such contacted person takes responsibility for such accident or sickness, I give permission to CCCDC to assume such responsibilities and to take all steps CCCDC considers reasonable in the circumstances.

**LIABILITY WAIVER:** I recognize and acknowledge that there are certain risks of injury relating to child care and participation in CCCDC's program, and, in consideration of my child(ren)'s enrollment in the CCCDC's program, I (A) consent to emergency medical care provided by ambulance or hospital personnel in the event of an accident or any and all injuries to my child(ren); and (B) agree to assume the full risk of any and all injuries to my child(ren) arising from or relating to such child care and participation, and hereby fully release, discharge, hold harmless, and waive any and all claims against Crittenton Centers, CCCDC and their coordinators, officers, agents, servants, and employees as a result of such injuries, and their treatment. I understand that "injuries" encompasses, without limit, all physical, emotional and pecuniary damage.

**Parent/Guardian Signature** \_\_\_\_\_