



APPLICATION FOR ENROLLMENT

(Please fill out a separate form for each child

(Address space must be filled out entirely even if parents reside together)

Child's Name: _____ Name called _____
(Last) (First) (MI)

Birth Date: _____ Sex: M F Age: _____



Mother's Full Name: _____ Marital Status: _____

Home Address/City/State/Zip: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employed By: _____ Work Phone: _____

Work Address City/State/Zip: _____

Social Security No.: _____ Driver's License #: _____



We discover, explore, and learn everyday!



Father's Full Name: _____ Marital Status: _____

Home Address/City/State/Zip: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Employed By: _____ Work Phone: _____

Work Address City/State/Zip: _____

Social Security No: _____ Driver's License #: _____

MARITAL STATUS OF PARENTS/GUARDIANSHIP AGREEMENTS: _____

Child Living Arrangements: Both parents___ Mother___ Father___ Other___ if other please specify: _____

Name, address and phone number of other people child may be released:

Name _____

Address/Phone _____

Will child have a sibling here? Yes No

If yes, give sibling's name and age: _____

Does your child have any medical problems such as, chronic illnesses, impairments, etc?

If yes please explain: Yes No

An updated immunization form is required for each child upon enrollment

The Learning Station About Your Child

1. What foods does your child especially like? _____
2. Especially dislike? _____
3. Favorite toys, games, activities? _____
4. Is your child toilet trained? YES NO
5. What words does your child use for the toilet?

6. How does your child express anger or frustration?

7. Does your have any special FEARS? YES NO
Explain: _____
8. When your child is upset what helps to COMFORT him/her?

9. How do you DISCIPLINE your child? _____

10. Does your child take an afternoon nap? YES NO
11. Does your child have a special toy or blanket for nap time?
YES NO
12. Has your child attended day care before? YES NO
If so, where _____
How long there? _____
13. What are YOUR expectations of The Learning Station?



The Learning Station

Health History

Child's Name _____ Birth date _____

Last Physical Examination _____

Illnesses (please circle all that apply, current and past)

Asthma	Impetigo
Bronchitis	Lice
Chicken Pox	Measles
Constipation	Mumps
Convulsions	Polio
Diabetes	Ringworm
Diarrhea	Scarlet Fever
Fainting Spells	Seizures
Frequent Colds	Skin Rash
Frequent Ear Infections	Soiling
Frequent Sore Throat	Stomach Upsets
German Measles	Tuberculosis
Heart Disease	Urinary Problems
Hepatitis	Whooping Cough
Worms	

Other ILLNESSES not listed above _____

Has your child been HOSPITALIZED? (Explain & give age at time)

Has your child had INJURIES with fractures or loss of consciousness?
(Explain) _____

Any other members of your family with SERIOUS ILLNESS recently

List all known ALLERGIES (including food) _____

STUDENT PROFILE

Child's Name: _____ Birth Date: _____

MEDICAL AND EMERGENCY INFORMATION:

Child's Physician: _____

Physician's Address: _____

Physician's Phone: _____

Allergies: _____

Describe any special procedures to be followed in caring for your child, including any special services and/or special needs: _____

Name two (2) persons other than parents whom may be contacted in case of an emergency:

Name: _____ Cell Phone: _____

Relationship to Child: _____

Name: _____ Cell Phone: _____

Relationship to Child: _____

PARENTAL MEDICAL AGREEMENT

The following agreement is between The Learning Station and the Parent(s) or Legal Guardian(s) of: (Child's Name)

I hereby authorize my child to attend The Learning Station and participate in The Learning Station activities. In case of emergency, I hereby give permission to The Learning Station staff to administer First Aid or take my child to a physician for medical or surgical care. I understand that an effort will be made to contact my spouse or I if possible, before any action will be taken. I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

I understand I must sign a separate Medication Authorization Form that allows my child to receive medication while in the school's care. I also understand that medication is only given at 11am and 3pm each day.

I understand the payment schedule and payment obligation and agree to fully comply and adhere to The Learning Station policies and procedures.

Signature of Parent(s) and Guardian(s):

Date:

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address City/State/Zip _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell Phone: _____

Father's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Person to notify in an emergency if parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Address City/State/Zip _____

Child's Allergies _____

Current prescribed medication _____

Child's special medical needs and conditions _____

In the event of an emergency involving my child, and if **The Learning Station** can't get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Transportation

This is to certify that I give The Learning Station, permission to transport my child from _____

(location) at _____ **am/pm** to _____ (Delivery)

at _____ **am/pm**. at _____ am/pm my child will be transported from _____ to _____ on

M T W Th F (days). _____ is authorized to receive my child. In the event the authorized person is not there to receive my child, the following procedures are to be followed:

The location is approximately _____ miles from the center. In the event that my child is not to be transported as outlined above, I agree to notify the center at least 2 hrs. in advance.

Signature: _____ Date: _____