

Creative Learning Center

Director - Cathy Gerald

Enrollment Form

School year 20__ - 20__

Child's Name: _____ Date of Birth: _____

Date of Admission: _____ Date of Withdrawal: _____ Hours of care: _____

Returning students: Has any of the below information changed? ____ Yes ____ No

Address: _____

Home Phone: _____ Email: _____

I ____ allow ____ do not allow my email address to be shared with my child's teacher(s), class, and the CLC Board.

Mother's Name: _____ Work Phone: _____

Cell Phone: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____

Siblings

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Other people permitted to pick up my child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of emergency, please contact the following person if parents cannot be reached:

Name: _____ Phone: _____

Address _____ Relationship: _____

Authorization for emergency medical attention: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the CLC Director or person in charge to take my child to:

Name of Physician: _____ Address: _____ Phone: _____

Name of Hospital: _____ Address: _____ Phone: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian

Please list any special needs your child may have, such as allergies (food, medicine, insect bites, etc.), and any other medical conditions the CLC staff should be aware of (please write N/A if this doesn't apply)

Please check all that apply:

1. **Transportation:** I hereby ___give ___do not give my consent for my child to be transported and supervised by the CLC staff: _____ on field trips (4- & 5-yr-olds only) _____ to and from home _____ to and from school.

2. **Field Trips (4- & 5-yr-olds only):** I hereby ___give ___do not give my consent for my child to participate in Field Trips.
Parent comments: _____

3. **Sunscreen / Bug Repellant:** I hereby ___give ___do not give my consent for the CLC staff to apply sunscreen or bug repellant to my child.

4. **Photographs:** I hereby ___give ___do not give my consent for my child to be photographed during school activities by the CLC staff, board or church volunteers. Photographs may be used in CLC/APC printed literature and/or website. Children will not be identified by name.

Signature – Parent or Legal Guardian

Please include any information about your child that may help the teachers assist in your child's transition to school.

