

South Park Christian Child Care ENROLLMENT AGREEMENT

Child Enrolled:

Full Name:	Birthday:	Sex:	Date Enrolled:	Date Terminated:

Family Information:

<u>Parent/Guardian Information:</u>
Full Name: _____
Address: _____
Cell/Home Phone: _____
Employer: _____
Employer address: _____
Employer Phone: _____
Working Days: (Circle) Sn / M / T / W / Th / F / Sa
Working Hours: _____

<u>Parent/Guardian Information:</u>
Full Name: _____
Address: _____
Cell/Home Phone: _____
Employer: _____
Employer address: _____
Employer Phone: _____
Working Days: (Circle) Sn / M / T / W / Th / F / Sa
Working Hours: _____

Children and Adults Living In Home:

Name:	Age:	Relationship to Enrolled Child:

Church Affiliation:

Pastor's Name: _____
Church Name: _____
Church Address: _____
Attendance: (Circle) Occasionally / Frequently / Regular
How would you describe your relationship with the Lord?: _____

Emergency Information:

Person to contact if Parents/Guardians are unavailable:

Full Name:	Phone Number:	Relationship to Enrolled Child:

Preferred Doctor's Name: _____
Address: _____
Phone Number: _____
Preferred Hospital: _____
Address: _____
Phone Number: _____
Insurance Company Name: _____
Group No.: _____
ID No.: _____

Information on Child:

What hours/days per week will the child be at South Park?	
How will the child go to and from school?	
Does the child take a nap? If so when and how long?	
What hour does the child go to bed at night?	
Does the child dress him/herself?	
At what age was the child potty-trained?	
What are the child's favorite play activities at home?	

Does the child have neighborhood playmates?	
What are the child's most liked foods?	
What are the child's least liked foods?	
Are there any foods that the child should not eat for medical or religious reasons?	
Does the child have any special fears?	
Does the child have any handicaps or other known problems that we should be aware of?	
Any other things we should take into consideration? Notes?	

Authorizations and Agreements:

I AGREE THAT:	CIRCLE
1.) My child will be called for promptly unless prior arrangements have been made:	YES / NO
2.) My child has permission to use all of the play equipment and participate in all of the activities provided:	YES / NO
3.) Required medical and immunization records on my child will be provided:	YES / NO
4.) Any pictures taken of my child may be used in newspapers, displays, bulletin boards, advertisements, and South Park Affiliated Web Pages/Sites:	YES / NO
5.) South Park will be notified promptly of any changes in family that would affect the child's attendance or behavior:	YES / NO
6.) My child will be provided an extra set of clean clothing, toothbrush, and other personal items that may be requested:	YES / NO
7.) I will pay for services rendered as outlined in the weekly tuition schedule:	YES / NO
8.) I will provide a signed emergency medical care forms on first day South Park cares for my child:	YES / NO
9.) I agree to all information and program details outlined in Weekly Tuition Schedule:	YES / NO

