

ENROLLMENT APPLICATION

Lifeline Child Care Center

This application should be completed by all parents/guardians who seek admission for their children to our day care program.

Parent/Guardians' Name: _____
Last First Middle

Spouses' Name: _____
Last First Middle

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Business Phone :(____) _____

Number of children you wish to enroll in the program: _____

Child's Physical Address: _____

Child's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

List the following information about each child:

Name: Age/Gender: Birth Date: Allergies:

Please attach the following pieces of information to this application:

1. Any Health and Development information concerning the child.
2. Copies of current reports of physical examinations(physical must be updated every two years), immunizations, and a list of ALL allergies.
3. List the name, address, and telephone number of the doctor and preferred hospital to be contacted in case of a medical emergency.

Name of Physician _____ Phone number _____

Hospital of Choice _____ Phone number _____

Volunteer Experience: Are you willing to volunteer your time in order to make your child's experience and education more efficient? (Yes, no) If yes, please list the areas in which you feel comfortable volunteering (Read Aloud, After School Tutoring, Arts and Crafts, etc.)

Authorized Adults: Please list three individuals who are authorized to take your child/children from the facility. Feel free to attach another sheet of paper listing any other adults, and his information below, who have your authorization to take your child/children from the facility. Without this information the application process will be delayed.

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Relationship to reference: _____

**Can this person assume responsibility for your child if you cannot be reached in case of emergency? (Yes, no)

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Relationship to reference: _____

**Can this person assume responsibility for your child if you cannot be reached in case of emergency? (Yes, no)

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Relationship to reference: _____

**Can this person assume responsibility for your child if you cannot be reached in case of emergency? (Yes, no)

Fees, Payment Plans, and Fee Schedule:

* A deposit fee must be given before admission and enrollment will be approved.

*The following costs are daily fees which must be paid on the first day of the week (Monday). Prices are subject to change.

Ages	Daily fees	Tithe paying church members
2 year-3 year old	\$19.50	10% discount on total fee
4 year - 5 yr old	\$18.50	10% discount on total fee
After School program	\$12.00	10% discount on total fee

Does your child attend public school? Yes _____ No _____

If yes, please list the name and telephone number of the school below

Name of School: _____ Telephone number: _____

Please send a tube of some type of lip balm for your child which will be labeled and used for their own purpose. Please sign below giving consent for the lip balm to be applied as needed to your child's lips as needed. _____

The center retains the right to discharge your child from our childcare center for any of the following reasons: repeated profanity, violence, threatening behavior towards teachers or other students, and if we feel the child is a danger to him/her or others. Please sign below indicating your understanding of this procedures. _____

Please list the days and times your child will be attending our center. This will help us to staff our center to meet your needs. **Your child must attend at least one day a week to maintain enrollment.**

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please be aware that if your child is between the ages of 2-5 he/she will need a fitted crib sheet and blanket for nap time. We ask that these be taken home each Friday to be washed for the next week.

This childcare reports any suspected child abuse or neglect. In our parent packet it is written as follows: Staff is required by law to report any suspicion of child abuse or neglect to Child Protective Services. Evidence of abuse must be documented and witnessed. Child abuse and neglect is defined by the WV Department of Health and Human Resources as physical injury, mental or emotional injury, sexual abuse, sexual exploitation, or sale or attempted sale, or negligent treatment or maltreatment of a child by a parent, guardian, or custodian responsible for the child's welfare.

Please sign and date to acknowledge understanding: _____

Children are required to wear sunscreen when outdoors. We ask that all parents send a bottle of sunscreen for their child which will be labeled for their own use. Please sign below indicating your understanding and consent for sunscreen application. _____

Payment Policy: Any account over two weeks due must be paid by the end of the week or services will not be given the following Monday. Any parent or guardian may speak with Lifeline's secretary in order to make arrangements for payment. If this occurs and both parties adhere to the payment plan, then services will be renewed.

Waiver and Consent:

I, _____, hereby certify that the information I have provided on this application for enrollment is true and correct.

In the event that my application is accepted and my child/children are enrolled by Lifeline Child Care Center, I agree to abide by and be bound by the policies of both Lifeline Child Care Center and Princeton Church of God.

In the event of a medical emergency, Lifeline Child Care Center employees have my permission to use emergency medical services when necessary.

I understand that my child/children cannot be enrolled in this or any child care program without an entrance interview and subsequent approval.

I understand that admission and enrollment to the Lifeline Child Care Center is based on the date of the completed application, the entrance interview, and payment of a down payment.

I have read this waiver and the entire application, and am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Date: _____

Signature of Applicant

Date: _____

Witness

Give this application to the Care Center Secretary.

