



## 2018/2019 Registration Application

**\*\*\$100.00 Registration Fee and \$100.00 Supply Fee Due with application\*\***

Child's Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Parent(s)/Guardian(s) Name \_\_\_\_\_

### Mother's Information

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Father's Information

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child lives with (both parents, grandparents, parent/stepparent, etc.)  
\_\_\_\_\_

Are parents divorced? \_\_\_\_\_ If yes, custody papers **MUST** be on file in the ELC office.

Names of other children \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

Do you attend church in the area? \_\_\_\_\_ If so, where? \_\_\_\_\_

**\*\*ALL INFORMATION IN YOUR CHILD'S FILE WILL REMAIN CONFIDENTIAL\*\***

ELC Emergency Contact Phone Information

At the ELC, we use Callfire (an emergency contact system). The system will send you a voice message or text in the event we need to get in touch with all of our families at the same time (ex. closing or delay due to inclement weather). Please list the two names, phone numbers, and circle which way you would like to receive information.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Text    Voice    Both

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Text    Voice    Both

Program Tuition / Fees

Registration Fee: \$100 annually (due with registration form Wed, 2/22/2017)

Supply Fee: \$100 annually (due by Friday, 6/23/2017)

Full Time Tuition:

Infants and Creepers	\$145 per week
Toddlers and 2 Year Olds	\$140 per week
3K	\$135 per week
4K	\$130 per week

I WOULD LIKE FOR MY CHILD'S TUITION TO BE DRAFTED \_\_\_\_\_ WEEKLY  
\_\_\_\_\_ MONTHLY

\*\* TUITION PAYMENTS MUST BE MADE BY AUTOMATIC BANK DRAFT OR FLEXIBLE SPENDING ACCOUNT. FULL TIME TUITION IS DUE EACH MONDAY OR THE FIRST MONDAY OF EACH MONTH. PLEASE COMPLETE THE ATTACHED FORM "AUTHORIZATION FOR AUTOMATED DEPOSITS." BE SURE TO ATTACH A VOIDED CHECK FOR THE ACCOUNT TO BE DRAFTED. \*\*

Please check which program you are registering for:

Full Time (5 days) \_\_\_\_\_

Spot Sharing (2 or 3 days) \_\_\_\_\_ Circle days needed M T W Th F

For Office Use Only:

Date received \_\_\_\_\_

Registration paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Supply fee paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

The following people are authorized to pick up my child from the ELC:

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

\*These authorized people will be asked to show valid picture identification at time of pick up. No person not on this list will be allowed to pick up your child.\*

Please tell us more about your child including likes, dislikes, fears, etc.:

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What do you hope your child will gain from the North Valley Early Learning Center program? \_\_\_\_\_

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Other comments or information you would like to share: \_\_\_\_\_

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I have read and understand the 2017/2018 Parent Handbook and agree to abide by the policies and procedures of the North Valley Early Learning Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information**

Pediatrician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Any other physicians:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Allergies \_\_\_\_\_

Please list any medications (including over the counter) that are taken regularly:

<u>Medication:</u>	<u>Dosage:</u>	<u>Frequency given:</u>	<u>Reason for use:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any special needs, diagnosed medical conditions, or other health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous medical procedures or surgeries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Persons IN TOWN (other than parents) to call in event of an accident or illness at school if parents cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*I give North Valley Church Early Learning Center permission to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedures the ELC is to follow in an emergency)

Signature \_\_\_\_\_ Date \_\_\_\_\_