

ENROLLMENT APPLICATION FORM

Personal History of Child:

Child's Name _____
(Last) (First) (Middle)

Address _____
(Street Number) (Street name) (City/Town) (State) (Zip Code)

Home Phone _____ **Child's Birthdate** ____ / ____ / ____ **Gender** Male Female
(Area Code) Month Date Year

Child's School District _____

Child's Ethnicity (Check One)

- Hispanic or Latino American Indian or Alaska native Asian Black/African American
 Native Hawaiian or other Pacific Islander White Two or More Races

Child's Primary Language - Spoken in the home by child/parents (Check One)

- English Spanish Other – Please specify _____

Additional Language Spoken in the Home (Check One)

- Spanish Other – Please specify _____

Personal History of Parents/Guardian:

Father's Name _____
(Last) (First) (Middle)

Address _____
(Street Number) (Street name) (City/Town) (State) (Zip Code)

Home Phone _____ **Business Phone** _____ **Cell Phone** _____
(Area Code) (Area Code) (Area Code)

E-mail _____ **Birthdate** ____ / ____ / ____ **College ID # or Social Security Number** _____
Month Date Year

Business Firm & Address _____

Phone _____ **Occupation** _____ **Education** _____
(Indicate highest grade completed)

Lives in the home with the child. Yes No

Mother's Name _____
(Last) (First) (Middle)

Address _____
(Street Number) (Street name) (City/Town) (State) (Zip Code)

Home Phone _____ **Business Phone** _____ **Cell Phone** _____
(Area Code) (Area Code) (Area Code)

Transportation Information:

Who will regularly bring your child to school? (Please give full name and relationship)

(Name)	(Relationship)
(Name)	(Relationship)
(Name)	(Relationship)

*Who will regularly pick-up your child from school? **NOTE: (* In addition to yourself, please list the person authorized to pick-up your child from school. WE WILL ONLY RELEASE THE CHILD TO THOSE SO DESIGNATED IN WRITING.)**

(Name)	(Relationship)
(Name)	(Relationship)
(Name)	(Relationship)

Emergency Information:

Please give the names of two (2) relatives or neighbors to be contacted in the event that you *cannot* be reached during the day:

(Name)	(Phone No.)	(Relationship)
(Name)	(Phone No.)	(Relationship)
(Name)	(Phone No.)	(Relationship)

Date _____ Signature of Parent/Guardian _____

Children's Learning Center

EMERGENCY PERMISSION CONSENT**Emergency Consent**

If a medical emergency arises, the **Children's Learning Center** will first attempt to contact the **Parent** and then, if **Parents are not** available, the child's **Doctor**. If immediate hospital attention is necessary, I give permission for the school authorities to contact the local hospital or Rescue Squad for emergency care for _____.

(Name of Child)

Signature of Parent/Guardian_____
Date

PERMISSION TO USE PHOTOGRAPHS AND VIDEOTAPES

I understand pictures and videotaping of my child may be taken while he/she is in attendance at the Children's Learning Center. These pictures and tapes may be used for publicity purposes and for viewing by parents and the children.

Check all that apply: Classroom/Center use (pictures on the walls)

- College Student Pictures/Video (used in college classroom for training purposes)
- PSC Brochure
- Web Page
- Newspaper Release

Signature of Parent/Guardian_____
Date

VISION AND HEARING SCREENING PERMISSION CONSENT

I provide my consent for my child to receive a vision and hearing screening when it is available at the Center. I understand this screening is not intended to be a diagnostic test, but a check for any potential concerns. I will be notified when the screening will take place and with the results when the screening is complete.

Signature of Parent/Guardian_____
Date



GUIDANCE AND DISCIPLINE POLICY

Discipline measures are designed and carried out in such a way as to help each child develop self-control, and to assume responsibility for his/her own actions. We take a positive approach to discipline such as letting children know what they can do, as well as what they can not. Another approach we use is redirection to a different activity. We will also use a logical consequences technique - for example, if a child is throwing blocks in the block corner, he/she may have to come out of that area for a time.

If a child is removed from the group or an activity to gain control, it will be 1 minute per year of age. Corporal punishment, such as spanking, is never used. If there are repeated discipline problems, the parent(s) will be called in for a conference with the child's teacher to work together in helping the child.

I have read and understand the Guidance and Discipline Policy that is practiced at Prairie State College Children's Learning Center.

Signature of Parent/Guardian

Date

PARENT TRANSPORTATION AGREEMENT

This is to verify that _____ will be transported to Prairie State College Children's Learning Center at the responsibility of me, the parent/guardian. Prairie State College Children's Learning Center will not be legally responsible for my child until the child has entered the Center.

Signature of Parent/Guardian

Date

FIELD TRIP RELEASE

During the year, the Children's Learning Center staff takes the children on short excursions around the campus. Most of these trips are planned to supplement learning activities in the center. Walks around the campus are on the spur of the moment to take advantage of a beautiful day or an interesting event. The children are supervised by the regular classroom staff.

I provide my permission for my child to participate in walks or visits to other areas of the Prairie State College campus.

Parent's Signature

Date