

Ark Children's Center

2019-2020

Enrollment Form

All fields of this application must be completed in order to be considered for enrollment. The Ark Children's Center welcomes students of any race, color, and national or ethnic origin. Please print legibly or type.

ADMISSION REQUIREMENTS: Each of the following must be submitted before your child is admitted.

- Copy of my child's most current Immunization Record. Form 1515 (Doctor's Statement) or a written statement from a health service or clinic.

Applying for: (check one)	Days (check one)
<input type="checkbox"/> 6 Mo.+ Infant <input type="checkbox"/> Pre-K 2 <input type="checkbox"/> Pre-K 3 <input type="checkbox"/> Pre-K 4 <input type="checkbox"/> K Bridge (M-F only)	<input type="checkbox"/> TTH <input type="checkbox"/> MWF <input type="checkbox"/> M-F

Child's Name _____ **Home Phone** _____
Last First Middle

Date of Birth _____ **Male** _____ **Female** _____

Child's Address _____
City State Zip

Father's Name _____ **Occupation** _____

Employer _____ **E-Mail** _____

Work Phone _____ **Cell Phone** _____

Address (if different from child's) _____
City State Zip

Mother's Name _____ **Occupation** _____

Employer _____ **E-Mail** _____

Work Phone _____ **Cell Phone** _____

Address (if different from child's) _____
City State Zip

Emergency Contacts:

Name _____ **Relationship** _____

Address _____ **Phone Number** _____

Name _____ **Relationship** _____

Address _____ **Phone Number** _____

Persons Authorized for Alternate Pick-Up:

Name _____ **Phone Number** _____ **Relationship** _____

Name _____ **Phone Number** _____ **Relationship** _____

Name _____ **Phone Number** _____ **Relationship** _____

Name _____ **Phone Number** _____ **Relationship** _____

FIELD TRIPS: Parent(s) are notified prior to any event or field trip. A permission slip must be signed for the child to attend the event or field trip.

I hereby: **give** **do not give** my consent for my child to take part in any scheduled event or field trip.

WATER ACTIVITIES: I hereby give my consent for my child to participate in the following water activities: (please check all that apply) **sprinkler play** **water table play** **splashing/wading pools** **swimming pools**

NUTRITION AGREEMENT: I acknowledge that I am responsible to provide a nutritious lunch for my child each school day, and that the ACC is not responsible for meeting my child's daily nutritional needs.

Signature of Parent or Legal Guardian

Date

MEDICAL/PHYSICIAN INFORMATION

List any special needs or medical conditions that your child may have. These include but are not limited to: allergies, existing or pre-existing condition or illness, hospitalizations during the past 12 months, medication prescribed for long-term use. Failure to disclose a medical condition or need may result in expulsion.

***This section must be completed. Write "NONE" in the space provided if no needs or conditions exist. For any food allergy listed, you must provide a Food Allergy Emergency Plan listing foods, possible symptoms and steps to take. This form must be signed by a parent and a health care provider.**

Name of Licensed Physician _____ **Phone Number** _____

Address _____ **City, State, Zip** _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

If I cannot be reached during an emergency situation, I authorize my child to be transported to:

Preferred Hospital (or nearest) _____ **Phone Number** _____

Address _____ **City, State, Zip** _____

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

Signature of Parent or Legal Guardian

Date

FOR OFFICE USE ONLY

Date of Admission _____ **School Year** _____ **Class Enrolled** _____

Registration Fee _____ **Cash** _____ **Check #** _____

Referred By _____