



Child Care Enrollment Form

Desired Start Date: _____ Schedule: M T W TH F Full Days 1/2 Days

Child's Full Name: _____ D.O.B.: _____

Parent/Guardian Information:

Lives with: Both mom & dad Single Parent Grandparent Other _____

Mother's Name: _____ Cell #: _____

Address: _____ Street Address City Zip

Home phone #: _____ Email: _____

Employer/School: _____ Work phone #: _____

Father's Name: _____ Cell #: _____

Address: _____ Street Address City Zip

Home phone #: _____ Email: _____

Employer/School: _____ Work phone #: _____

Authorized Pick Up & Emergency contacts other than parents:

1. Name: _____ Relationship to child: _____

_____ Street Address City Zip

Cell #: _____ Home #: _____

Is this person authorized to pick up your child in an emergency? YES NO

2. Name: _____ Relationship to child: _____

_____ Street Address City Zip

Cell #: _____ Home #: _____

Is this person authorized to pick up your child in an emergency? YES NO

3. Name: _____ Relationship to child: _____

_____ Street Address City Zip

Cell #: _____ Home #: _____

Is this person authorized to pick up your child in an emergency? YES NO

WITHDRAWAL: A two week WRITTEN NOTICE of withdrawal by a parent or guardian is required. Failure to provide proper notice will result in additional charges being billed.

I certify that I have received and read the Parent Handbook and the terms above, and agree to all the provisions of both this enrollment agreement and the Parent Handbook. _____ Initials

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Child's Medical & Emergency Contact Information

Child's Full Name _____ D. O.B. _____ Age _____

Address _____ City _____ Zip _____

Guardian Information: Lives w/ both Mom & Dad _____ Single Parent _____ Lives with grandparent _____

Mother's Name _____ Cell# _____

Work # _____ Email _____

Father's Name _____ Cell# _____

Work # _____ Email _____

Emergency Contacts (will be called, if we are unable to reach parents/guardians):

Name _____ Phone Number: _____

Name _____ Phone Number: _____

Name _____ Phone Number: _____

Child's Doctor _____ Phone # _____

Address _____ City _____ Zip _____

Child's Dentist _____ Phone # _____

Address _____ City _____ Zip _____

Hospital of Preference (Please check one):

Littleton Hospital St. Joseph's Hospital Children's Hospital Other _____

770 S. Broadway

1865 Franklin St

1811 Plaza Drive

Littleton CO 80122

Denver CO 80218

Highlands Ranch CO 80129

303-730-8900

303-837-7111

720-777-1234

Chronic Medical Conditions _____ Allergies _____

Authorization for Emergency Medical Care

I hereby give permission to South Fellowship ELC to call a doctor or emergency medical service, and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____ . It is understood that the child care provider will make a conscious effort to locate the parents/guardians and emergency contacts listed on the registration document before any actions will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____



Permission to Use Photographs

I, _____, give permission to South Fellowship Early Learning Center to use a picture(s) of my child, _____, for an indefinite period of time. This permission includes use for classroom purposes and photos taken by SFELC staff as well as for use for our website, or social media site (Facebook) and promotional purposes with photos taken by persons other than our staff. Name, age and other personal information will not be given out or printed on the material.

Permission for Lotion

I, _____, give permission to South Fellowship E. L. C. to apply lotion on my child, _____. I understand that lotion may only be applied as a preventative for dry skin. If my child's skin becomes broken or cracked, the center will discontinue use until a doctor's note is provided for permission to continue use or until the skin heals.

Permission for Diaper Cream

I, _____, give permission to South Fellowship E. L. C. to apply diaper cream on my child, _____. I understand that diaper cream may only be applied as a preventative and/or treatment for diaper rash. If my child develops a rash with blistered or broken skin, the center will discontinue use until a doctor's note is provided for permission to continue use or until the skin heals.

Permission for Sunscreen

I, _____, give permission to South Fellowship E. L. C. to apply sunscreen on my child, _____. I understand that if my child is 4 years of age or older, s/he will be allowed to apply the sunscreen with adult supervision.

Cot Permission

Colorado's Department of Human Services requires permission for children under 2 years of age to sleep on cots or mats. I, _____, have been informed of the regulation that requires children under the age of 2 to sleep in a crib unless permission is granted for the child to sleep on a cot or mat. I hereby acknowledge and give permission for my child, _____, to sleep on the cots provided by South Fellowship Early Learning Center.

Video Viewing Permission

We believe that your child is at school to actively learn, explore, and play, but on occasion, we allow children to view a video to enhance what they have been learning about, or for a "special treat". Our policy is that videos may be shown no more than once per month, are age appropriate, G-rated, typically last 30 minutes or less, and have been approved by the director. I, _____, grant permission for my child, _____, to watch videos on occasion at the E.L.C..

Transportation Permission

I, _____, give my permission for my child _____, to participate in walking field trips and/or be transported by van by South Fellowship E. L. C. staff on field trips away from the Center, with the understanding that additional sign up will be required.

I **DO NOT** wish for my child to have permission for the following: _____

Parent Name

Parent Signature

Date



Activity Room Permission Form

I give my child, _____, permission to visit the activity room on days when inclement weather prevents the children from playing outside. The activity room is located in the Children's Wing of South Fellowship Church, and is reached by walking along the sidewalk behind the ELC playgrounds.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Child's Medical Information

Child's Doctor _____

Phone # _____ Fax # _____

Address _____ City _____ Zip _____

Child's Dentist _____

Phone # _____ Fax # _____

Address _____ City _____ Zip _____

Hospital of Preference (Please check one):

- Littleton Hospital
770 S. Broadway
Littleton CO 80122
303-730-8900
- St. Joseph's Hospital
1865 Franklin St
Denver CO 80218
303-837-7111
- Children's Hospital
1811 Plaza Drive
Highlands Ranch CO 80129
720-777-1234
- Other _____

Chronic Medical Conditions _____ Allergies _____

Does your child have a health plan? _____ If yes, a copy of the health care plan must be provided on or before the first day the child is in care.

HEALTH HISTORY (Chronic or Recurring)

- Ear Infections _____ Diabetes _____ Heart disease/defect _____
- Asthma _____ Nosebleeds _____ Convulsions/Seizures _____
- Measles _____ Mumps _____ Chicken Pox _____
- Flu or Flu Shot _____ Other _____

Are there activities that you prefer that your child NOT participate in? If so, please list: _____

Authorization for Emergency Medical Care

I hereby give permission to South Fellowship ELC to call a doctor or emergency medical service, and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____ . It is understood that the child care provider will make a conscious effort to locate the parents/guardians and emergency contacts listed on the registration document before any actions will be taken. If it is not possible to locate emergency contacts listed, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Getting to Know Your Child

Child's Name _____ D. O.B. _____ Age _____

Parents' Names _____ Married Divorced Separated

Names and ages of siblings _____

Does anyone else live in the home? _____

What languages are spoken in your home? _____

Has your child had any other group child care experience? If yes, please explain _____

Does your child have any fears, such as strangers or loud noises? What is the best way to reassure him/her? _____

Does your child have a favorite security object, like a "blankie"? _____

What are your child's interests? _____

Tell us about your child's personality (shy, risk-taker, easy-going, etc.) _____

Are there any language or motor problems we should be aware of? _____

Do you have any concerns about your child? _____

Does your child have an IEP? _____ Health Issue? _____

To give us a developmental overview, at what age did your child accomplish the following milestones?

_____ Sit alone _____ Crawl _____ Walk _____ First Words _____ Two-word sentences

_____ Potty training _____ Fully potty trained _____ Multi-word sentences

Is your child usually hungry at mealtime? _____ Favorite foods? _____

Any known food allergies? _____ What foods does he/she not prefer? _____

Are there any special dietary needs that we should be aware of? _____

Is your child potty-trained? (Prefer to sit or stand?) _____

What are your child's areas of strength? _____

What areas are more challenging? _____

If you have anything else you would like to share, please write it on the back of this page.



Confidential Door Code Request Form

Name: _____

Requested code (and 4 numbers, followed by *)

_____ *

The following people are authorized to use our code:

1. _____

2. _____

3. _____

4. _____

We understand that South Fellowship ELC considers child and employee safety the highest priority, and uses an electronic code for the center's inside main door lock. Our family would like to use the above numbers as our personal code. We agree not to distribute or share this code with people outside our immediate family or to use the code for non-authorized purposes.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Immunization Policy

It is the policy of South Fellowship Early Learning Center that all children who attend must have an immunization record that is up-to-date, or have a delayed schedule outlined with a plan to bring immunizations current. The Center's board of directors have determined that students with exemptions other than "for medical reasons" will not be allowed to attend the center.

If you have questions regarding this policy, please speak to a member of the center's management team.

I have read the South Fellowship Early Learning Center's policy concerning the immunization requirements for my child.

Child's name _____

Parent/Guardian Name _____

Date _____

Parent/Guardian Signature _____



Parent Handbook Acknowledgement

I have read the South Fellowship Early Learning Center's Parent Handbook, and agree to abide by all the policies and procedures therein. I understand that, should I have any questions about the policies and procedures, I can contact a member of center management for clarification.

Child #1 _____

Child #2 _____

Child #3 _____

Child #4 _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



Dear Parents,

Your child has recently enrolled in a child program that is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of a child care facility. The license is displayed on the Parent Information Board across from the director's office.

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasion, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from your county department of social services. The telephone number to report child abuse in your county is listed below:

Arapahoe County 303-626-1750

Colorado law requires that child care providers report all known or suspected cases of child abuse or neglect.

Child care services play an important role in supporting families, and strong families are the basis of a thriving community. Your child's physical, emotional & social development and education will be nurtured in a well-planned and run program. Remember to observe the program regularly, especially with regard to children's health and safety, equipment, play materials and staff. For additional information regarding licensing, or if you have concerns about a child care facility, please consult the Colorado Division of Child Care at 1575 Sherman Street, Denver, CO 80203-1714 or by phone at 3003-866-5958.