

OFFICE USE ONLY
 Health Record Form: _____
 Review of Licensure: _____
 Application Fee: _____



Pre-Enrollment Visit: _____
 Enrollment Date: _____
 Tuition Rate: _____

Little Learning Lab
Please fill out completely – no blanks

Child's Name: _____ Birth Date: _____ Sex: **M** **F**
 Select one

Name to be Called: _____

Language Spoken in Home: _____ Guardianship papers must accompany this application

Child resides with: Mother () Father () Both () Other: _____

Mother's Name: _____ Address: _____ _____ Home Phone: _____ Cell Phone: _____ Employer: _____ Employer Address: _____ _____ Work Phone: _____ Typical work schedule each day: _____	Father's Name: _____ Address: (If different) _____ _____ Home Phone: (If different) _____ Cell Phone: _____ Employer: _____ Employer Address: _____ _____ Work Phone: _____ Typical work schedule each day: _____
--	--

Email Address(es): EVELC has gone "green"! In efforts to conserve, we will email your child's classroom lesson plans, newsletters and menus to you as well as other important information that we need to relay, snow day closings, photos that we want to share, etc. Please provide the email address(es) where you prefer to receive these messages:

_____ @ _____ @ _____

Drop Off and Pick Up Times

Time child will be dropped off in the morning (between 6:30 and 9:00): _____

Time child will be picked up in the afternoon/evening (by 3:00, or by 6:00): _____

Please do not deviate from these times without letting us know ahead of time so we can ensure proper staffing levels. Please bring your child by 9:00 or call to tell us your child will be late.

Other Members of the Household

Name	DOB	Sex	Relationship to child	School /occupation

Emergency Contacts

Please list at least one responsible person to be contacted in case of an emergency in which parents cannot be contacted promptly.

1. _____
Name/Relationship to Child Home Address Home Phone

Place of Employment/School Work/School Address Work Phone

2. _____
Name/Relationship to Child Home Address Home Phone

Place of Employment/School Work/School Address Work Phone

Transportation Release

Please list the people (other than parents/guardians) who have permission to pick up your child:

1. _____
Name/Relationship to Child Phone numbers

2. _____
Name/Relationship to Child Phone numbers

3. _____
Name/Relationship to Child Phone numbers

4. _____
Name/Relationship to Child Phone numbers

Medical Information and Emergency Treatment Permission

Does your child have any known food/ medical allergies? _____

Please describe any special needs or medical conditions: _____

IN THE EVENT OF AN EMERGENCY, the information below is required.

Child's Physician's Name: _____ Phone Number: _____

Physician's Address: _____

Insurance Provider: _____ Policy/ Group # _____

By signing below, I give my permission in the event my child should require emergency medical attention and I cannot be reached, for child to be transported by ambulance to _____

(hospital emergency room)

*** Please note that EMS may deem it necessary to transport your child to the nearest hospital.

_____ Permission/Signature _____ Date

Medication Policy

It is our policy that only prescription medications will be dispensed to children while they are in our care. Sunscreen may be applied by staff if a permission form is on file and if the parent has provided the sunscreen labeled with the child's name.

Medication should NOT be given to control a child's temperature so they can be sent to school.

Parent/ Guardian Signature

Health History

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the correct answer.

Pregnancy and Birth

- Yes No 1. Were there any problems with pregnancy or your child's birth?
Yes No 2. Was his/her birth weight under 5-1/2 pounds?
Yes No 3. Did the baby have any problems in the hospital?

Medical Problems

- Yes No 4. Has your child ever been in the hospital overnight?
Yes No 5. Is your child taking any medicine?
Yes No 6. Any allergies or reactions to medicine, DPT or other shots or insects?
Yes No 7. Has your child had asthma or wheezing?
Yes No 8. Does your child have speech or hearing problems?
Yes No 9. Has your child had more than two ear infections in a year?
Yes No 10. Has your child had tonsillitis?
Yes No 11. Does your child have trouble with his/her eyes or seeing?
Yes No 12. Has your child had a bladder or kidney infection?
Yes No 13. Does he/she have burning when urinating?
Yes No 14. Does he/she have seizures, fits or shaking spells?
Yes No 15. Have you been told your child has a heart murmur?
Yes No 16. Is your child able to play as hard as other children?
Yes No 17. Has your child ever had a bumpy, swollen reaction to the TB skin test?
Yes No 18. Has your child ever been with anyone with TB?
Yes No 19. Has your child ever had worms?
Yes No 20. Does your child scratch his/her genital area?
Yes No 21. Is your child a hemophiliac (free bleeder)?
Yes No 22. Is his/her bottom or genitals red or sore?
Yes No 23. Is your child on a heart monitor?
Yes No 24. Does your child have tubes in his/her ears?

General Development

- Yes No 25. Does your child get along with other children?
Yes No 26. Is he/she usually happy?
Yes No 27. Does your child have any special problems not indicated above?
28. When did your child last see a doctor? _____
Month Year

Other pertinent information or instructions relating to your child's health or health history:

Referrals

How did you learn about our program? _____

Statement of Understanding and Agreement

The Emory Valley Early Learning Center (EVELC) is a program of the Emory Valley Center, non-profit agency serving children from one to age five. Our primary purpose is to assist children of all ability levels to reach their maximum potential by offering an interactive, structured, play and language based natural environment where children of all ability levels learn, grow, and play together.

=====

My signature below reflects that I agree to the following statements and policies of the EVELC.

- I have received a copy of the EVELC Parent Handbook which includes policies, procedures, confidentiality practices, phone numbers, overview, health and safety procedures, expulsion policy, medication policy, child's health policy, visitation policy.
- I have received and reviewed a summary of the Department of Human Services licensure regulations for the Emory Valley Early Learning Center (See attached pages following this form. Please keep for your reference.) I agree to communicate and cooperate with the program staff and follow through with the requirements of the center-based program in efforts to maximize the benefits of the program for my child.
- To the best of my knowledge I have informed the program staff of any pertinent information as related to my child that could affect his / her safety and well-being while attending the program.
- I understand that my child must have an annual physical and keep immunizations current each year in order to maintain enrollment in the program and will provide copies of each to program staff.
- I understand that occasionally the center may be closed for in-service, training days, holidays, inclement weather or other unforeseen circumstances including illness and I have been provided with a copy of the annual school calendar.
- I understand that I should call the office to inform staff as soon as possible if my child will be arriving after 9:00 a.m.

Parent/ Guardian Signature

Date

- =====
- I understand and give my consent that photographs and videos may be taken of my child for instructional use or promotional use of the program or agency or for inclusion on the program's website or Facebook page and that any other use must be approved by me.

Please Select Yes or No

Parent/ Guardian Signature

Date

Permission to Assess

Program Staff conduct annual developmental assessments of each child enrolled in the program. The assessments are conducted using the Early Learning Accomplishment Profile (ELAP, ages 1-3) and the LAP-D (ages 3-5) or other assessment tools. Each assessment will be shared with you, and program staff are available to discuss any concerns or questions that you may have about your child's progress or development.

- YES, YOU HAVE PERMISSION TO ASSESS MY CHILD
- NO, YOU DO NOT HAVE PERMISSION TO ASSESS MY CHILD

Parent/ Guardian Signature

Date

You may email this form to the director, Brittany Webb Brittany.Webb@Evcmail.org