Children's Enrollment Form

Entrance Date _____ **Withdrawal Date** _____

Child's Name _____ Sex____ Age_____ Date of Birth_____

Home Address _____

City_____ State_____ Zip_____

Account Name (Parent/Guardian 1)_____

Email Address _____ Relationship to Child_____

Address (if different)_____

Cell Number_____ Home Number_____

Employer_____ Work Number _____

Employer Address_____

Account Name (Parent/Guardian 2)_____

Email Address _____ Relationship to Child_____

Address (if different)_____

Cell Number_____ Home Number_____

Employer_____ Work Number _____

Employer Address_____

Child's Living Arrangements: (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Child's Legal Guardian(s): (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number_____ Relationship to child_____

Relationship to Parent(s) or Guardian_____

Other identifying information (if any)_____

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number_____ Relationship to child_____

Relationship to Parent(s) or Guardian_____

Other identifying information (if any)_____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name_____ Telephone Number_____

Name_____ Telephone Number_____

Name_____ Telephone Number_____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name_____

Doctor/clinic phone #_____

Does your child have any allergies or special needs?_____

_____

_____

Is your child potty trained? Yes No

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:_____

_____

_____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

_____

_____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name)_____ Date of birth_____ suffer an injury or illness while in the care of (Facility name)_____ and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____
Signature

Date: _____

Facility Administrator/Person-In-Charge _____
Signature

Date: _____

Parental Agreements with Child Care Facility

The _____ agrees to provide child care for
(Name of Facility)
_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____.
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack
Dinner
Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The _____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available. I have received a copy and agree to abide by the policies and procedures for

_____.
(Name of Facility)

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

Vehicle Emergency Medical Information

Child's Name_____ Date of Birth_____

Address_____

Account Name (Parent/Guardian 1)_____

Home Phone_____ Work Phone_____

Account Name (Parent/Guardian 2)_____

Home Phone_____ Work Phone_____

Person to notify in an emergency and parents cannot be reached:

Name_____ Phone_____

Child's Doctor_____ Phone_____

Medical facility the center uses_____

Address_____

Child's Allergies_____

Current prescribed medication_____

Child's special needs and conditions_____

In the event of an emergency involving my child, and if _____
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name_____

Signature (Parent/Guardian)_____

Witness By_____ Date_____

Endless Bounds

PHOTO RELEASE FORM

www.endlessboundsearlylearning.com -
436 Dixie Street
Carrollton, Georgia 30117

This form is for the legal release of your photos. For minors, please let a parent/guardian sign it.

This form is to give Endless Bounds Early Learning permission to publish or not publish photos or videos taken of the following person/s:

I allow_____ or I do not allow_____

CHILD'S NAME: _____

DATE OF BIRTH: _____

I hereby authorize Endless Bounds Early Learning to publish photos taken of my child for the company's online and print marketing materials. If I decide to forgo my child's photos being published, I will notify in writing the management team at Endless Bounds Early Learning.

I am aware that this form releases the company from any liabilities or claims.

I fully understand the terms and conditions under this agreement.

_____

Parent Signature & Date

For inquiries, contact Endless Bounds Early Learning at
678-888-5061 or jessica@endlessboundsearlylearning.com

Enrollment Agreement

I have completely read and understand the Operational Policies and Procedures of Endless Bounds. By signing this form, I agree to abide by all policies and procedures located in this Handbook.

I also agree that I have been given a copy of the Operational Policies and Procedures Family Handbook, and a copy of this signature page has been placed in my child's record.

Child's Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Office Staff Signature _____

Date _____