Children Enrollment Application

Date of Application_____

Child's Name_____ DOB:_____ Sex: **M**   **F**

Address_____

   Street   City   State   Zip Code

Father's Name _____ Mother's Name _____

Home Address_____ Home Address_____

Home Phone #_____ Home Phone #_____

E-Mail _____ E-Mail _____

WHERE TO BE REACHED

Father's occupation _____

                        (title)   (place of employment)

Business Address _____ Phone #_____

Mother's occupation_____

                        (title)   (place of employment)

Business Address _____ Phone #_____

List persons authorized to pick up your child/children and /or contact in case of an emergency if neither parent is available:

Name_____Relationship_____Phone#_____

Address_____

Name_____Relationship_____Phone#_____

Address_____

Name of person(s) PROHIBITED from picking up your child/children:_____

If a non-custodial parent is **not** included among those persons authorized by the custodial parent to pick up your child/children, please give Executive Kids a written explanation and attach a copy of appropriate court order.

Child's Doctor_____Phone#_____

Address_____

Medical Authorization

I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee.

        Parent's signature_____Date_____

I have received the following: Information to Parents Document, Policy on the Release of Children, Philosophy of Discipline and Policy on the Management of Illnesses/Communicable Diseases and a tuition contract.

        Parent's signature_____Date_____

Languages:

Primary language at home _____

Second language _____

        If your child does not speak English, please speak English to them during their beginning stages at school to help them adjust. It is also helpful to write down primary words used for us to help the child adjust.

Such as : Milk_____ . Juice _____Cup _____ Bottle_____

        Toilet_____ Bathroom _____ Home_____Love _____

Schools/Caregivers:

Child's First Caregiver _____ Date Began _____ Date Ended_____

        In home _____ related to child _____

Schools Attended: Name _____ Date Began _____ Date Ended_____

    Reason for leaving _____

       Name _____ date began _____ date ended _____

    Reason for leaving _____

Child's Behavior

Pregnancy: Full term _____ Weeks at birth _____

Complications with child _____

    Age crawling _____ Age walking _____ Age off the bottle _____

    Age toilet trained _____(completely, this means no pull ups at night) PM pull ups: **Yes   No**

    Was child ever tested for emotional disorders such as ADD, ADHD, Autism, Asperger's, ODD, etc.

    _____

    _____

    Was your child ever tested for sensory, physical or developmental disorders?_____

    _____

    _____

    As a result of testing what was your child's diagnosis? _____

    _____

       Please provide a copy of your child's diagnosis and prognosis report

    Doctor / Group who observed, tested, and diagnosed child _____

    Address _____ Phone number _____

    I have received and signed a copy of my tuition contract. I understand that my tuition is due on the 15th of the month prior to the month of care. (September tuition is due on August 15th) As a result of Late tuitions your child will not be permitted to participate in Field trips, Lunch Program, extra curricular activities and any events set forth by Executive Kids.

    I, _____ , have completed the above questions to the best of my knowledge. I understand that if any questions answered are found to be false my child's enrollment will be terminated at Executive Kids.

_____   _____

Parent/guardian Signature   Date