



Application for Enrollment

Child's Name: _____
(First) (Middle) (Last)

Child's Date of Birth: _____ Sex: __Male __Female

Are parents/guardians: __ Married __ Separated __ Divorced __ Single __ Widowhood

Please provide a copy of custody paperwork for our records

Primary Contact Information:

Parent/Guardian Name 1: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____

Primary Language: _____ Email: _____

Place of Employment: _____ Occupation: _____

Secondary Contact Information:

Parent/Guardian Name 2: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Work Phone: _____

Primary Language: _____ Email: _____

Place of Employment: _____ Occupation: _____

☐ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

☐ My child will need before care (7:00 - 7:50 AM)

☐ My child will need After Care (2:30 - 5:30 PM)

For Office Use Only:

Child's first day of attendance: _____ Child's Withdrawal date: _____

Emergency Medical Information:

Child's Physician: _____

Address: _____ City: _____ State: ____ Zip: _____

Physician Phone Number: _____

Emergency Authorization:

I give permission for the childcare facility to obtain emergency medical treatment, including emergency transportation, for my child if I can not be reached immediately. I agree to be responsible for any medical expenses incurred.

Parent/guardian signature: _____ Date: _____

Emergency Contacts:

In the event of illness or emergency, children are expected to be picked up within 30 minutes. Please identify at least two individuals that may be contacted in case of an emergency that are not the parent/guardians. Additional sheets may be attached if necessary.

I give the following individuals permission to pick up my child from the facility in case of illness or emergency:

Emergency Contact Name 1: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Relationship: _____

Emergency Contact Name 2: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Relationship: _____

Emergency Contact Name 3: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Relationship: _____

Emergency Contact Name 4: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Relationship: _____

Describe any special needs or instructions below:

Permission to Access Student Records

I, _____, give the staff, contract personnel, and university students with the UAH ELC permission to access and review _____'s records. This information is confidential and will be secured only to those listed above.

Parent/guardian signature: _____ Date: _____

Permission to Participate:

I understand that the Department of Human Resources does not inspect activities away from the childcare facility. The licensee of the child care facility assumes full responsibility for such activities.

Parent/guardian signature: _____ Date: _____

My child may participate in the following activities:

___ Yes ___ No Activities away from the facility

___ Yes ___ No Transportation provided by the facility

___ Yes ___ No Swimming/wading activities provided by the facility

Parent/guardian signature: _____ Date: _____