

Windmill Creek Academy

CHILD ENROLLMENT FORM



Pick-up Authorization Form



Child will only be released to the custodial parent or legal guardian's listed below.

Persons Authorized to pick up your child:

Mother: Yes ___ No ___

Father: Yes ___ No ___

Name: _____
address: _____
home phone: ____ - ____ - ____
cell phone: ____ - ____ - ____
relationship: _____

Name: _____
address: _____
home phone: ____ - ____ - ____
cell phone: ____ - ____ - ____
relationship: _____

Name: _____
address: _____
home phone: ____ - ____ - ____
cell phone: ____ - ____ - ____
relationship: _____

Name: _____
address: _____
home phone: ____ - ____ - ____
cell phone: ____ - ____ - ____
relationship: _____

Parents Signature: _____ Date ____ - ____ - ____

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Emergency/Medical Information & Contacts

The following people are allowed to be contacted in the event of an emergency. They are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name: _____
address: _____
home phone: ____ - ____ - _____
cell phone: ____ - ____ - _____
relationship: _____

Name: _____
address: _____
home phone: ____ - ____ - _____
cell phone: ____ - ____ - _____
relationship: _____



I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____
Address: _____
Phone #: ____ - ____ - _____

Dentist: _____
Address: _____
Phone #: ____ - ____ - _____

Hospital Preference: _____

Please list any allergies, special medication or dietary needs, or other areas of concern:

Parent Signature: _____ Date: ____ - ____ - _____

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Agreement Upon Termination

I hereby understand that I am required to give a written notice of termination. The written note must be dated and signed the day I give it to the center. If I fail to have a written notice, I am still responsible for two weeks of payment. Written notice is required for each child attending Windmill Creek Academy.

For each child I will be charged for two weeks.

Parent's Signature: _____

Child's Name: _____

Date: _____



Photograph Release

At our center we love to take pictures daily. This helps allow our families to feel apart of our daily schedules. Families are able to see first hand just how much fun their children are having. By signing below you are giving our center permission to photograph your child. These pictures can be both used in the facility, or website, and/or for advertisements. If you choose not to have your child photographed please let us know.

Parent's Signature: _____

Child's Name: _____

Date: _____

* There is no fee paid to any parents for the use of these photos*



Medical Care

I authorize Windmill Creek Academy staff to give consent for any all of my child's emergency medical care while my child is in the center's care. This includes CPR and the Heimlich Maneuver.

Parent's Signature: _____

Child's Name: _____

Date: _____



Sunscreen/ Bug Repellent

I grant permission to Windmill Creek Academy staff to apply sunscreen and repellent to my child as needed. I will supply both of bug repellent and sunscreen of my choosing. These will be labeled with my child's name and will be kept for my child's use.

Parent's Signature: _____

Child's Name: _____

Date: _____



Authorization to Administer Syrup of Ipecac

I authorize the staff at Windmill Creek Academy to administer Syrup of Ipecac to my child if directed to do so by the poison control center.

Parent's Signature: _____

Child's Name: _____

Date: _____



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Emergency Transportation

I authorize any emergency vehicle to transport my child from the center to nearby hospitals if such a situation would occur.

Parent's Signature: _____

Child's Name: _____

Date: _____



Ointment & Lotion Form

By signing below you are agreeing to supply Windmill Creek Academy with diaper ointment, hand lotions, and lip ointments.

I am also giving the center permission to use these products on my child.

We require you to have used these products 24 hours prior to bringing it in so that we know they will not have an allergic reaction.

Child's Name: _____

Date ____ - ____ - ____

Parent's Signature: _____

* Please let us know if your child is allergic to latex*



Screening Your Child

At Windmill Creek Academy we believe in screening your child. We do this so that if a child is in need of special attention we can make you, the parents, aware. If a problem is caught at an early stage it will help to prevent other problems your child may encounter. The staff at Windmill Creek Academy will be screening your child and you will receive the results of the screening. If you wish to schedule a parent conference to further discuss in detail your child's screening you may do so. We will have a clipboard for you to sign up if you wish. By signing below you are giving both the Windmill Creek Academy staff and director permission to screen your child using the Ages & Stages Program.

Parent's Signature: _____

date: _____



Windmill Creek Academy is an inclusive Learning Center. We have a 10-day trial period for any special needs children. This is to protect the child as well as other students. The parents, Director, and primary teacher will have a conference to make sure the center is correct for the child and they can be integrated to our center's program.

I acknowledge and accept this policy.

Parents Signature: _____