



# Enrollment Application

An enrollment/curriculum fee of \$150 is required before a space is secured for your child.

## Child(ren) Information

Child's Name		Date of Birth		Nickname (if any)	
Child's Name		Date of Birth		Nickname (if any)	
Address					
City/State/Zip			Home Phone		
Desired Enrollment Date			Full-time		Part-time (circle days)
					M T W Th F
Child lives with: (Please circle)	Mother	Father	Both Parents	Guardian	

## Parent/Guardian Information

Parent/Guardian Name		Parent/Guardian Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
Employer		Employer	
Employer Address		Employer Address	
Employer Phone	Work Hours	Employer Phone	Work Hours

## Additional Information

**Parents Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

**Person's with legal custody:** \_\_\_\_\_

(Attach pertinent paperwork such as a Court Order if a parent is not permitted to pick up the child.)

**Is your child FULLY POTTY TRAINED?** (not required for care) **YES NO**

**Are you interest in placing your child on the waiting list?** (Please circle one) **YES NO**

**Hours care is needed:** \_\_\_\_\_ to \_\_\_\_\_

### Emergency Contact/Authorized Pick-Up

The following people are authorized to pick up my child and may be contacted in an emergency or illness in the event I cannot be reached. Please list persons within a 20 mile radius. **\*Required Field**

*Name	Authorized to pick up <b>YES NO</b>	*Name	Authorized to pick up <b>YES NO</b>
*Home Number	*Work Number	*Home Number	*Work Number
Cell/Other Number	Relationship to child	Cell/Other number	Relationship to child
*Home Address		*Home Address	

*Name	Authorized to pick up <b>YES NO</b>	*Name	Authorized to pick up <b>YES NO</b>
*Home Number	*Work Number	*Home Number	*Work Number
Cell/Other Number	Relationship to child	Cell/Other number	Relationship to child
*Home Address		*Home Address	

### Person's NOT Authorized for Pick-Up

**Please Note:** Posh Tot Learning Academy **must** have a copy of the legal custody order in order to detain pick up from a parent.

Name		Name	
Home Number	Work Number	Home Number	Work Number
Cell/Other Number		Cell/Other Number	
Relationship to Child		Relationship to Child	

### Child's Physician

Doctor's Name	Facility Name
Address	Phone Number
City/State/Zip	

**How did you hear about Posh Tot Learning Academy?** (Please circle all that apply)

Brochure/Flyer                      Website/Internet                      Online Daycare Directory (Name)\_\_\_\_\_

Sign                                      Facebook                                      Referral (Name) \_\_\_\_\_

Other \_\_\_\_\_

**Medical Emergency Consent**

Posh Tot Learning Academy has my permission to obtain emergency medical treatment for my child, \_\_\_\_\_ when I cannot be reached, or if a delay in reaching my child would be dangerous for him/her.

\_\_\_\_\_ **Parent/Guardian Signature**

**The following items must be returned with the enrollment application:**

- 1) Immunizations Record**
- 2) Birth Certificate**
- 3) Enrollment/Curriculum Fee**