

REGISTRATION FORM

SUMMIT EARLY LEARNING CENTER
2917 Aspen Drive Durango, CO 81301

Date _____

Office Use only:

Registration Fee Collected: _____

CHILD'S NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ LAND LINE _____

CITY/ZIP CODE _____

MOTHER(OR GUARDIAN)

FATHER (OR GUARDIAN)

NAME _____

EMPLOYMENT _____

WORK PHONE _____

CELL PHONE _____

E-MAIL _____

Who would you like us to contact first?

EMERGENCY CONTACT (In case we cannot reach parent or guardian) Name and Phone Number

STATEMENTS OF AUTHORIZATION

I, _____, hereby give my permission to Summit Early Learning Center to call a doctor or obtain medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate parents or the emergency contact before any action is taken. Expenses for any accident or illness (physician fee, emergency room costs, etc.) will be my responsibility.

Signature of Parent /Guardian _____ Date _____

I give my permission for my child to go on walks in the neighborhood. I understand that specific field trips that are more than walking around the neighborhood will require additional permission forms.

Signature of Parent/Guardian _____ Date _____

The following person(s) is/are authorized to pick up my child from the Center.

Signature of Parent/Guardian _____ Date _____

-OVER-

MEDICAL STATEMENTS

At the time of admission the center must have copies of immunization records. Within 2 weeks of admission you must turn in our general health appraisal form signed by your health care provider. Be aware that we do admit children who for different reasons, are not current on their immunizations or choose not to have them.

Child's Physician _____ Physician Phone Number _____

Allergies: None _____ Yes _____ Describe _____

Please Describe Special Diet Needs or Chronic /Health Condition _____

Permission to Apply Sunscreen Yes _____ No _____ Permission to Apply Lotion Yes _____ No _____

Permission to Apply Diaper Cream As a Preventative Only (Infant/Toddler) Yes _____ No _____

PICTURE RELEASE

We do use the children's pictures in class projects and displays in our classrooms and also in our Christmas Program Slide Show. The following releases apply to additional use of pictures. *Check all that apply.*

_____ I give my permission for my child's picture to be used in school posters or slide shows that may appear outside the school, i.e., church functions, children's fair, etc. Pictures will not be labeled with child's name.

_____ I give my permission for my child's picture to appear in local papers or periodicals where their name might be published.

Signature of Parent/Guardian _____ Date _____

ANTICIPATED SCHEDULE

(Pick One)

_____ Monday, Tuesday, Wednesday, Thursday and Friday

_____ Monday, Wednesday and Friday

_____ Tuesday and Thursday

PLEASE RETURN WITH \$100 REGISTRATION FEE TO HOLD YOUR SPOT