

STUDENT INFORMATION

Student Name: Preferred _____ First _____ Middle _____ Last _____
Child lives with (Name): _____ Relationship to Child _____
Enrollment Date: ____/____/____ DOB ____/____/____ Child is Male: _____ Female _____
Place of Birth: _____ Child Social Security#: _____
Has your child previously attended LeGrande Learning Center? _____
When was your child enrolled at LeGrande Learning Center? _____
Reason(s) for leaving? _____

PARENT/GUARDIAN

Mother/Guardian: First _____ Middle _____ Last _____ DOB ____/____/____
Home Address _____ City _____ State _____ Zip _____
Employer _____ Work Address _____
Home Telephone _____ Work Telephone _____ Cell Phone _____
Email _____
Social Security # _____ Driver's License # _____ State _____

Marital Status: (circle) Married Single Divorced Separated Widowed

Father/Guardian: First _____ Middle _____ Last _____ DOB ____/____/____
Home Address _____ City _____ State _____ Zip _____
Employer _____ Work Address _____
Home Telephone _____ Work Telephone _____ Cell Phone _____
Email _____
Social Security # _____ Driver's License # _____ State _____

AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION

Your child will only be released to the persons listed above and those authorized below. Legal authorities will be contacted if your child is left at the school one hour after the school closing time. If the person listed below is also to be used as an emergency contact, please check the box on the address line.

Relation _____ Name _____ Home # _____ Work # _____
Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____
Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____
Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____
Address _____ Emergency Contact

Relation _____ Name _____ Home # _____ Work # _____
Address _____ Emergency Contact

Person(s) NOT Authorized to pick up Child* _____

*Appropriate documentation such as custody papers should be attached if a parent is not allowed to pick up the child

Weekly Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time	_____	_____	_____	_____	_____
Departure Time	_____	_____	_____	_____	_____

(Note: The weekly schedule is intended to represent a typical week and will only be used to assist with teacher scheduling. We realize that actual schedules will vary based on your needs.)

LeGrande Learning Center
3720 North Center Street
Hickory, NC 28601

Enrollment Application
Effective August 2017

Child's Name _____ Date of Enrollment _____

MEDICAL INFORMATION

My Child's pediatrician/physician is _____ Phone # _____

Address _____

My Child's dentist is _____ Phone # _____

Address _____

My child has health insurance coverage ____ Yes ____ No Insurance Company _____

My child is subject to (check and give details) Hospital Preference _____

- ____ An allergy to medicine, food, plant, animal or insect toxin.
- ____ A condition/fear that may require special care, procedures, services, medication or diet
- ____ A physical, mental or developmental disability that would prevent my child from participating in the school's regular program or activities

Please explain special need, condition, fear or allergy: _____

____ No known conditions or allergies

____ (initial) If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. In most cases, we ask that your child remain home at least 24 hours after leaving the school because of an illness. Re-admittance is at the discretion of the Director.

MEDICAL AUTHORIZATION

____ (initial) I agree that LeGrande Learning Center may authorize the physician of their choice to provide emergency treatment in the event that neither I nor our family physician can be contacted immediately. LeGrande Learning Center agrees to provide transportation to an appropriate medical resource in the event of an emergency and will not administer any drug or medication without specific instructions from the physician. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release LeGrande Learning Center and all of its employees, officers, directors, servants and agents from liability incurred as a result of any act they may perform on behalf of my child.

DELIVERY OF STUDENTS

____ (initial) I agree that when delivering my child to the school, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated, will personally come into the school and receive my child from his/her teacher or the staff person in charge. At no time will I leave my child at the school without first making his/her presence known to the staff, nor will I take my child from the school without notifying my child's teacher. I further agree that I or the person I have authorized to deliver and/or pick up my child will sign my child in/out on a daily basis.

TRANSPORTATION

____ (initial) I do ____ do not ____ give my permission for my child to be transported by LeGrande Learning Center. I understand this is a policy of LeGrande Learning Center not to allow any child to enter or leave the school unless escorted by an adult.

FIELD TRIPS AND SPECIAL ACTIVITIES

____ (initial) I do ____ do not ____ give my permission for my child to participate in field trips and special activities away from the school. I understand that I will be notified in advance of any instances in which my child will be taken from the school, including the date, destination and method of transportation of such trip. In addition, I understand that I will be required to provide written authorization for each field trip/activity away from the school.

ACTIVITIES PLANNED OUTSIDE THE FENCED AREA OF FACILITY

____ (initial) I do ____ do not ____ give my permission for my child to participate in activities planned outside of the school's fenced area.

SWIMMING/WATER RELATED ACTIVITIES

____ (initial) I do ____ do not ____ give my permission for my child to participate in swimming/water related activities.

PHOTO AUTHORIZATION

____ (initial) I do ____ do not ____ give my permission for my child to be photographed or videotaped by LeGrande Learning Center. I understand that the photographs will be used to document my child's participation in various school activities and could be used for public display to other students, parents and teachers.

DISCIPLINE POLICY

____ (initial) I have received a copy of LeGrande Learning Center's discipline policy. The policy has been discussed with me and all my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other possible disciplinary actions for my child, if necessary.

CHILD ABUSE/NEGLECT

____ (initial) As a child care provider, LeGrande Learning Center is mandated by state law to report any cases where there is reasonable cause to believe that a child has been neglected, exploited, deprived, sexually assaulted, sexually exploited, physically injured or suffered death by other than an accidental means by a parent, guardian or caretaker, to the proper authorities. LeGrande Learning Center will cooperate fully with the authorities in the investigation of all such cases. To avoid any misunderstanding, parents are encouraged to keep the school director aware of any unusual bruises, marks or injuries occurring at home.

CONFIDENTIALITY STATEMENT

____ (initial) Information pertaining to your child is considered confidential and will not be released by LeGrande Learning Center to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with person authorized by the state licensing regulations or law to receive such information.

CHANGE OF STATUS

____ (initial) I agree to notify LeGrande Learning Center immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency information, etc.

NORTH CAROLINA CHILD CARE LAWS AND RULES/PARENT AND CHILD HANDBOOK

____ (initial) I have received a copy of "North Carolina Child Care Law and Rules" as published by the Division of Child Development, Parent and child handbook in my enrollment materials.

PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA

____ (initial) I have received a copy of LeGrande Learning Center's Prevention of Shaken Baby and Abusive Head Trauma policy.

How did you hear about us? _____

Has your child previously been enrolled in any preschool? (circle) YES NO

If yes, Location 1 _____ Dates of enrollment _____

Location 2 _____ Dates of enrollment _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____