Westside Christian Academy

Child Care Center and Preschoollo0o

**Child Information Start Date:**

|  |  |
| --- | --- |
| Child’s Full Name: | Birth date: |
| Siblings Names & Birthdates: | Date of Enrollment: |
| Attendance : Full Time ( ) or Part Time ( ) Days: MWF or TTH | Pre- enrollment visit: |

**Mother’s /Guardian Information**

|  |  |
| --- | --- |
| Full Name: | Cell Phone: ( ) |
| Home Address: City ST Zip | Home Phone: ( ) |
| Place of Work: Work Hours: | Work Phone: ( ) |
| Work Address: City ST Zip | Email Address: |

**Father’s /Guardian Information**

|  |  |
| --- | --- |
| Full Name: | Cell Phone: ( ) |
| Home Address: City ST Zip | Home Phone: ( ) |
| Place of Work: Work Hours: | Work Phone: ( ) |
| Work Address: City ST Zip | Email Address: |

**How did you hear about us?**

|  |
| --- |
| ( ) Drove By ( ) Flyer ( ) Yellow Pages ( ) Relative/ Friend ( ) Internet ( )Other: |

**Emergency Contacts** (other than parents) (photo identification required for release):

|  |  |
| --- | --- |
| 1st Person to contact: | Cell Phone: ( ) |
| Home Address: : City ST Zip | Home Phone: ( ) |
| Place of Work & Address: City ST Zip | Work Phone: ( ) |
| 2nd Person to contact: | Cell Phone: ( ) |
| Home Address: : City ST Zip | Home Phone: ( ) |
| Place of Work & Address: City ST Zip | Work Phone: ( ) |

**Other individuals authorized to release the child**-(photo identification required for release)

|  |
| --- |
| Name: |
| Name: |

**Transportation Plan**

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| --- |
| [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]\_will be dropped off each morning to Westside Christian Academy by [ ]  [ ] will be picked up each afternoon at Westside Christian Academy by [ ]  and taken to [ ].  Parent Signature: Date: |

**Child’s Interest and Behavior Information**

|  |  |
| --- | --- |
| Does your child spend time with both parents? | Sleeping/ nap habits: |
| Does your child enjoy outdoor play? | Eating Habits: |
| Has your child attended any other preschool/ daycare?  How long? | Behavior habits: |
| How do you discipline your child? | Toilet Habits: Special words used: |
| What are some of your child’s favorite activities? | Special instructions: |

**Health Information**

|  |
| --- |
| Please list any serious illness or hospitalization: |
| Does your child have any allergies? ( I.e., food, insect, drug) If so, please list and explain affects of the allergy. |
| Child’s Physician: Phone: ( )  Physicians address:  Street City ST Zip |

I/we authorize Westside Christian Academy to obtain emergency medical treatment for my child.

I/we understand that my child will not be released to any adult showing risky behavior.

I /we have received a copy and been informed of the policies and procedure and agree to their use for myself and my child(ren).

I/we have received a copy of the summary of TN DHS Licensing Regulations.

I/we agree to and will pay tuition on Monday by noon of each week. Payments received after Monday will receive a 10% late payment fee.

I/we agree to pay the following fees when applicable: curriculum fee (annually), late pick up fee, and NSF fee. All fees are listed on the Tuition and Fee Schedule.

Two week written notice is required for parents removing their child from enrollment.

If your child is unprepared for group experience, Westside Christian Academy reserves the right to dis-enroll.

Inappropriate behavior from any adult or child in or around the center will result in dismissal.

I have read and agree to follow each of the above policies and procedures.

Parent signature: Date:

Parent Signature: Date: