

West End Academy

CHILD'S APPLICATION*

Date of admission: _____ Date of Pre-enrollment visit _____

Child's Name: _____

What name does your child go by: _____ Date of Birth: _____ / _____ / _____

SSN: _____

Family Status

Mothers/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Pager: _____

Place of Employment: _____

Work Hours: _____ Email: _____

Fathers/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Pager: _____

Place of Employment: _____

Work Hours: _____ Email: _____

If parents are separated or divorced, who has legal custody of your child? A certified copy of the Order of Custody must be provided

If a specific arrangement has been made regarding the custody of your child/children please list any important details and provide documentation.

Names of other children in family	Birth Date	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Caregivers: Name	Dates attended	Reason for leaving	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* From time to time additional information may be required for this application. In signing this application, parent/guardian agrees to provide any additional information required.

Transportation and Authorized Pick-up Information

To insure the safety of your child, please list other adults to whom your child may be released. These people will also be authorized to act for the parents in the event of an emergency. We will also call these people in the event that your child is sick and a parent cannot be reached to pick them up.

Always be sure anyone picking up your child is aware they need to have their identification ready. You should have this person's name on the sign-in sheet for that day. If you did not know you were going to have them pick up your child you must call to let us know they are coming.

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

Name of Physician: _____
Phone Number: _____ Address: _____

Name of Dentist: _____
Phone Number: _____ Address: _____

Preferred Hospital: _____
Insurance Company: _____
Policy#: _____

Information About Your Child

Is your child a _____ light _____ average, or _____ big eater?

Does he/she feed him/herself? _____

Are there any foods your child really hates?

If your child refuses to eat, how is this handled at home? _____

Is your child potty trained? _____

What word does your child use for urinating? _____ BM? _____

Does your child nap during the day? _____

Habits associated with going to bed: _____

Does your child have any special needs? _____

Please list any other information about your child or family that you feel relevant to your child's well being:

Please initial each line and sign at the bottom:

_____ I have received a summary of the licensing requirements

_____ I have received the academy policy statement

_____ I have received the illness policy

_____ I have received the child health checklist

_____ I do hereby authorize emergency medical care to director or authorized personnel of West End Academy Daycare for my child: _____

Childs Name

I understand my financial responsibility as outlined in the Policy Statement and agree to pay any and all collection fees, late fees, and provide written two week notice or to pay for those two weeks if no notice is given.

*Parent or Guardian Signature: _____

Date: _____

Where did you hear about our academy?

Friend Recommendation? Who? _____

Road Signs? _____ Where? _____

Internet? _____

Had a child here in the past? _____ Who? _____

* From time to time additional information may be required for this application. In signing this application, parent/guardian agrees to provide any additional information required.

CHILD'S HEALTH HISTORY CHECKLIST

Child's Name: _____ Birth date: ____ / ____ / ____
Parent or Guardian's Name: _____

These questions have been specifically designed to help us to better serve your child on a daily basis or in the case of an emergency. It is extremely important that you answer these questions, to the best of knowledge. The information listed below will be held in strict confidence and will not be used for discrimination purposes.

What Medication is your child allergic to? _____
What foods are your child allergic to? _____
List any other allergies: _____
Has your child been diagnosed with any learning, physical, or mental disabilities? _____
If yes, please explain: _____

Does your child take any medication on a regular basis? _____
If yes, please list medication and side effects: _____

Has your child ever been hospitalized? _____
If yes, please explain: _____

Does your child wet the bed? _____
Does your child have asthma? _____
Does your child wheeze on a regular basis? _____
Does your child have a speech problem? _____
Does your child have a hearing problem? _____
Does your child wear glasses or need them? _____
Has your child had more than two ear infections in a year? _____
Has your child had their tonsils removed? _____
Is your child epileptic or do they have seizures? _____
Does your child have a heart murmur? _____
Has your child ever had worms? _____
Is your child a hemophiliac? (free bleeder) _____
Does your child have immune system issues? _____
Does your child have tubes in their ears? _____
Does your child have bladder problems? _____
Does your child have any problems having bowel movements? _____
Does your child have a sinus problem? _____
Does your child have a history of behavior problems? _____
Has your child ever been asked to leave a previous facility? _____
If yes, please explain: _____

Please list any other information you feel may be important:

West End Academy
Emergency Information

Child's Name: _____ Birth date: ____ / ____ / ____

Mother's/Guardian Name: _____
Home Address: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cellular Phone: _____ Pager: _____
Place of Employment: _____

Father's/Guardian Name: _____
Home Address: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cellular Phone: _____ Pager: _____
Place of Employment: _____

Name of Physician: _____
Phone Number: _____ Address: _____
Name of Dentist: _____
Phone Number: _____ Address: _____

Allergies to any medicine or food: _____
Any medications taken regularly: _____

The following are authorized to pick up my child from West End Academy :

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

Name: _____ Home Phone Number: _____
Work Phone Number: _____ Cell or Pager Number: _____
Home address: _____
Relationship to child: _____

I, _____ give West End Academy my permission to seek
emergency medical treatment for my child _____, In the event of an accident,
injury, sudden illness, etc. with the following:

Hospital: _____ Doctor: _____
Parent/Guardian Sign: _____ Date: _____

PARENT AGREEMENT FORM

- ✍️ West End Academy hours of operation are 7:00 AM to 6:00 PM.
- ✍️ Children must be picked up no later than 6:00 PM. A late fee of \$1.00 per minute will be charged if picked up late. If this becomes a reoccurring problem (i.e.: 2 days in one week) the charge will be \$5.00 per minute. Parents who consistently pick up their children late will be asked to leave the program.
- ✍️ Fees are due at the latest Friday at 6:00 PM for next week. Any account that has a balance due will have a \$5.00 late fee added the following Monday morning.
- ✍️ A \$25.00 fee will be charged in the event a check is returned for insufficient funds.
- ✍️ A two week written notice is required to withdraw from the program.
- ✍️ I agree to pay all late fees, legal fees, and court costs associated with collecting any unpaid balance after leaving this program.
- ✍️ Full payment is required if the child is absent for a portion of a week, for scheduled holidays, and for inclement weather closings.
- ✍️ You have one week per year vacation or sick days that you do not have to pay for. Please notify us in advance if possible. A free week is only available after one full year in our program. A week is Monday through Friday. If your child is absent for a full week (Monday through Friday) and you have already used your free week or don't want to use it yet you will be charged half price for that week. Half price weeks can not be taken for more than 4 consecutive weeks.
- ✍️ We are closed for the following holidays: Labor Day, Thanksgiving and the Friday following, Christmas Eve and Christmas Day, New Years Day, Good Friday, MLK JR. Day, Presidents Day, Memorial Day, and Independence Day. If a holiday falls on a Saturday or Sunday the center will observe the same day off for that holiday that the state and federal employees observe.
- ✍️ An additional fee may be required for special activities.
- ✍️ I agree to adhere to WEA's Illness Policy.
- ✍️ Parents who are impaired due to the use of drugs or alcohol will not be permitted to leave the premises with their children unless another adult who is not impaired accompanies them. Parents who continually arrive at the center impaired will be asked to leave the program.
- ✍️ I give permission for my child to be photographed for promotional purposes. My child may be photographed or video taped by the media. Yes _____ No _____
- ✍️ Parent confirms they have received a parent handbook and a copy of the Tennessee Department of Education summary of Childcare Licensing Rules.
- ✍️ By signing this agreement, parent states they have read and understand and agree with all of the policies outlined and give their child permission to attend and participate in all of the activities provided by West End Academy.

Enrollment Amount Due	Registration \$60.00	Book/Supply Fee \$ _____	1 st Week \$ _____	Total Due \$ _____
Amount Due Each Friday	\$ _____			

Parent's Signature _____ Date _____