

West End Academy

ENROLLMENT APPLICATION

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

Child's Name: _____

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

SSN: _____

Family Status

Mother's/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Pager: _____

Place of Employment: _____

Work Hours: _____ Email: _____

Father's/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

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

Previous Caregivers:

Name

Dates attended

Reason for leaving

Phone

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.

INFORMATION ABOUT YOUR CHILD

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

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:

_____ When your child misbehaves at home, how is the situation handled?

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:

(Child's 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 your 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 food is 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:

- All children must have an immunization record on file.
- If your child is under the age of 3, you must provide a copy of an up-to-date physical with their shot records.

EMERGENCY INFORMATION

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

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: _____

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: _____

West End Academy

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

PARENT AGREEMENT FORM

By signing this Agreement Form, you are stating that you have read the Parent Handbook in its entirety, and agree to comply with all of the standards set forth within it.

-  I understand that West End Academy hours of operation are 7:00 AM to 6:00 PM.
-  I understand that my child(ren) must be picked up no later than 6:00 PM. If I pick-up after 6 P.M., 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. If I continue to pick-up my child after 6 P.M., I will be asked to leave the program.
-  I understand that fees are due at the latest Friday at 6:00 PM for the next week. Any account that has a balance due will have a \$5.00 late fee added the following Monday morning.
-  I understand that a \$25.00 fee will be charged in the event a check is returned for insufficient funds.
-  I understand that 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.
-  I understand that full payment is required if the child is absent for a portion of a week, for scheduled holidays, and for inclement weather closings.
-  I understand that I have one week per year vacation or sick days that you do not have to pay for after one year of enrollment, and that half-price weeks cannot be taken for more than 2 weeks.
-  I understand that the facility is 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.
-  I understand that an additional fee may be required for special activities.
-  I agree to adhere to WEA's Illness Policy.
-  I understand that anyone who is 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 _____
-  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.

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

By signing your name below, you are agreeing to **EVERY** policy written in the handbook, the illness policy, the inclement weather policy, and above. You are also agreeing that you are financial responsible for the tuition each week.

Parent's Signature _____ Date _____