



early connections
CHILDCARE

Early Connections Childcare Ministry
Enrollment Form

Child's Full Name: _____

Address: _____

Phone: _____

Sex: F / M

Date of Birth: _____

Half Day Preschool

K-5 After School Only

Full Day Extended Care

K-5 Summer/Extended Care

-Handbook & Parent Agreement must be signed upon enrolling along with the non-refundable yearly enrollment fee of \$50

Parent/Guardian #1 Information:

Full Name: _____

Address: _____

Phone: _____ Work: _____ Email: _____

Relationship to the student: _____

Parent's Marital Status: Married Separated Divorced Widowed
 Other _____

Child Lives With: Mom Dad Both Parents
 Other _____

Parent/Guardian #2 Information:

Full Name: _____

Address: _____

Phone: _____ Work: _____ Email: _____

Relationship to the student: _____

Emergency Contact 1 Info:

Name and Relation to Child: _____

Phone: _____

Emergency Contact 2 Info:

Name and Relation to Child: _____

Phone: _____

Others with permission to pick up your child:

Prior permission by parent/guardian and photo ID is required for any person not listed on this form

Name and Relation to Child: _____

Phone: _____

Name and Relation to Child: _____

Phone: _____

Do you have a church home? yes no **If so, where?** _____

If not, would you like more information about the ministries at Valley Creek? yes no

Medical Information:

Family Doctor Name: _____ Phone: _____

Medical Insurance Carrier:

Company: _____ ID/Group Number: _____

Member's Name: _____

Medical History:

Allergies (including medications): _____

Chronic or existing diseases or medical problems (diabetes, epilepsy, etc) _____

Medications currently taking _____

Is your child on any long term medications: _____

If so, please explain: _____

Does your child have any limitations (physical, emotional, otherwise)? _____

Any other special concerns? _____

Waiver Release

Staff members of the Preschool Program are not responsible for any accidents and/or injuries which occur while in attendance at Early Connections Childcare Ministry or while attending any associated programs on or off site. Any child afflicted with a reportable, contagious disease shall be excluded from attending until such time period of communicability has elapsed.

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge to transport my child to the nearest medical clinic for appropriate medical attention as deemed by that clinic and/or call my family physician.

I understand that the program is under the licensing requirements of the state and I am obligated to pay to keep my child in the program. If my account is unpaid after two weeks, I understand that my child will not be accepted.

Signature: _____

Date: _____

Witness: _____

Date: _____



**On Campus Field Trip
Release Form**

Dear Parents,

Please complete the following form and return it to Early Connections Childcare as soon as possible:



I give my child, _____, permission to visit with his/her class or program all areas of the Valley Creek Baptist Church property when the adult(s) in charge of my child deems this appropriate. The Preschool/After School and Extended Care area is a state inspected facility and to be in compliance with all regulations we must have your permission for our students to make any visits to any other areas of the campus. This

permission only applies to the Valley Creek Baptist Church property and not to any other locations.

Parent's Signature _____

Date _____



Occasionally we use photographs of our students on materials such as brochures, display boards, local newspapers and/or other materials showcasing our programs. However, we do not want to use photographs of your child without your permission.

Please complete the form at the bottom of this page and return it to your child's teacher so we will know of your wishes.

Thank you for your help in this matter.

Program Director,

.....

Child's Name _____

- € I GIVE my permission for Early Connections Childcare Ministry to photograph my child and use those photos on brochures, display boards, and/or other materials showcasing these programs. Some of these photos might be in the local newspapers. I understand that my child would NOT be identified by name.

€ I DO NOT GIVE my permission for Early Connections Childcare Ministry to photograph my child and use those photos on brochures, display boards, and/or other materials showcasing these programs.

Parent/Guardian Signature_____

Date_____

Sunscreen Permission Form

I give permission for Early Connections Childcare to apply Sunscreen to my child, _____, as needed for the summer.

Parent Signature:_____Date:_____

Dear Parents, The Div. of Regulated Childcare requires that all centers have an Emergency Disaster Preparedness plan. In case of emergency our Offsite location will be Valley Creek Fire Department. The address of this location is 2927 Valley Creek rd. and the phone number is (270) 737-6262. Each parent will be notified by a staff member if we must go to the offsite location. Church busses along with staff vehicles will be used to transport children as safely as possible. Each staff member has been trained to know exactly what they will need to do in this situation. A copy of the complete plan is located at the parent information board, if you would like to look over it. If you have any questions you may contact Jessica Bolin at (270)234-6582.