

Riverlawn Christian Early Childhood Center

Enrollment Form

Student Information:

First Name	Middle Name	Last Name
Nick Name (if any)		Date of Birth
Address		Best Contact Phone
City & Zip Code		Estimated Date of Withdrawal
Date of Enrollment		Scheduled Hours
Class		Days of Attendance

Parent/Guardian Information:

Father/Guardian's Name	Mother/Guardian's Name
Home Address	Home Address
City & Zip Code	City & Zip Code
Cell Phone	Cell Phone
Other Phone (Home)	Other Phone (Home)
Cell Phone Provider	Cell Phone Provider
E-Mail	E-Mail
Place of Business	Place of Business
Business Address	Business Address
Business Phone	Business Phone
Church Denomination	Church Denomination
Attending Church	Attending Church

Student's Physician Information:

Physician Name	Physician Phone
Hospital Preferred	Hospital Phone
Is your child allergic to anything?	If so, list:

Persons to Call in Case of an Emergency if Parent/Guardian Cannot Be Reached:

Be sure to include people who will know your daytime whereabouts.

Name	Relationship to Student
Cell Phone	Other Phone
Address	

Name	Relationship to Student
Cell Phone	Other Phone
Address	

*** Persons Authorized to Pick Up Student (in addition to the above and parents):**

Name	Relationship to Student
Name	Relationship to Student
Name	Relationship to Student
Name	Relationship to Student

*Under no circumstances will your child be released to anyone not known to the school without authorization. Please call the school office if someone different from this list is to pick up your child. Please see that they have a photo ID with them at pick up. *Note: It is legal for either parent/guardian to pick up the child unless there is a copy of a court order restricting visitation in your child's records.*

Riverlawn Christian Early Childhood Center Authorization Form (Medical Release Form)

***Medical Release Form:**

I hereby appoint Riverlawn Christian Early Childhood Center (Child Care License # 47883) and its authorized representative(s) as my agent(s) for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of _____ while my child is in

Student's First and Last Name

Riverlawn Christian Early Childhood Center's custody between the dates of _____

Month/Day/Year

and END OF CARE This form will only be used when the parent or guardian is not immediately

Month/Day/Year

available to give such consent.

Parent/Guardian Signature

Witness

**The Medical Release Form will accompany the child's Health Assessment in case of an emergency in accordance with K.A.R. 28-4-127 (c). This Medical Release Form is in compliance with the State Regulations for Child Care Centers K.A.R. 28-4-127(b)(1)(A), Via Christi Hospitals of Wichita, and Wesley Medical Center. Documentation of hospital approval is available upon request.*

Physician Information:

Physician	Address	Phone
Hospital Preference		Phone
Must physician be contacted first?	Yes	No

Emergency Phone Numbers:

Home	Father	Mother
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Insurance Information:

Insurance Company		
Subscriber's Name (Employer)		
Relationship to Subscriber (Employee or self-employed)		
ID#	Group#	Policy#

Medication Information:

Prescription and Over-the-Counter medications will be given only when the proper medication forms are filled out. All medication must be in its original container. If your child is prone to head-aches or stomach-aches throughout the year, please fill out the appropriate paperwork to be kept in your child's file for OTC medication. OTC medication will be given only when the appropriate form is on file, and a phone call to parents for approval has been made.

Parent/Guardian Signature

Date

Riverlawn Christian Early Childhood Center History of Child

Parent Information:

Name of Child		Date of Birth	
Address, City, Zip		Home Phone	
Father's or Guardian's Name		Daytime Phone	
Mother's or Guardian's Name		Daytime Phone	
Married YES NO	How Long?	Divorced YES NO	How Long?
Separated YES NO	How Long?	Living Together YES NO	How Long?
If divorced, Custody and Visiting Arrangements			

Brothers and Sisters of Child:

Name	Age
Name	Age
Name	Age
Name	Age

Other Members of the Household:

Name	Age	Relationship to Child
Name	Age	Relationship to Child
Name	Age	Relationship to Child

Child Information:

Does your child share a room? YES NO	If yes, with whom?
Who has cared for your child other than Mother & Father?	
Has your child been enrolled in a preschool and/or daycare? YES NO	
If yes, where?	
Does your child have neighborhood playmates?	
What are your child's fears?	
How does your child cope with these fears?	
Does your child watch TV? YES NO	When?
For how long?	With whom?
What does your child like to do with Mom?	
What does your child like to do with Dad?	
What are your child's interests?	
What is your child's favorite food?	
Please describe your child's personality:	