

GRESHAM HEIGHTS LEARNING CENTER, LLC

Enrollment Application

Please print completely and legibly

Child's Name: _____
(Last Name) (First) (Nickname) (Middle Initial)

Child's Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____ - _____ - _____ Sex: Male Female
(Month) (Day) (Year)

First Day of Enrollment _____ - _____ - _____ Schedule: M-F (6am-6pm) Preferred drop off: _____ Pick up: _____
(Month) (Day) (Year)

Name of Grade School _____ Phone #:() _____ - _____ District _____ Grade: _____

Time School Starts: AM: _____ Time School Ends: PM: _____ Child's Home Language: _____

Parent Information:

Enrolling Parent/Guardian: _____
(Last Name) (First Name) (Middle)

E-mail Address: _____ Relationship to Child: _____

Primary phone #: () _____ - _____ Secondary phone #: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone #: () _____ - _____ ex: _____

Work Address: _____ City: _____ State: _____ Zip: _____ Work Hours: _____

Driver's License #: _____ Social Security #: _____

Parent/Guardian: _____
(Last Name) (First Name) (Middle)

E-mail Address: _____ Relationship to Child: _____

Primary phone #: () _____ - _____ Secondary phone #: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone #: () _____ - _____ ex: _____

Work Address: _____ City: _____ State: _____ Zip: _____ Work Hours: _____

Driver's License #: _____ Social Security #: _____

Primary Residence: With Mother with Father with Both with Guardian (Name): _____

Parent's Marital Status: Married Single Separated Divorced Widowed

If divorced, may the non-custodial parent pick up the child? Yes No

***If NO, Documentation from the court is required.**

Enrollment Application (Continued)

The child will be released only to the people on this application and the following persons:

Name: _____ Phone # () _____ - _____ Relationship: _____

Name: _____ Phone # () _____ - _____ Relationship: _____

Name: _____ Phone # () _____ - _____ Relationship: _____

Child's Physician: _____ Phone # (503) _____ - _____

Address: _____ City _____ State _____ Zip _____

If Mother or Father cannot be reached in an emergency, please Call:

Name: _____ Phone # () _____ - _____

Address: _____ City _____ State _____ Zip _____

*Hospital Preference: _____ ***If no hospital specified, your child will be transported to Randall's Childrens Hospital.**

***In an emergency, Gresham Heights Learning Center has my permission to call an ambulance or go to a physician at my expense. Yes or No**

*My Child may participate in religious or cultural events, including occasions where food is being served? **Yes No**

*Does your child have any special needs (IFSP, IEP, Etc.)? **Yes No** ***If yes, please complete a written care plan.**

*Is your child currently on any medications or have any allergies? **Yes No** ***If yes, please complete a written care plan.**

*My child may be taken on **field trips** by walks, bus, van, or other private motor vehicles under proper supervision. **Yes No**

*My child may have his/her **picture taken** and used for publicity or news purposes (social media, website, etc.) **Yes No**

*Has your child previously attended another daycare? **Yes No** * if yes, where, and how long? _____

Initial

Parent Agreement

____ Monthly tuition is due by the end of month. All balances not paid in full by the 5th of the following month will have a \$25 late fee applied to the account. \$20 fee on all checks returned NSF.

____ Failure to pay any unpaid balance by the 10th of the following month will result in termination of services & legal action at my expense.

____ I agree to provide a credit card on file.

____ I will provide a 2-week notice to discontinue service.

____ A \$1 per minute per child will be charged for late pick-ups after 6:00pm.

____ **I agree to pay a \$65.00 non-refundable registration fee at the time of enrollment per child.**

____ **I agree to pay a renewal fee of \$65.00 every September.**

____ I give permission for transportation to and from school in any licensed GHLC vehicle.

____ I have reviewed a copy of the childcare facilities current license certificate.

____ I acknowledge that the policies and procedures at GHLC is available upon request.

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

*THIS FORM MUST BE COMPLETED AND RETURNED **ON OR BEFORE** THE FIRST DAY OF ATTENDANCE. THANK-YOU!*

Enrollment form annual review or update(s). Please date initial below anytime the enrollment information is reviewed and/or updated.

Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____

Date: _____ Initials: _____ Date: _____ Initials: _____ Date: _____ Initials: _____