

Enrollment Application & Parent Contract

Adventure Time Preschool & Childcare
723 W. Columbia Lane
Provo 84604 801-373-2989

Child's Legal Name _____ 1st Name Child Goes By, if different _____

Date of Birth _____ First _____ Last _____ Sex _____ Program _____ 1st Day of Enrollment _____

2nd Child's Legal Name _____ 1st Name Child goes by, if different _____

Date of Birth _____ First _____ Last _____ Sex _____ Program _____ 1st Day of Enrollment _____

3rd Child's Legal Name _____ 1st Name Child Goes By, if different _____

Date of Birth _____ First _____ Last _____ Sex _____ Program _____ 1st Day of Enrollment _____

Enrolling Guardian's Name _____ Relationship to child _____

Home Address _____ City _____ State _____ Zip code _____

1st phone _____ cell work home 2nd Phone _____ cell work home

Employer _____ P.I.C. ____ / ____ / ____ / ____

Spouse's Name (if applicable) _____ Relationship to child _____

Home Address _____ City _____ State _____ Zip code _____

1st phone _____ cell work home 2nd Phone _____ cell work home

Employer _____ P.I.C. ____ / ____ / ____ / ____

Marital Status: Married _____ Divorced/Single _____ (Custodial Parent = _____)

My child will be released ONLY to the above guardians and the following persons. (PLEASE INCLUDE AT LEAST 2 OTHER ADULTS (relative, friend or neighbor) WHO MAY BE CONTACTED DURING DAYTIME HOURS IN CASE OF ILLNESS OR AN EMERGENCY. Also, please include at least **one out of state (or area) contact** if available. If one is not available, please write none.

<u>Name</u>	<u>Relationship to child</u>	<u>Phone</u>	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Out of state or area contact)

My child has the following allergies and/or medical conditions: (Social/emotional issues should be included on the "About Your Child" form)

Guardian's Signature _____ Date _____

Use of the singular "child" throughout the following packet includes the plural if more than one child is designated on the Enrollment Application. Use of the masculine gender includes the feminine as well. References to "I," "me," or "my" also include any agents designated by the enrolling guardian.

Statement of Medical Authorization:

In the event of an emergency, the center has my permission to administer first aid or obtain emergency medical treatment in my child's best interest. I grant permission for my child to be transported for medical purposes in case of an emergency. I agree to pay all expenses incurred due to an emergency involving my child. I agree to release and waive any claims for accidents or injuries to my child while under the supervision of Adventure Time staff and not to hold the center responsible.

Guardian's Name (please print) _____ Enrolling Guardian's Signature _____

Statement of Field Trip Authorization:

I give permission for my child to participate in any and all school outings or field trips. I understand that only children Kindergarten age and older will be transported in the center vehicles. I understand that children may attend field trips within walking distance of the center. I understand that I will be notified about any field trips a week prior to the scheduled event. If I do not choose to have my child participate in a certain field trip, I will notify a center administrator at least 48 hours prior to the scheduled event.

Guardian's Name (please print) _____ Enrolling Guardian's Signature _____

Statement of Photography Authorization:

(Please check the appropriate line.)

____ I give Adventure Time permission for my child to be photographed in the program, program functions and field trips. My child's picture may be displayed at Adventure Time and on Adventure Time advertisements and Website. I relinquish all rights, title and interest in the finished photographs and negatives.

____ I choose **not** to give Adventure Time permission to photograph my child for purposes other than center use.

Guardian's Name (please print) _____ Enrolling Guardian's Signature _____

Statement of Educational Research Authorization:

(Please check the appropriate line.)

_____ I give permission for my child to participate in research studies conducted by reputable companies. This research will take place at the center and is approved by the Director. Typically this is research done by a child care research company to test child safety products.

_____ I choose **not** to give permission for educational research.

Guardian's Name (please print) _____ Enrolling Guardian's Signature _____

Statement of Email Authorization:

_____ I would like to be part of the list where I can receive monthly newsletters and information about my child's class.

_____ I would NOT like to be part of the email list. Please give me that information in my parent folder.

Guardian's Name (please print) _____ Email _____