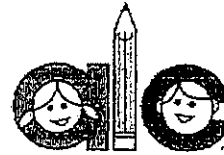


# Enrollment Form



adventure learning center, ltd.

Identifying Information		
Child's Name	Sex	Birthdate
Address (Street, City, State, Zip Code)	Telephone Number (      )	
School Child Attends	Telephone Number (      )	
Address (Street, City, State, Zip Code)		
Mother/Guardian's Name	Telephone Number (      )	
Cell Phone	Pager	Email Address
Address (Street, City, State, Zip Code)		
Employed By	Hours of Employment From                      To	
Address (Street, City, State, Zip Code)	Business Telephone (      )	
Father/Guardian's Name	Telephone Number (      )	
Cell Phone	Pager	Email address
Address (Street, City, State, Zip Code)		
Employed By	Hours of Employment From                      To	
Address (Street, City, State, Zip Code)	Business Telephone	
Emergency Contacts(s) Other Than Parent(s) or Doctor		
Name	Telephone Number (      )	
Address (Street, City, State, Zip Code)	Relationship to Child	
Name	Telephone Number (      )	
Address (Street, City, State, Zip Code)	Relationship to Child	
Persons Authorized to Take Child From Child Care Center Other Than Parents		
Name	Name	

## Trips and Activity Permission

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for my child to take part in field trips or excursions with Adventure Learning Center under proper supervision. It is my understanding that I will be notified when such trips are planned.

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for Adventure Learning Center to transport my child.

## Photo Permission

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for my child to be photographed for advertising purposes.

## Authorization for Emergency Medical Care

I understand that I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care with the physician or hospital of my choice.

If I can not be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Adventure Learning Center to contact the following:

### Physician or Clinic

Name

Telephone Number

(       )

Address (Street, City, State, Zip Code)

### Preferred Hospital

Name

Telephone Number

(       )

Address (Street, City, State, Zip Code)

Parent's/Guardian's Signature

Date

## Child's Health History

Any allergies, special medical conditions, including chronic health problems

Any special medications and/or restrictions

Any food allergies or food restrictions

## Insurance Policy

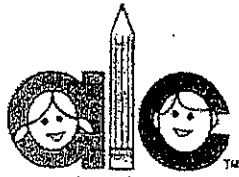
Any parent/guardian who enrolls a child at Adventure Learning Center must have their child fully insured

Our child \_\_\_\_\_ has insurance coverage

through \_\_\_\_\_

(Please include insurance company name and policy number)

<b>Acknowledgements</b>		Parent/Guardian Initials
Adventure Learning Center and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.		
When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.		
I have received a copy of Adventure Learning Center's Parent Handbook which contains the center's policies and procedures.		
I have been informed that a copy of the Licensing Rules for Child Care Centers in Missouri is available at Adventure Learning Center for review.		
I have read and understood the fee agreement and am aware that I am financially responsible for child care fees.		
I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children at the center.		
I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.		
Parent's/Guardian's Signature ▶		Date
<b>Admission Information</b>		
Admission Date	Enrolled For (Days of Week)	
Hours per Day (Full day or Half Day)	Discharge Date (To be retained for one year after discharge)	



adventure learning center, ltd.



About a year ago, Adventure Learning Center opened a Facebook page. Many parents have really enjoyed getting updates throughout the week about what is happening in our center. At ALC we try to post events and pictures on Facebook weekly in an effort to keep you informed and connected with your children while you work. We love to highlight the activities that your children are doing. **As part of our FB policy, we never post a child's name on Facebook or other marketing material.** It is also very important to us that we respect your family wishes in regard to pictures on Facebook. Please complete the form below and turn it in to the office.

Yes, I would like to see pictures of my child on ALC's Facebook page.

No, I do not want my child's picture to be posted on Facebook.

Child's Name: \_\_\_\_\_  
(please print)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To visit our page or "LIKE" our center, just visit:

Adventure Learning Center – Ballwin on Facebook

<https://www.facebook.com/pages/Adventure-Learning-Center-Ballwin/246670532121862>