

Happy Place
Christian based
Early Learning Center

*100 Patriot Dr.
Middletown, DE 19709*

*4638 Ogletown-Stanton Rd
Newark, DE 19713*

Enrollment Application for parents

Name of Child: _____ Sex: _____
Nickname, if any: _____ Date of Birth: ____/____/____ Home Phone: _____
Home Address: _____

Street City State Zip Code

Father's Name: _____ **Mother's Name:** _____

Occupation: _____ **Occupation:** _____

Work Address: _____ **Work Address:** _____

Work Telephone: _____ **Work Telephone:** _____

Cell: _____ **Cell:** _____

Email: _____ **Email:** _____

Do the parents live together? ____ If not, does child spend time with both parents? ____

Custody or Court Restrictions: [] Yes [] No If yes-most recent copy of court papers must be attached

Have your child ever been in Childcare? Family Daycare? _____ or Center? _____

Reason for leaving _____

Check the desired days of the week for enrollment:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Child will arrive at school about _____ am and will be picked up at school about _____ pm

Starting Date: _____

Person (other than parents) to call in case of an emergency:

Phone: _____ Relationship: _____

Phone: _____ Relationship: _____

I, _____, authorize emergency treatment for my child,
_____, if I cannot be reached to give permission for treatment. I

understand I will be financially responsible for the cost of emergency treatment.

Child's Physician and Phone: _____

Child's insurance information

Insurance _____

Group number _____ ID # _____

Health Care

How is your child's overall health? Good _____ Frail _____ Get sick easily _____

Please check all that apply: asthma or other respiratory difficulties _____

Frequent colds _____ sore throats _____ ear infections _____

Speech difficulties _____ Hearing _____ Impaired vision _____ Eczema _____

Allergies (please list) _____

My child takes these medications on a routine basis: _____

Reason for daily medications: _____

Authorized Pick-ups

These people are authorized to pick up my child from Happy Place. Anyone picking up my child will be asked for State photo ID before the child is released. We are not permitted to release children to anyone under the age of 18. One time authorized pick-up is permitted with a written note from the parent/guardian. The note must have the date of authorizations, the full name and relationship of the adult to the child. Please be sure to tell this person to bring photo State ID. Parents MUST USE the emergency password when calling for a one-time authorization.

Telephone number	Adult's name	Relationship to child

Happy Place seeks and admits students without discrimination regarding their ancestry, color, creed, national origin, race or sex. I affirm that the information in this application is true and correct to the best of my knowledge. I hereby waive and release Happy Place from any and all liability for any injuries or illnesses occurred while attending Happy Place's program. I have no knowledge of any physical condition that would be affected by the above named child's participation in the program.

Parent's (legal guardian's) signature _____ Date: _____

Happy Place ELC

Consent and Contact Form

This form is to be completed and signed by the child's parent or legal guardian.

Child's name: _____

In the event the child above is injured or ill, I understand that happy Place will attempt to contact me, the other parent or the legal guardian at the phone numbers provided below.

Parent's (legal guardian's name): _____

Telephone numbers; _____ on _____ (hours/days)

_____ on _____ (hours/days)

Parent's (legal guardian's name): _____

Telephone numbers: _____ on _____ (hours/days)

_____ on _____ (hours/days)

In the event that I or the others listed above are not available, I give my permission to Happy Place personnel to provide First Aid/CPR for the child named above, and to take appropriate measures including contacting emergency medical services (EMS) system and arranging for transportation to _____ or the nearest emergency medical facility. I also give permission to Happy Place to share personal medical information about my child as may be requested by EMS, or other trained medical personnel.

At no time will Happy Place employees drive an ill or injured child to an emergency medical facility unless accompanied by another adult. I understand that Happy Place is not responsible for expenses incurred by EMS, emergency transportation or emergency treatment.

Parent's (legal guardian's) signature _____

Happy Place ELC

Family History

Does the child have any siblings? If yes, how many_____

The primary language spoken in the family is _____

Are any other languages spoken in the family? _____

Child's favorite food is _____

My child does not like the following foods

Does the child have any disabilities? If yes, please list them

My child had difficulties with _____

These are the things I am working with my child at home

I would like the teacher to work with my child on

Is there anything else you would like to share about your child?

CENTER CHILD ACKNOWLEDGMENT AND PERMISSION

PARENTS RIGHT TO KNOW NOTICE

UNDER THE DELAWARE CODE YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: ANN MARIE BERCY, OFFICE OF CHILD CARE LICENSING, 3411 SILVERSIDE ROAD, CONCORD PLAZA | HAGLEY BUILDING, WILMINGTON, DELAWARE 19810-4803.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>

Parent/Guardian Signature

Date

SCREEN TIME PERMISSION

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent/Guardian Signature

Date

Photo Release

I, _____, give permission for Happy Place staff to take pictures of

my child, _____, for use in the classroom or for promotional purposes.

Parent/Guardian signature

Date