

Eatonville Early Learning Center Inc.

560 Center St. E. / POB 1670

360-832-6579



Dear Parent or Guardian,

This is an **enrollment packet**. In order for us to properly care for your child it is vital that all this paperwork is completed with accuracy. We must follow many guidelines set down by many agencies. Our policies are created to accommodate these codes and still make it as easy as possible for you to enroll your child with us. If we ask you for information and you do not comply with our request we could be fined \$250.00 for each item of noncompliance. RCW 74.15.130. For example: we ask you to provide us with a date of last physical by a doctor –within the past year. You do not provide us with the date or with a date older than 1 year and our licensor stops in for an inspection. We are fined \$250.00 for each day from the day of the last physical until the date of the inspection. We could possibly lose our license. We thank you in assisting us with this. Please read the parent handbook to find the code numbers to match the situation that you have a question about. It is required that you read the hand book. **You must also sign and return the last page of the handbook.** Please use blue or black ink only, no pencil please. This packet includes the following information. We must have it all returned to us with the registration fee before your child can stay. Thank you. Chris

- Introductory letter page 1 & 2
- **Registration form pages 3, 4, 6, 7**
- **Consent to medical care and treatment of minor children page 5 and 8**
- Disaster information explanation page 9
- Disaster information form page 10
- Photo release form for minors page 11

Last updated November 8, 2010

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All information being requested on these forms are required by

W.A.C. 170-295-7050

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Introductory Letter

We offer a program suited to meet the needs of each individual child and their families. We accomplish this through the use of Montessori materials, specialized learning areas within each classroom, educated lead staff and continually attending S.T.A.R.S. trainings to remain up-to-date in our program philosophies and educational viewpoints.

As a center, we believe in working together as a group with each child and their family to prepare the child for graduation into the next class, with the final goal of a completely prepared elementary school child. Each classroom's lead teacher utilizes a developmentally appropriate classroom curriculum to develop the child fully and prepare him/her for the next age group's expectations. Lesson plans can be viewed in each classroom at any time to see what your child is currently working on. Our school age program runs the same way with the addition of homework help times and motivation to stay on top of their elementary school work.

While in our care, your child will be painting, creating projects, participating in special events and learning basic math, language, and reading skills. Children will also learn the basics of zoology, botany, geography and history with hands on materials. Our classrooms also foster social skills, team work, self help skills, and responsibility in our daily routines.

We hope that you and your child will enjoy your time learning with us.

Thank you for visiting us,

Christine M. Cox,
Director

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Registration Form

Enrollment Date _____

School year _____

Child's Name _____ Age ____ Sex ____ Birth date _____

Mother/Guardian's Information	Father/Guardian's Information
Name: _____	Name: _____
Address: _____	Address: _____
Mailing Address: _____	Mailing Address: _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Cell Phone # _____	Cell Phone # _____
Mother's Social Security # _____	Father's Social Security # _____

PLEASE PROVIDE a primary Phone Number where each parent /guardian can be reached while the child is in school (mom) _____ / (dad) _____

Living With: both parents _____ one parent _____ guardian _____

Custody restrictions: Yes _____ No _____

Copy of legal paperwork is required if YES is checked.

Emergency Contacts: Must have address and phone number's of someone who can come to get your child if your child becomes ill or injured. These contacts must live within 30 minutes.

1.

Name	Address	Phone numbers	Relationship to Child
------	---------	---------------	-----------------------

2.

Name	Address	Phone numbers	Relationship to Child
------	---------	---------------	-----------------------

3.

Name	Address	Phone numbers	Relationship to Child
------	---------	---------------	-----------------------

Name of school my child attends: _____

Parent signature granting a qualified driver employed by Eatonville Early Learning Center, Inc. to transport my child to and from their school as needed.

Parent signature _____

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Child's Health Information

Child's Doctor, Address & Phone

Insurance name and policy number _____

Child's Dentist, Address & Phone

Allergies: Please list all items that cause a reaction including hives. List item and reaction. You must have a separate form if an allergy exists. Documentation from your child's doctor is required for any allergy.

Food:

Medications:

Any and all health concerns:

Date of last physical exam:

(Mandatory by state law; must include month, date and year and must be within last year)

Parent Signature and date:

All pages must be completed and turned into the office before your child can attend. One copy will stay in the office and the other copy will go with your child on any field trip.

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Consent to Medical Care and Treatment of Minor Children

I hereby give permission that my child, _____,

may be given emergency treatment by a qualified staff at Eatonville Early Learning Center, Inc. When I cannot be contacted I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an Emergency Care Center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

Parent/Guardian's Signature _____

Today's Date _____

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To Be Filled Out By Office Staff:

Reg. Fee Paid: _____

Date: _____

Cash or Check #: _____

Registration Form

Enrollment Date _____

School year _____

Child's Name _____ Age ____ Sex ____ Birth date _____

Mother/Guardian's Information	Father/Guardian's Information
Name: _____	Name: _____
Address: _____	Address: _____
Mailing Address: _____	Mailing Address: _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Cell Phone # _____	Cell Phone # _____
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I also give my permission for my child to be transported by ambulance or aid car to an Emergency Care Center for treatment.

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Dear Parents,

The form found on the next page will help us in the event of a disaster such as an earthquake or a tornado. We will use this information in the event that local phones lines are not available. We will call the person you list for us and let them know that all is well and ask them to contact you and let you know that all is well.

If you do not know someone out of state we ask that you list the name and phone number of someone as far away as possible. Thank you for your cooperation.

Chris Cox

Director

*****Please do not return this page to the center*****

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Disaster information form:

Child's Name _____ Birth date _____

Out of State contact name and phone number and relationship to child (please print)

We will contact this person in the event of an earthquake or other major disaster; you then can contact them to get information about your child. The phones in our area may not be able to call other local numbers.

Allergies: Food and all other sources of allergen reaction. (Example: cats, dogs, mold etc.)

Doctor's name and phone number _____

Date of last physical exam _____ (Must be within the past year)

Your name and phone number in the event that we can get through on local phone lines.

(We will try this number first then the out of state number) (Please print)

Parent or Guardian Signature _____

Today's Date _____

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**PHOTO RELEASE FORM FOR MINORS
(Please check all appropriate boxes)**

- I hereby give Eatonville Early Learning Center, Inc. permission to take photographs of the minor named below or photographs in which the minor may be involved with others for the purpose of promoting Eatonville Early Learning Center, Inc. I understand that the term “photograph” as used herein encompasses both still photographs and motion picture footage.
- I hereby release and discharge Eatonville Early Learning Center, Inc. from any and all claims arising out of the use of the photos, or any right that I or the minor may have.
- I do not give Eatonville Early Learning Center, Inc. permission to take photographs of the minor named below or photographs in which the minor may be involved with others for the purpose of promotion Eatonville Early Learning Center, Inc.

I, _____, am 18 or older, and am able to contract for the minor in the above regard. I have read the above statement and fully understand its contents.

Signature of guardian _____

Name of guardian (Please Print)

Address

Name of Minor (Please Print)

Address of Minor if different from guardian

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