



Youth Enrichment Services

ENROLLMENT APPLICATION

ENROLLMENT REGISTRATION INFORMATION

Parent Updates: _____
 (Signature) (Date)

Parent Updates: _____
 (Signature) (Date)

Parent Updates: _____
 (Signature) (Date)

School Code: _____

Date of Registration: _____

Date of Termination Status: _____

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian _____

List the family members your child lives with—include names and ages of siblings: _____

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

SCHOOL-AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____ Grade in School: _____

School Address: _____ School Phone: _____

School Start Time: _____ School End Time: _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian Initial _____

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the person(s) you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up.

Mandatory:

Name #1: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____
 Emergency Contact & Release Release Only

Optional:

Name #2: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____ Gov. Issue Photo ID Type: _____
Employer: _____ Employer's Address: _____
Work Phone/Extension: _____ Work Hours: _____
 Emergency Contact & Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

ENROLLMENT AGREEMENT

Please initial each section listed below, then sign and date the last page.

_____ TUITION and MODIFICATIONS CONDITIONS: \$8.00 per hour for the first three children and an additional \$10.00 per hour for every child thereafter is the current tuition rate for the program. I understand that rates are subject to change with reasonable notice as conditions require.

_____ PAYMENT: I understand that the daily rate is due and payable, in accordance with country club policy and procedure.

_____ CHARGES AND PROCEDURE FOR LATE PICK-UP: My club is open from _____ am to _____ pm, Tuesday through Saturday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

_____ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the country clubs attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the country clubs to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

_____ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly. If my child is exposed to or contracts a contagious disease, I agree to notify Clayton YES! staff and I understand that my child will be re-admitted with clearance from a health care provider.

_____ PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on country club property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

_____ HOLIDAYS: I understand that the country club will close on some holidays.

_____ ALL POLICIES & STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

_____ MEDICATION: I agree to authorize Clayton YES! staff to apply topical cream / ointment to my child in accordance with the manufacture's label or prescription and at my request. I further understand that Clayton YES! staff do not administer prescription and over-the-counter medication.

_____ TODDLER BITING: I understand that children may bite for many reasons and this behavior is expected. I also understand that it may be necessary for Clayton YES! staff to a parent, if your child bites more than three times in one day, it may be necessary to pick the child up for the day.

_____ PARENT HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

Parent/Guardian Initial _____

MEDICAL INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

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

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal custodian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____ I (we), _____ authorize, for emergency purposes only, a Clayton designated employee to transport the above minor by ambulance and consent to any necessary medical treatment.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent information: _____

MEDICAL HISTORY

1. Allergies (please check and list all that apply)

- Medications Reaction: _____
- Food Reaction: _____
- Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Please provide special instructions concerning any other illnesses, as necessary: _____

2. Chronic medical condition. Specify: _____

3. Special Dietary Needs: _____

4. Is your child able to walk? Yes No Explain: _____

5. Can your child effectively communicate his or her needs? Yes No Explain: _____

6. Is your child toilet trained? Yes No

Per state regulations, a written statement is required for waiver of immunization requirements.

Parent/Guardian Initial _____

CHILD PROFILE

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. What are the foods your child likes best?

Least?

5. Does your child take naps? Yes No How long?

6. Does your child need a favorite item (such as a blanket) for a nap? Yes No

If so, does your child have a special name for it?

7. What words are spoken in your house for toileting?

8. How does your child express anger or react to frustration?

9. Does your child have any particular fears?

10. How does your child react to change (such as being left by parents)?

11. How does your child comfort himself/herself?

12. What are your child's play interests (preference for creative, dramatic or construction play)?

13. How do you discipline your child?

14. How would you describe your child (personality characteristics)?

15. What do you enjoy the most about your child?

16. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

The information provided in this application was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Clayton YES! policies.

Name of Parent/Guardian: _____ Signature: _____

Relationship: _____ Date: _____

Name of Director: _____ Signature: _____

Date: _____

Infant Care and Feeding Instruction Sheet

(For Use until an Infant is Eating Table Food)

Parents and Caregivers: This form must be updated every 30 days until the child is eating table food.

Child's Name: _____		Date of Birth: _____				
What type of baby foods does your child consume? Update every 30 days. Please Date & Initial.						
	<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Breast Milk Bottle Warmed Yes No	Cereal	Fruits	Vegetables	Meats	Juice
Date:	# of ounces _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____
Initials:	Time(s) of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____
	<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Breast Milk Bottle Warmed Yes No	Cereal	Fruits	Vegetables	Meats	Juice
Date:	# of ounces _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____
Initials:	Time(s) of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____
	<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Breast Milk Bottle Warmed Yes No	Cereal	Fruits	Vegetables	Meats	Juice
Date:	# of ounces _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____
Initials:	Time(s) of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____
	<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Breast Milk Bottle Warmed Yes No	Cereal	Fruits	Vegetables	Meats	Juice
Date:	# of ounces _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____
Initials:	Time(s) of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____
	<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Breast Milk Bottle Warmed Yes No	Cereal	Fruits	Vegetables	Meats	Juice
Date:	# of ounces _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____
Initials:	Time(s) of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____
	<input type="checkbox"/> Formula Name: _____ <input type="checkbox"/> Breast Milk Bottle Warmed Yes No	Cereal	Fruits	Vegetables	Meats	Juice
Date:	# of ounces _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____	Serving Size _____
Initials:	Time(s) of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____	Time of day _____
Does your child have any food allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms to watch for: _____						
Your child will not be administered any type of diaper ointment without your written consent. Do we have permission to use:						
<input type="checkbox"/> Baby Powder Brand _____ <input type="checkbox"/> Diaper Rash Ointment Brand _____ <input type="checkbox"/> Lotion Brand _____ <input type="checkbox"/> Other _____						
Does your baby use a pacifier? <input type="checkbox"/> Yes <input type="checkbox"/> No Any special instructions regarding pacifier use? _____						
Your child will be placed on his/her back for sleep unless we receive a note from your physician otherwise.						
Any other helpful information you would like for us to know about your child? _____						

Parent's Signature _____

Date _____