

**WILDWOOD EARLY LEARNING CENTER**

16930 Manchester Road  
Wildwood, MO 63040 (636) 273-5000  
www.WildwoodEarlyLearningCenter.com

**CHILDCARE APPLICATION**

**2017-2018 SCHOOL YEAR**

**Child's Name** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
Last First Nickname

**Address** \_\_\_\_\_  
Street City State Zip

**Program:** Full Day Half-Day **Days to Attend:** Mon Tues Wed Thurs Fri

**Hours Enrolled (drop-off and pick- up times)**

Monday: from \_\_\_\_\_ to \_\_\_\_\_ Tuesday: from \_\_\_\_\_ to \_\_\_\_\_ Wednesday: from \_\_\_\_\_ to \_\_\_\_\_  
Thursday: from \_\_\_\_\_ to \_\_\_\_\_ Friday: from \_\_\_\_\_ to \_\_\_\_\_ **Admission Date:** \_\_\_\_\_

**Dietary restrictions:** None Vegetarian Other \_\_\_\_\_

**Does your child nap?** Yes No **Does your child use the bathroom independently?** Y N

**PARENT/GUARDIAN INFORMATION**

Married Single Separated Divorced Widow(er)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Home Cell Home Cell

Address \_\_\_\_\_ Address \_\_\_\_\_

Father Works? Yes No Mother Works? Yes No

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Hours \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACTS: other than parent or doctor that may act as agent of parent (must have two):**

1) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_  
Home Business/ cell  
Address \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_  
Home Business/ cell  
Address \_\_\_\_\_

**Persons authorized to take child from the facility. Anyone picking up your child must have picture ID**

Name \_\_\_\_\_ Name \_\_\_\_\_

*If you want to arrange for another person to pick up your child, please notify office.*

***Authorization for Emergency Medical Care:***

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Wildwood Early Learning Center to contact:

**Pediatrician** \_\_\_\_\_ **Group/Office** \_\_\_\_\_ **Phone** \_\_\_\_\_

For emergency treatment of my child, my preferred hospital is:

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

Has your child been stung by a bee or wasp?      Yes      No      If so, please describe the reaction: \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Group/Office** \_\_\_\_\_ **Phone** \_\_\_\_\_

***Comments on Child's Development:*** (note child's personal development, behavior patterns, habits, food/medicine allergies, other allergies, regular medications, any special health conditions, special language, etc)

***Trip Permission:***

I do     I do not      give permission to the staff of Wildwood Early Learning Center to transport my child to and from events off site throughout the school year. I understand I will be notified in advance when trips are planned and I will be given a specific permission slip. I hereby release, waive, and relinquish any and all claims, demands, suits, actions, damages, costs, expenses, or other liabilities, of every kind, which the Releasing Parties may have or claim to have against Wildwood Early Learning Center, their owners, directors, employees, agents, and all persons affiliated in any way with them (collectively, "Released Parties" ) as a result of any negligence or fault or alleged negligence or fault of any operator or any vehicle on which the child (student) is a passenger. I understand I am releasing the Released Parties from any claims resulting from the future negligence or fault of any of them.

***Picture Release:***

I do     I do not      give consent for photographs to be taken of my child during field trips and other center activities by center staff and by other parents participating in the program.  
 I do     I do not      give consent for photographs of my child to be used in Wildwood Early Learning Center website, Facebook page and/or in print advertising for the center. Children will not be identified by name.

***Water Activities:***

I do     I do not      give permission for Wildwood Early Learning Center to include my child in supervised water activities

***Agreements:***

- (A) I have received a copy of Wildwood Early Learning Center's Handbook.
- (B) I have read and accept this facility's policies pertaining to the admission, care and discharge of children.
- (C) I have been informed that a copy of licensing rules for child day care center in Missouri is available at this facility for review.
- (D) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.
- (E) When my child is ill, it is understood and agreed that he/she may not be accepted for care or remain in care.
- (F) A non-refundable enrollment fee is enclosed with this application and I have read and accept Wildwood Early Learning Center's policies pertaining to payment of tuition.
- (G) I agree to keep Wildwood Early Learning Center updated on any changes of information on the enrollment form.
- (H) I understand that Wildwood Early Learning Center will contact or notify me about any medical emergency, accident, injury, or at risk situation.
- (I) I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year.
- (J) I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

**Date:** \_\_\_\_\_ **Parent or legal guardian signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent or legal guardian signature:** \_\_\_\_\_