



## **Dreamers Child Care Enrollment Application**

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<b>Child's Full Name</b>	<b>Gender</b>	<b>Date of Birth</b>
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**Address**

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**Chronic Physical Problems / Pertinent Developmental Information / Special Accommodation Needed (if any)**

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**Previous Child Care Programs / Schools Attended**

### **PARENTS/GUARDIANS**

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<b>Father</b>	<b>Name of Employer</b>	<b>Business Phone</b>
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<b>Father's Home Address (if different from above)</b>	<b>Father's Email Address</b>	<b>Cell Phone</b>
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<b>Mother</b>	<b>Name of Employer</b>	<b>Business Phone</b>
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<b>Mother's Home Address (if different from above)</b>	<b>Mother's Email Address</b>	<b>Cell Phone</b>
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**Person(s) or Agency Having Legal Custody (if other than parent)**

## EMERGENCY INFORMATION

Local Emergency Contacts (Also Authorized for Pickup) - Please Provide At Least TWO:

1. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
\*\*Person(s) NOT Authorized to Pick Up Child (please provide appropriate paperwork)

### MEDICAL INFORMATION:

Child's Clinic: \_\_\_\_\_ Child's Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

### DENTAL INFORMATION:

Child's Clinic: \_\_\_\_\_ Child's Dentist: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
Allergies / Intolerance to Food / Medication (if any please complete attached Allergy Information Form)

## Program and Schedule

### Program Applying for Admittance (Please Select):

- ☐ Infant (6 weeks - 15 months)
- ☐ Toddler (15 months - 33 months)
- ☐ Pre-School (3 years - 4 years)
- ☐ Pre-Kindergarten (4 years - first day of school)
- ☐ School-Age (5 years - 12 years)

### Program Schedule (Please Select):

- ☐ Full-Time (7:00AM - 6:30PM)
- ☐ Part-Time (Fill Below)
- ☐ Half-Day (Fill Below)
- ☐ Flexible Schedule (Fill Below)

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### Attendance Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
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### Notes about schedule:

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**\*Please also complete attached 'Confirmation/Update of Children's Current Schedule' Form**

## AGREEMENTS

Please read and initial the following agreements.

- 1.\_\_\_\_\_ Dreamers Child Care agrees to notify the Parent/Guardian if their child becomes ill while at the center. Parent/Guardian agrees to pick-up or arrange for pick-up as soon as possible if requested by Dreamers Child Care staff.
- 2.\_\_\_\_\_ Parent/Guardian authorizes Dreamers Child Care to obtain immediate medical care if an emergency occurs and a Parent/Guardian cannot be located immediately. This authorization is not required by State Regulations if the Parent/Guardian raises and/or states any objection to provision of such care on religious or other such grounds.
- 3.\_\_\_\_\_ Dreamers Child Care herein states that tuition is charged at a fixed rate. No reductions will be permitted, unless provided by tuition assistance programs, including but not limited to: number of school days in a given week, number of days a child attends, vacation/holidays and etcetera.
- 4.\_\_\_\_\_ Parent/Guardian has read, understood and agrees to be bound by and adhere to ALL terms and conditions set forth in the Parent Handbook.
- 5.\_\_\_\_\_ Dreamers Child Care reserves the right to deny, sever, cancel or suspend a child's enrollment at any time, if deemed in the best interest of Dreamers Child Care.
- 6.\_\_\_\_\_ Dreamers Child Care herein reserves the right to update, change or alter this document in any way it deems in its best interest. Such updates may take place without automatic notification to parents.

## SIGNATURES

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Parent / Guardian

Date

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Center Administrator

Date

## Emergency Medical Authorization Form

Parents/Guardian authorizes Dreamers Child Care to obtain immediate care and consents to the hospitalization and/or the performance of necessary diagnostic tests or the use of surgery on, and/or the administration of drugs to his/her child if an emergency occurs when they cannot be located immediately.

It is also understood that this agreement covers only those situations which are true emergencies and only when Parents/Guardians cannot be reached. Otherwise they expect to be notified immediately.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Medical treatment costs will be covered by:

Insurance Policy Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance (if any):

Insurance Policy Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

No Insurance Coverage (check box) ☐

I/We will be responsible for medical care expenses

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Please Sign and Return this page to Dreamers Child Care office staff. Thank You.**

**By signing below, I affirm that I have read and reviewed in its entirety, the Parent Handbook document, and agree to consent fully and wholly. I understand and appreciate the fact that I will be bound to follow and conduct myself by ALL the terms and conditions put forth in the document.**

**Seen and agreed:**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**