

**Cuppycakes Early Learning Academy
5010 N Sheridan Ave. Chicago, IL 60640
Student Enrollment Information**

Admission Date _____

Withdrawal Date _____

Please Fill out **all** information completely, including all addresses.

Child Information

Date of child's 1st day (approx.)

Child's Last Name _____ First Name _____

Middle Name _____

Gender _____ Age _____ Date of Birth _____

Social Security Number _____

Home Address _____

Parent/Legal Guardian(s): _____

If your child is under 5, are they () Potty Trained () In Pull-ups

If your child is over 5 and attends school, please specify school name _____

Parent Information

Parent 1

() Mother () Father () Other

Last Name _____

First Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____

Work Address _____

E-Mail Address _____

Parent 2

() Mother () Father () Other

Last Name _____ First Name _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Address _____

E-Mail Address _____

Emergency Information (Must have doctor's name and phone number)

Family Doctor

Name _____

Address _____

Phone Number _____ Office Hours _____

Family Dentist

Name _____

Address _____

Phone Number _____ Office Hours _____

Emergency Contacts (list at least 3 not including parents)

1. Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Authorized Pick-Ups (must have complete addresses)

Only the people listed will be allowed to pick up your child. Include parents.

1. Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Medical Information

Does your child have any physical limitations, mental health disorders, mental retardation, developmental disabilities, or behavior disorders which could limit or challenge the child's participation in the center's programs and activities? () Yes () No

If yes, specify: _____

Are there any special instructions in caring for your child? () Yes () No

If yes, specify: _____

Allergies

Does your child have allergies (insect, seasonal, medications, foods, etc.)?

() Yes () No If yes, specify:

Please list any foods that your child may be allergic or sensitive to as our center nutritionist uses this information. Please note that a doctor's note and/or allergy form will be required. Parents may be required to bring in meals from home depending on the allergy and severity.

Food List: _____

Allergic reaction that occurs when ingested: _____

Does your child have an epipen? () Yes () No

If there are any special instructions concerning your child's allergies or allergic reactions, please specify _____

Your child's health, welfare, and safety are the primary concerns of the staff members at Cuppycakes Early Learning Academy. The information requested is very important to ensure that your child receives the necessary care required for them.

Vehicle Emergency Medical Information

We realize that the information requested below has been given on previous pages, however it is important that you complete this form in its entirety. This form is to be removed and given to paramedics in the unlikely event of a medical emergency.

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

In case of an emergency and parents cannot be reached, contact:

Name _____ Relationship to Child _____

Cell Phone _____ Work Phone _____

Child's Doctor Name _____ Phone _____

Child's Allergies _____

Current Prescribed Medication _____

Child's Special Needs and Conditions _____

In the event of an emergency involving my child, and if Cuppycakes Early Learning Academy is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of any incidents requiring professional medical attention involving my child.

Child's Name _____

Parent or Legal Guardian Signature _____ Date _____

Parental Agreements with Cuppycakes Early Learning Academy

Enrollment Information: My child is normally in attendance at the facility between the hours of _____ am/pm to _____ am/pm on the following days: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

My child will normally receive the following meals while in care: (Circle all that apply)

AM Snack Lunch PM Snack Extra snack(if attending more than 8 hours)

1. Cuppycakes Early Learning Academy agrees to provide child care for _____ (child's name) on Monday through Friday, 7:00 AM to 6:30 PM. My child will be allowed to participate in the following meal plans: Morning snack(9:30am) Lunch (11:30 am), and Afternoon snack (3:00 pm).
2. Before any medication is dispensed to my child, I will provide written authorization, which includes date, name of child, name of medication, prescription number, if any, dosage, and date and time medication is to be given. Medication will be in original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by myself, the parent, person authorized by the parent, or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child physician, child's health status, infant feeding plans, immunization records, etc.)
5. The facility agrees to keep me informed of any incidents, including illnesses, any injury, adverse reaction to medications, etc. that involve my child.
6. The facility agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.
7. I acknowledge that it is my responsibility to follow all policies & procedures. I acknowledge that Cuppycakes Early Learning Academy has the right to terminate my child care contract at any time, for any reason, including but not limited to: the parent regularly breaks the rules, the parent is disruptive or difficult to deal, the child is disruptive or difficult to manage (Cuppycakes Early Learning Academy does not discriminate against the parent's or child's race, sex, religion, ethnic background, national origin or disability).
8. I have received a copy, read, and agree to abide by the policies and procedures for Cuppycakes Early Learning Academy

Signed _____ Date _____

(Parent or Legal Guardian)

Authorization to Dispense External Preparations 590-1-.20(1)

Parental Authorization: Except for first aid, personnel shall not dispense prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; dates to be given; the time of day to be dispensed; and signature of parent.

I give Cuppycakes Early Learning Academy permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Child's Name _____

Parent/Guardian Signature _____ Date _____