

**Garden Lakes Christian Academy**  
**2517 North 107<sup>th</sup> Avenue**  
**Avondale, Arizona 85323**  
 (623) 936-9147

### **Child Enrollment Form**

**For Office Use Only:** Date submitted \_\_\_/\_\_\_/\_\_\_ Date enrolled \_\_\_/\_\_\_/\_\_\_ Date withdrawn \_\_\_/\_\_\_/\_\_\_

Complete all information on the Child Enrollment Form. Please print throughout the form for clarity. Incomplete forms will **not** be processed.

**Enrollment Information:**

I am requesting that my child be enrolled at Garden Lakes Christian Academy in the following program:

Young Toddler                       Toddler                       Preschool                       PreK  
 18 months – 24 months              2 years                      3 years – 4.5 years              4.5 – 5 years

My child will attend the center on the following days and times: (Initial enrollment)

Monday \_\_\_\_\_ to \_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_ Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_ .

**Full time students must be enrolled for a minimum of three full days per week. Part-time care is only available if children are enrolled five days per week.**

**Child's Information:**

Child's full name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Nickname if appropriate \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ (optional)

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Relationship of child's parents:** Please circle one that applies.

Married               Divorced               Legally separated               Single – same or different household

**Parent or Legal Guardian Information:**

**Mother or guardian's name** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Custodial parent?** Yes No (Non-parent guardians must submit guardianship papers.)

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ License Plate # \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Days/hours of employment: \_\_\_\_\_

Father or guardian's name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

**Custodial parent?** Yes No (Non-parent guardians must submit guardianship papers.)

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ License Plate # \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Days/hours of employment: \_\_\_\_\_

**Step-parent Information: (If applicable)**

Is there a step-parent who resides in your child's primary residence? Yes No

If so, please provide full name: \_\_\_\_\_

**Authorization for Child Release:**

For the safety and security of your child, children will only be released to custodial parents or legal guardians identified in enrollment information. However, should an emergency arise and you cannot bring or pick-up your child from the center, please identify and provide your signature below for those adults you authorize to be local contacts to take physical custody of your child. **Only adults authorized by the parent or legal guardian will be allowed to admit or release a child from the center.** These persons will be asked to present picture identification and provide their signature on the Center's daily sign out sheet.

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**Health Care Information:**

Parents/guardians **must** complete the "Emergency Information and Immunization Record Card" (blue card) as part of the enrollment packet. Please be sure that you provide **all** information requested and **answer each question** to the best of your ability. Staff will use this information to provide quality care for your child and to insure that their health needs are met. You must attach an official copy of your child's current immunization record as documented by your health care provider. Children must have received all age-appropriate immunizations as required by the Arizona Department of Health Services before they may enroll in the center.

If you wish for your child to be exempt from the immunization requirements, please complete the form "Request for Exemption to Immunization, Child Care Facilities," attach copies of lab results, and/or have your physician sign the form.

**Child's Medical History:**

When was your child's last **complete** physical? Date: \_\_\_\_\_

Has your child had a vision or hearing screening? \_\_\_\_\_ If yes, what were the results? \_\_\_\_\_

What childhood communicable diseases or repeated illness has your child experienced? (Measles, mumps, strep infections, ear infections, asthma, allergies, etc.)

Has your child ever had any surgery or serious illness? Please indicate dates and explain the nature of the surgery or illness:

Does your child have a physical disability or prolonged medical condition? Please explain.

Does your child experience any allergies? \_\_\_\_\_ If yes, please list what triggers a reaction and how it manifests itself. (Rash, asthma, hives, difficulty breathing, etc.)

Does your child receive prescription medication on a regular basis? \_\_\_\_\_ Nebulizer? \_\_\_\_\_

Type and frequency: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**Medical Contact Information:**

FAMILY DOCTOR \_\_\_\_\_ Phone # \_\_\_\_\_

Office address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DENTIST \_\_\_\_\_ Phone # \_\_\_\_\_

Office address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HEALTH INSURANCE COMPANY \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Parent Authorization for Emergency and Medical Care:**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I have been informed and agree to the following medical procedures:

1. In case of illness, I will be called and required to pick up my child immediately.
2. In case of simple injury (such as scrapes, splinters, etc.) I understand that the center's staff will perform routine hygienic measures, such as washing wounds and applying Band-Aids. Staff currently trained in the basics of first aid/CPR will administer first aid treatment.
3. In cases requiring the attention of a physician (such as stitches or x-ray) I understand that I will be called immediately. If I, or my emergency contacts cannot be reached, I give my permission for my child's physician, Dr. \_\_\_\_\_ to be called and for that doctor to provide the necessary treatment. I agree to assume financial responsibility for such treatment.
4. In case of medical emergency, I will be called immediately. However, if I cannot be reached, I hereby authorize the program to contact persons listed below. If circumstances require, emergency rescue will be called to treat and/or transport the child to the nearest hospital. In the event hospitalization is required, I give my permission for my child to be hospitalized and treated by a qualified physician. I agree to assume financial responsibility for such treatment.

Parent/guardian's name (please print) \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contacts: (in order to be contacted)**

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

**Photo/Video Release**

I give permission for my child to be photographed, tape recorded, or videotaped by the staff at Garden Lakes Christian Academy when involved in center activities, including classroom programs and special events. Use of child's photo will be for materials for promotion of the Early Childhood Education Program, posting such as in craft and art type projects and/or audiovisual productions for school use.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

---

**Billing Payment Agreement**

I, \_\_\_\_\_, understand that I will be held solely responsible for payment of childcare charges accrued during my child's enrollment at Garden Lakes Christian Academy. I understand that determination of my charges will be based on the child care rates in effect during my child's enrollment, and that I will be expected to pay charges in advance of services in order to maintain my child's enrollment status. I understand failure to pay charges will result in loss of childcare and/or additional fees.

Signature of person responsible for payment: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidential**

**Garden Lakes Christian Academy**  
**2517 North 107<sup>th</sup> Avenue**  
**Avondale, Arizona 85323**  
**(623) 936-9147**

## ***Child's Profile and Developmental History***

The staff at Garden Lakes Christian Academy is committed to providing quality care and education to each child enrolled in our program. The following information will assist us in guiding your child's development and educational experiences at Garden Lakes Christian Academy.

**Child's First and Last Name:**

\_\_\_\_\_

Child's Family Information:

Name and age of siblings (or step-siblings) living with your child:

Name

Age

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Other persons living in the home:

Name

Relationship

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

List any pets in the home:

\_\_\_\_\_

Child's Developmental History:

Age at which child:    \_\_\_\_\_ Sat alone    \_\_\_\_\_ Crept on hands and knees    \_\_\_\_\_ Walked  
                          \_\_\_\_\_ Slept thru night    \_\_\_\_\_ Named simple objects    \_\_\_\_\_ Repeated short sentences  
                          \_\_\_\_\_ Dressed himself    \_\_\_\_\_ Used eating utensils    \_\_\_\_\_ Began toilet training

Is your child toilet trained? \_\_\_\_\_ Does your child have any problems with urination, bowels, or toileting?

If yes, please specify: \_\_\_\_\_

What words does your child use for urine/bowel movements? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

Does your child need help eating? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods your child dislikes: \_\_\_\_\_

Does your child need help dressing? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ Typical length of nap: \_\_\_\_\_ Ways to help your child nap comfortably: \_\_\_\_\_

Is English your child's primary language? \_\_\_\_\_ If not, what is? \_\_\_\_\_

Describe your child's language and communication skills: \_\_\_\_\_

Describe your child's general physical motor skills: \_\_\_\_\_

Does your child have any special fears or concerns? \_\_\_\_\_

Please describe discipline techniques used at home: \_\_\_\_\_

Please describe your child's preferred play activities: \_\_\_\_\_

Favorite toys: \_\_\_\_\_

Please describe your child's personality and temperament: \_\_\_\_\_

Are there religious or family/cultural traditions your child observes? \_\_\_\_\_ If so, please specify:

Please describe any unique circumstances in your family or child's life that may affect your child's current behavior. (For instance, new sibling, a recent move, problems with child care arrangements, death in the family, illness or hospitalization, parent separation or divorce, etc.)

---

---

---

What do you hope your child gains from enrollment in our program? \_\_\_\_\_

---

---