

Application for Enrollment

The Adele P. Glen Academy for Early Childhood Education Academy

Richland Community College | One College Park | Decatur, Illinois 62521



Date _____

All information is confidential. We cannot share in any information you provide without your written permission.

Child's Name Last First M.I. Birthdate Sex

Parent/Guardian's Information

Last First RCC ID #

Home Address

City State Zip

Home Phone Cell Phone Work Phone

Place of Employment

Last First RCC ID #

Home Address

City State Zip

Home Phone Cell Phone Work Phone

Place of Employment

Primary Custodian/s: Mother Father Legal Guardian Married Parents

Is non-custodial parent allowed to access or pickup child? Yes No

If yes, list name of non-custodial parent: _____

Emergency Contacts

Please list two people to contact if Parent/Guardian cannot be reached

Last First Relationship to Child

Street Address

City State Zip

Home Phone Cell Phone Work Phone

Last First Relationship to Child

Street Address

City State Zip

Home Phone Cell Phone Work Phone

Physician to Contact

Physician's Name Phone Number Address Hospital or Clinic

Health of Child

Please explain any of the following that concern your child. Mark "no" or "none" if your child does not have any of the below conditions.

Do not leave blank.

Medical Conditions _____

Physical Handicaps _____

Restrictions for Play _____

Allergies _____

Asthma _____

Food Likes _____

Food Dislikes _____

Fears _____

Is your child toilet trained? Yes No

Does your child have special names for common objects? (potty, cookies, drinks, etc.) _____

Does your child take medications regularly? _____ If so, what kind and frequency _____

Other information that you feel would be helpful _____

What program option are you interested in? 5 days a week 3 days a week 2 days a week

Parent/Guardian Signature

Signature of Parent/Guardian Date

Signature of Director Date

Signature of Parent/Guardian Date