



SIMON SAYS EARLY CHILDHOOD CENTER ENROLLMENT FORM

SOCIAL SECURITY NUMBER	ID #	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME (LAST, FIRST, MI)		GENDER	DATE OF BIRTH

ADDRESS (STREET, CITY, STATE, ZIP)

IDENTIFYING INFORMATION

WHO IS PRIMARY PERSON RESPONSIBLE FOR PAYMENT? _____ SECONDARY RESPONSIBILITY? _____

REGISTERED ST. SIMON THE APOSTLE CATHOLIC CHURCH PARISHIONER (Please circle): YES NO

PARENT'S MARITAL STATUS (Please circle): SINGLE MARRIED DIVORCED SEPARATED WIDOWED

MOTHER'S/GUARDIAN'S NAME (LAST, FIRST, MI)	DATE OF BIRTH	HOME PHONE
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ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE	CELL PHONE
	E-MAIL

EMPLOYER OR SCHOOL ATTENDING	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE
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FATHER'S/GUARDIAN'S NAME (LAST, FIRST, MI)	DATE OF BIRTH	HOME PHONE
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ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE	CELL PHONE
	E-MAIL

EMPLOYER OR SCHOOL ATTENDING	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE
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EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE ADDITIONAL EMERGENCY CONTACT IS REQUIRED

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		

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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND:	PRESCHOOL	LATCHKEY		WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
MON		AM	PM	
TUES		AM	PM	
WED		AM	PM	
THURS		AM	PM	
FRI		AM	PM	

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH 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 AUTHORIZE SIMON SAYS EARLY CHILDHOOD CENTER TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	PHONE
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PREFERRED HOSPITAL

NAME	PHONE
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ALLERGIES (Please circle which apply)

BEE STING CATS DOGS FISH LATEX MILK PEANUTS PENICILLIN POLLEN	OTHER (Please specify)
SEASONAL SENSITIVE SKIN WHEAT NO KNOWN ALLERGIES	

ANY KNOWN MEDICAL CONDITIONS

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POTTY TRAINING STATUS (Please circle which applies)

<input type="checkbox"/> IN DIAPERS <input type="checkbox"/> IN TRAINING <input type="checkbox"/> FULLY POTTY TRAINED

COMMENTS ON CHILD'S DEVELOPMENT

(NOTE CHILD'S PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, AND INDIVIDUAL NEEDS)

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ACKNOWLEDGEMENTS

A	I HAVE BEEN NOTIFIED THAT A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN IS MAINTAINED ON THEIR WEBSITE (www.simonsayssecc.com).	PARENT/GUARDIAN INITIALS
B	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS
C	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
D	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.	PARENT/GUARDIAN INITIALS
E	I UNDERSTAND THAT I MUST GIVE PERMISSION FOR FIELD TRIPS/EXCURSION AND THAT I WILL BE NOTIFIED, IN ADVANCE, WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
F	I GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
G	I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED.	PARENT/GUARDIAN INITIALS
H	I GIVE MY CONSENT TO INCLUDE PHOTOGRAPHS OF MY CHILD ON THE SIMON SAYS EARLY CHILDHOOD CENTER OR ST. SIMON THE APOSTLE CATHOLIC CHURCH WEBSITES.	PARENT/GUARDIAN INITIALS
I	MY INFORMATION CAN BE INCLUDED IN THE SIMON SAYS BUZZBOOK.	PARENT/GUARDIAN INITIALS
PARENT'S/GUARDIAN'S SIGNATURE		DATE
FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
FOURTH ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
FIFTH ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE