

COVENANT ACADEMY EARLY LEARNING CENTER

APPLICATION FOR ENROLLMENT

Child's Full Name _____ Date of Pre-enrollment Visit _____
Address _____ Date of Enrollment _____
Birthdate _____

PARENTS:

Mother's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Email address: _____ Work Hours: _____

Father's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Email address: _____ Work Hours: _____

If parents are separated or divorced, who has custody? _____

PICK-UP (TRANSPORTATION) PLAN:

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. (If no adult other than parents/guardians is acceptable, please write "none.")

EMERGENCY CONTACTS:

Name of person(s), other than parents/guardians, authorized to act for parents/guardians in an emergency.

Address _____ Address _____
Phone _____ Phone _____

PHYSICIAN:

Name _____ Office Phone _____
Address _____ Home Phone _____

OTHERS IN HOUSEHOLD:

INTERACTION WITH OTHERS:

List the ways your child plays at home: _____

Does he/she play with other children? _____ How well? _____

EATING HABITS:

At what time does your child eat breakfast? _____ lunch? _____ dinner? _____

Between-meal snacks? _____ Does your child feed him/herself? _____

What is your child's general attitude about eating? _____

If he/she refuses to eat, how is this handled and by whom? _____

Favorite foods? _____

Disliked foods? _____

Any food allergies? _____ If so, please list _____

SLEEP HABITS:

Sleeps alone? _____ With other children? _____ Rooms with parents? _____

At night sleeps from _____ to _____ Average number of hours _____

Naps from _____ to _____ Average number of hours _____

Attitude toward naps _____

If there is difficulty, how is this handled? _____

Habits associated with naps _____

Does he/she wet the bed during naptime? _____ If so, how is this handled? _____

TOILETING HABITS:

Does he/she tell you when needs to go to bathroom? _____ Can he/she manage clothing? _____

What word does he/she use for urinating? _____ for bowel movement? _____

SPEECH AND PHYSICAL GROWTH:

Does he/she talk well? _____ fairly well? _____ not very well? _____ not at all? _____

Does someone read to child? _____ How regularly? _____

How active is your child? Very _____ Moderately _____ Not very active _____

Is your child: Very outgoing _____ Moderately outgoing _____ Shy? _____

Please give any other information you would like us to know: _____

- IN SIGNING BELOW, I HEREBY:**
- (1) authorize emergency medical care
 - (2) acknowledge that I have reviewed the agency's written policies
 - (3) acknowledge that I received the DOE summary of approval rules
 - (4) give permission to use photos of my child in advertising for ELC

Signature of Parent/Guardian: _____ Date: _____