Application for Enrollment

Infant & Toddler Program | Typical Inclusion Program

To be completed and placed on file prior to enrollment

Name of Child _____ Birth Date _____
(Last) (First) (MI) (Nickname)
Ethnicity_____ Male____ Female _____

Address _____ Zip Code _____

County of Residence_____With whom does the child reside? _____

INFORMATION ABOUT THE FAMILY:

Parent/Guardian's Name_____ Home Phone _____
Address_____ Zip Code _____
Where Employed _____ Business Phone _____
Email Address _____

Parent/Guardian's Name_____ Home Phone _____
Address_____ Zip Code _____
Where Employed _____ Business Phone _____
Email Address _____

Insurance Provider _____Policy # _____
Medicaid # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies/special medical concerns? _____
_____
_____

Child's Diagnosis (if applicable): _____
_____
_____

Please give any information concerning your child's needs which will be helpful. _____
_____
_____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____
Address _____
Hospital preference_____ Phone _____

If neither parent (or guardian) can be contacted, call (please list relationship):

Name_____ Home # _____ Work # _____
Name_____ Home # _____ Work # _____
Name_____ Home # _____ Work # _____

AUTHORIZED PICK-UP:

Please give the **names and phone numbers** of all persons to whom the child can be released. If someone other than a legal parent/guardian comes to pick up a child, they will be asked to provide proper identification. Child will only be released to persons listed.

_____ _____

_____ _____

_____ _____

The Centers for Exceptional Children
APPLICATION AGREEMENT

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

NOTE: I understand that my child's therapeutic services (physical therapy, occupational therapy, speech/language therapy) must be transferred to The Centers for Exceptional Children as a condition of enrollment.

My signature indicates that I have received, read and understand the information outlined in:

- ☐ Parent Handbook
- ☐ Enrollment Policies and Fee Schedule

_____ _____

(Signature of Parent) (Date)

I, as the operator of the program, do agree to contact EMS/911 in the event of emergency. I (or other appropriate staff) will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

_____ _____

(Signature of Executive Director) (Date)

For office use only

Funding Source **Registration paid_____**

____ DSS ____ Smart Start ____ Private Pay **Deposit paid_____**

COPY ON FILE: Birth Certificate____ Social Security Card____ Insurance Card____ Medicaid Card____

Enrollment is authorized by:

_____ _____

Signature of Executive Director Signature of Program Director