



**Walking By Faith Learning Center
12505 Elmendorf Pl, Denver CO 80239**

Enrollment Application

Admission Date _____ Withdrawal Date _____

_____ Please Fill out **all** information completely, including all addresses.

Child Information

Date of child's 1st day (approx.) _____

_____ Child's Last
Name _____ First Name _____ Middle Name _____ Sex _____
Age _____ Date of Birth _____ Social Security Number _____

Living Arrangement: Both Parents Mother Father Other _____ Home Address _____
Home Phone _____

_____ Legal Guardian(s): Both Parents Mother Father Other _____ If your child is under 5, are they Potty Trained In Pull-ups (if over 2) In Diapers (if under 2) If your child is over 5 and attends school, please specify school name _____ Do you want to sign up for internet viewing for \$10.00 per month? Yes No

Parent Information

Parent 1

Mother Father Other _____

Last Name _____ First Name _____
_____ Home Address _____
_____ Home Phone _____
_____ Cell Phone _____ Work Phone _____

Employer _____ Work Address _____ E-Mail Address _____

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Parent 2

() Mother () Father () Other _____

Last Name _____ First Name _____
_____ Home Address _____



Home Phone _____ Cell Phone _____ Work Phone _____
_____ Employer _____ Work _____
Address _____ E-Mail _____
Address _____
—

Emergency Information (Must have doctor's name and phone number)

Family Doctor

Name _____ Address _____
_____ Phone Number _____
_____ Office Hours _____

Family Dentist

Name _____
Address _____ Phone Number _____
_____ Office Hours _____

Emergency Contacts (list at least 3 not including parents)

1. Name _____ Relationship _____
Address _____
_____ Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____
Address _____
_____ Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____
Address _____
_____ Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship _____
Address _____
_____ Home Phone _____ Work Phone _____ Cell Phone _____

Authorized Pick-Ups (must have complete addresses)

Only the people listed will be allowed to pick up your child. Include parents.

1. Name _____ Relationship _____
Address _____

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Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____
Address _____
_____ Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____
Address _____
_____ Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship _____
Address _____
_____ Home Phone _____ Work Phone _____ Cell Phone _____

Child's Medical Information

Does your child have any physical limitations, mental health disorders, developmental disabilities, or behavior disorders which could limit or challenge the child's participation in the center's programs and activities? Yes No

If yes, specify: _____

Are there any special instructions in caring for your child? Yes No If yes, specify:

Allergies

Does your child have allergies (insect, seasonal, medications, foods, etc.)?

Yes No If yes, specify: _____

Please list any foods that your child may be allergic or sensitive to as our center nutritionist uses this information. Please note that a doctor's note and/or allergy form will be required. Parents may be required to bring in meals from home depending on the allergy and severity.

Child's Name _____ Food List:

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Allergic reaction that occurs when ingested: _____

Does your child have an epipen? Yes No

If there are any special instructions concerning your child's allergies or allergic reactions, please

specify _____

Your child's health, welfare, and safety are the primary concerns of the staff members at Walking By Faith Learning Center. The information requested is very important to ensure that your child receives the necessary care required for them.

Vehicle Emergency Medical Information

We realize that the information requested below has been given on previous pages, however it is important that you complete this form in its entirety. This form is to be removed and given to paramedics in the unlikely event of a medical emergency.

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Home Phone _____
_____ Work Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

In case of an emergency and parents cannot be reached, contact:

Name _____ Relationship to Child _____

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Cell Phone _____ Work Phone _____

_____ Child's Doctor Name _____ Phone _____

_____ Child's Allergies
_____ Current
Prescribed Medication _____

Child's Special Needs and Conditions _____

In the event of an emergency involving my child, and if Walking By Faith Learning Center is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of any incidents requiring professional medical attention involving my child.

Child's Name _____

Parent or Legal Guardian Signature

_____ Date _____

Parental Agreements with Walking By Faith Learning Center

Enrollment Information: My child is normally in attendance at the facility between the hours of _____ am/pm to _____ am/pm on the following days: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday

My child will normally receive the following meals while in care: (Circle all that apply)

Breakfast Lunch PM Snack



1. Walking By Faith Learning Center agrees to provide childcare for _____ (child's name) on Monday through Friday, 6:00 AM to 6:00 PM. My child will be allowed to participate in the following meal plans: Breakfast (served between 7:30 until 9:00 am), Lunch (served at 11:00 am until 12:00pm), and Afternoon snack (3:15 pm). NOTE: Students Can provide their own lunch on Fridays (optional) .
2. Before any medication is dispensed to my child, I will provide written authorization, which includes date, name of child, name of medication, prescription number, if any, dosage, and date and time medication is to be given. Medication will be in original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by myself, the parent, person authorized by the parent, or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child physician, child's health status, infant feeding plans, immunization records, etc.)
5. The facility agrees to keep me informed of any incidents, including illnesses, any injury, adverse reaction to medications, etc. that involve my child.
6. The facility agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.
7. I acknowledge that it is my responsibility to follow all policies & procedures. I acknowledge that Walking By Faith Learning Center has the right to terminate my child care contract at any time, for any reason, including but not limited to: the parent regularly breaks the rules, the parent is disruptive or difficult to deal with, the child is disruptive or difficult to manage (Walking By Faith Learning Center does not discriminate against the parent's or child's race, sex, religion, ethnic background, national origin or disability).
8. I have received a copy, read, and agree to abide by the policies and procedures for Walking By Faith Learning Center.

Signed _____ Date _____
(Parent or Legal Guardian)



Authorization to Dispense External Preparations

590-1-.20(1)

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; dates to be given; the time of day to be dispensed; and signature of parent.

I give _____ permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Child's Name _____

Parent/Guardian Signature _____ Date _____



Registration, Pick Up, Tuition Fees

Approximate Time of Arrival (Within ½ hour / before 10:00am cut-off time): _____

Unless prior arrangements are made with the director.

Approximate Time Of Pick-Up (Within 15 min before closing at 6:00pm*)

A late fee of \$1.00 for every (1) minute that you are late picking up your child/children after 6:00pm. The fee will be due the next day when your child is dropped off.

I understand that these days are reserved for child and tuition is due whether or not my child is in attendance!

Registration fee: A onetime \$80.00 is due at the time of application submission. This is, **Non-Refundable**.

Tuition: Is to be paid in advance as follows:

- A. Every Friday for the following week (or a late charge of \$25.00 will be added to your bill).
- B. Co-payments are due at the end of each month.
- C. Bi-weekly payments are due every other Friday.

Print Name: _____

Signature: _____

Date: _____



Authorized Permission

I/We hereby grant permission for my child/children to use all of the playground equipment, watch TV and videos, and participate in all activities at Walking By Faith Learning Center. ___Yes ___No

I/We grant permission for my child/children to be **included in pictures** connected with Walking By Faith Learning Center. ___Yes ___No

I/We hereby permission for my/our child/children _____, to go on field trips away from the premises of the center, either on foot or by vehicle which are supervised by the staff members of Walking By Faith Learning Center.

Signature: _____

Parent Legal Guardian

Date: _____

Start/Change/Termination Date _____



Financial Responsibility

Two weeks' notice is mandatory prior to leaving the childcare center. You will be charged if the notice agreement is not fulfilled. You shall also be held liable for expenses assessed in connection with the collection fee (i.e., attorney). If this should occur jurisdiction will be appropriate in Colorado and venue properly in the county of Denver.

By signing bellow, I/We hereby have read and understand the above policies and procedures and also understand that I/We are the individuals financially responsible for payment.

_____ Signature

Parent/Guardian Date Signature Parent/Guardian Date Center's Personnel Policies
and Procedures

Disciplining

The discipline act used here at the childcare center is redirection. For example, If your child is not doing what they need to be doing; instead of time out away from class and the other children, the teacher will redirect the child on what the child needs to do in the class. This means calmly talking to the child to find out what the problem is. In all areas if you have a problem with a child, please speak with the director before you talk to another teacher or to the parents.

The director shall not use, nor permit an employee corporal punishment and any other humiliating or frightening techniques are prohibited. Punishment must not be associated with food, rest, isolation, or toilet training.

*****NEVER** discuss the problem of a child with another child's parents*** I,

_____, Parent/guardian of _____,

Have read and understand the policies and procedures of Walking By Faith Learning Center. If I have any questions/concerns, I understand that I can address them with the childcare center director.

_____ **Parent/Guardian**

Signature Date

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Contract Agreement & Acknowledgement

I/We hereby acknowledge that I/We have read this agreement and that I/We are fully aware of the contract agreement and other requirements of the minimum standard for Day-Care centers as currently issued by the STATE OF COLORADO.

Signature: _____ Print Name: _____ Date: _____

Signature: _____ Print Name: _____ Date: _____
