

ENROLLMENT, EMERGENCY INFORMATION AND AUTHORIZATION FOR TREATMENT & TRANSPORTATION

Peace Early Learning Center ~ 5675 Field Street, Arvada, Colorado 80002 ~ ELC (303) 431-4494 ~ Fax (303) 940-7683

2020-2021 School Year Date of Enrollment: _____

Child Information Last Name: _____ First: _____

Middle: _____ Nickname: _____ Gender: M / F Date of Birth: ____/____/____

Child's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent/Guardian Information (If Different From The Child's)

Name:	Name:
Relationship:	Relationship:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Employer:	Employer:
Employer Phone:	Employer Phone:
Employer Address:	Employer Address:

Special Instructions for Reaching Parent or Guardian: _____

Emergency Contacts (Other than Parents/Guardians listed above):

Name	Relationship	Phone	Address

Authorized People to Pick Up Child (Other than parents/Guardians/Emergency Contacts)

Name	Relationship	Phone	Address

The information provided above is true and accurate and I give my permission for the Early Learning Center Staff to release my child to the individuals listed above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Fill Out **BOTH** Sides Please!)

Child's Last Name: _____ First Name: _____

Medical Insurance Does your child have a health care plan ? Yes / No

*If yes, the health care plan (a copy of your insurance card) must be provided on or before the first day the child is in care.

Insurance Company: _____

Group #: _____ Policy #: _____ Expiration Date: _____

Doctor Information Name: _____ Phone: _____

Address: _____

Dentist Information Name: _____ Phone: _____

Address: _____

Hospital of Preference (Please check one)

- ___ Children's Hospital, 13123 E 16th Ave Aurora CO 80045
- ___ Children's Urgent Care 469 W State Highway 7 Broomfield, CO 80023 (720) 777-1340
- ___ Children's Hospital, 1811 Plaza Drive Highlands Ranch, CO 80129 (720) 478-1234
- ___ Lutheran Medical Center, 8300 West 38th Avenue, Wheat Ridge, CO 80033 303-425-4500
- ___ Kaiser Permanente Affiliate, Children's Hospital Colorado, 1835 Franklin Street, Denver, CO 80218 720-777-1360
- ___ Other _____

Health History

Allergies/Reactions _____

Chronic Illnesses/Special Needs _____

Operations or serious injuries (dates) _____

Physical or Dietary limitations: Yes / No Describe if yes. _____

Is the child on any medications? Yes / No _____

If yes, please describe _____

Is your child fully immunized ? Yes / No

****Completed immunization records must be provided on or before the first day the child is in care.

Photography At Peace Early Learning Center: By enrolling your child at Peace Early Learning Center, you give permission for photos of your child's activity in the Early Learning Center to be taken and used for learning, promotional or historical purposes. When used for promotional purposes, names will be omitted.

Nap Cots: I give permission for my child to rest on a cot provided by Peace Early Learning Center.

Participant Waiver: I give my permission for the child listed above to participate in all learning experiences at Peace Early Learning Center, including but not limited to classroom instruction, chapel, indoor and outdoor experiences, on and off campus experiences. I will assume full responsibility for the medical care of my child for any injury incurred during participation in the Peace Lutheran Early Learning Center.

Electronic Key: I agree to notify Peace if my electronic key becomes lost or misplaced. I also agree to pay the fee if I do not return the key by my child's last day of school. I will not allow others access to the building when using my key. I agree to the full policy in the Parent Handbook.

Authorization For Emergency Medical Care And Transportation: I hereby give my permission to Peace Early Learning Center to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care including transport to the nearest health care facility for my child, listed above. It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed. Treatment, however, will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

I agree to abide by all policies of Peace Early Learning Center, including financial obligations.

The information provided above is true and accurate and I agree to the statements listed above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Fill Out **BOTH** Sides Please!)