

APPLICATION FOR ENROLLMENT

CENTER :

- | | |
|---|--|
| <input type="checkbox"/> Oak Creek Center | <u>Greenfield Schools:</u> |
| <input type="checkbox"/> Southside St. Jude Center | <input type="checkbox"/> Edgewood Elementary School |
| <input type="checkbox"/> Downtown St. Paul Center | <input type="checkbox"/> Elm Dale Elementary School |
| <input type="checkbox"/> Wauwatosa UnitedHealth Group | <input type="checkbox"/> Glenwood Elementary School |
| <input type="checkbox"/> Lady Pitts High School | <input type="checkbox"/> Maple Grove Elementary School |

There is a registration fee payable at the time of application.

INFORMATION ON PARENTS/GUARDIANS:

Name of Mother _____ Home Phone () _____
Mother's Address _____ City _____ Zip _____
Place of: Employment School _____
Work Phone () _____ Ext _____ Cell Phone () _____ Pager # () _____
Address _____ City _____ Zip _____
Hours of: Work School _____ AM _____ PM
E-mail _____ () Work () Home

Name of Father _____ Home Phone () _____
Father's Address _____ City _____ Zip _____
Place of: Employment School _____
Work Phone () _____ Ext _____ Cell Phone () _____ Pager # () _____
Address _____ City _____ Zip _____
Hours of: Work School _____ AM _____ PM
E-mail _____ () Work () Home

INFORMATION ON CHILD:

Full Name _____ Female Male Birthdate _____
List any physical condition we should know about: _____

First Day of Attendance _____

Please indicate care needed:

<u>DAYS</u>	<u>HOURS</u>
<input type="checkbox"/> Monday	From _____ - _____ To _____ - _____
<input type="checkbox"/> Tuesday	From _____ - _____ To _____ - _____
<input type="checkbox"/> Wednesday	From _____ - _____ To _____ - _____
<input type="checkbox"/> Thursday	From _____ - _____ To _____ - _____
<input type="checkbox"/> Friday	From _____ - _____ To _____ - _____

If you do not pick-up your child, who is authorized to do so?

Name	Relationship	Address	Phone
1.) _____	_____	_____	() _____
2.) _____	_____	_____	() _____
3.) _____	_____	_____	() _____

(Your child will not be released to any other individual. If changes are desired, you must notify the Center in writing.)

EMERGENCY INFORMATION:

Family Physician _____ Phone () _____
Address _____ City _____ Zip _____

In case of emergency, whom shall we notify if we are unable to reach Parent or Guardian?

Name _____ Relationship _____
Address _____ Phone () _____
Name _____ Relationship _____
Address _____ Phone () _____

REFERRAL:

How did you hear about Ebenezer?

Newspaper Family Yellow Pages W-2 Agency
 Radio Friend School Other _____

PERMISSION FOR EMERGENCY TREATMENT:

I give my permission for professional emergency medical treatment to be given to my child _____ in the event no one can be contacted or is present.

Parents/Guardian _____ Date _____

(In case of accident or illness, we will notify you. In case of serious accident or illness and/or in the event no one can be contacted, your child will be taken to the nearest hospital or _____ (Family HMO Facility). Financial responsibility for emergency treatment is a parental one.)

FINANCIAL:

Check One:

I understand that my weekly fee is _____. I agree to assume full financial responsibility for the fees and will make regular payments as indicated in the Tuition & Fee Policies brochure that I have received. I understand if my child is picked-up after the designated closing time, a "Late Fee" will be assessed.
 I will receive W-2 Child Care Funding. I agree to be responsible for my portion of the fee (if any) and will pay those fees in accordance with the agency's policy. If I become ineligible for W-2 Child Care Funding, I will notify the Center Coordinator immediately and will make arrangements either to pay the fees privately or to withdraw my child.

Signature of Parent/Guardian _____ Date _____

Agency Representative _____ Date _____

(Remarks: The child care food program is operated in accordance with USDA Policy, which does not permit discrimination because of race, color, national or ethnic origin, sex, age, or disability. If you believe that your child has been treated unfairly in receiving food services for any of these reasons, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.)