

APPLICATION FOR ENROLLMENT



Ebenezer
CHILD CARE FROM THE HEART

CENTER:

- Oak Creek Center
- Southside Center
- Mequon Center
- Downtown Center
- UnitedHealth Group
- Lady Pitts High School

Greenfield Schools:

- Edgewood Elementary School
- Elm Dale Elementary School
- Glenwood Elementary School
- 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 Birth date _____

List any physical condition we should know about: _____

First Day of Attendance _____

Please indicate care needed:

DAYS

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

HOURS

From _____ - _____	To _____ - _____
From _____ - _____	To _____ - _____
From _____ - _____	To _____ - _____
From _____ - _____	To _____ - _____
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 learn about Ebenezer?

Ebenezer Website
 Radio Ad
 Friend
 Newspaper/Magazine
 Saw Building
 Employer
 W-2 Agency
 Work Options
 School
 White Pages
 Yellow Pages
 Flyer: Please be Specific Where: _____
 TV: Please specify program or channel: _____
 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.)