

APPLICATION FOR ENROLLMENT



Ebenezer
CHILD CARE FROM THE HEART

CENTER: (Please check one)

Oak Creek Center Downtown Center Southside Center West Allis/Wauwatosa Center

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

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
 Facebook Flyer: Please be Specific Where: _____
 Yellow Pages TV: Specify program or channel: _____ Other: _____

INFORMATION ON PARENTS/GUARDIANS:

Name of Parent 1 _____ Home Phone () _____

Parent 1'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 Parent 2 _____ Home Phone () _____

Parent 2'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 _____

Child's Address _____ City _____ Zip _____

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 _____ - _____ |

Yes No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

Office Use Only

Assigned Classroom: _____

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.)

PHYSICIAN INFORMATION:

Family Physician _____ Phone () _____

Address _____ City _____ Zip _____

EMERGENCY CONTACT INFORMATION:

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 () _____

AUTHORIZED PICK-UP FOR CHILD:

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

Name _____ Relationship _____

Address _____ Phone () _____

Name _____ Relationship _____

Address _____ Phone () _____

Name _____ Relationship _____

Address _____ Phone () _____

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

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 _____

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