

# REGISTRATION FORM

Date \_\_\_\_\_

SUMMIT EARLY LEARNING CENTER  
2917 Aspen Drive Durango, CO 81301

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY/ZIP CODE \_\_\_\_\_

## MOTHER(OR GUARDIAN)

## FATHER (OR GUARDIAN)

NAME \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

WORK PHONE \_\_\_\_\_

\_\_\_\_\_

CELL PHONE \_\_\_\_\_

\_\_\_\_\_

E-MAIL \_\_\_\_\_

\_\_\_\_\_

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EMERGENCY CONTACT (In case we cannot reach parent or guardian) Name and Phone Number

\_\_\_\_\_

\_\_\_\_\_

## STATEMENTS OF AUTHORIZATION

I, \_\_\_\_\_, hereby give my permission to Summit Early Learning Center to call a doctor or obtain medical or surgical care for my child, \_\_\_\_\_, should an emergency arise. It is understood that a conscientious effort will be made to locate parents or the emergency contact before any action is taken. Expenses for any accident or illness ( physician fee, emergency room costs, etc.) will be my responsibility.

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for my child to go on walks in the neighborhood. I understand that specific field trips that are more than walking around the neighborhood will required additional permission forms.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

The following person(s) is/are authorized to up my child from the Center.

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

-OVER-

## MEDICAL STATEMENTS

At the time of admission the center must have copies of immunization records. Within 2 weeks of admission you must turn in our general health appraisal form signed by your health care provider. Be aware that we do admit children who for different reasons, are not current on their immunizations or choose not to have them.

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ No Insurance - Would Like Information \_\_\_\_\_

Date of Last Screening: Vision \_\_\_\_\_ Dental \_\_\_\_\_ Hearing \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies: None \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

Please Describe Special Diet Needs or Chronic /Health Condition \_\_\_\_\_

Permission to Apply Sunscreen Yes \_\_\_\_\_ No \_\_\_\_\_ Permission to Apply Lotion Yes \_\_\_\_\_ No \_\_\_\_\_

## PICTURE RELEASE

We do use the children's pictures in class projects and displays in our classrooms and also in our Christmas Program Slide Show. The following releases apply to additional use of pictures. *Check all that apply.*

\_\_\_\_\_ I give my permission for my child's picture to be used in school posters or slide shows that may appear outside the school, i.e., church functions, children's fair, etc. Pictures will not be labeled with child's name.

\_\_\_\_\_ I give my permission for my child's picture to appear in local papers or periodicals where their name might be published.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## ANTICIPATED SCHEDULE

(Pick One)

\_\_\_\_\_ Monday, Tuesday, Wednesday, Thursday and Friday

\_\_\_\_\_ Monday, Wednesday and Friday

\_\_\_\_\_ Tuesday and Thursday

PLEASE RETURN WITH \$75 REGISTRATION FEE TO HOLD YOUR SPOT