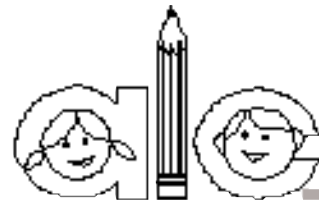


Enrollment Form



Identifying Information		
Child's Name	Sex	Birthdate
Address (Street, City, State, Zip Code)	Telephone Number ()	
School Child Attends	Telephone Number ()	
Address (Street, City, State, Zip Code)		
Mother's Name	Telephone Number ()	
Cell Phone	Pager	
Address (Street, City, State, Zip Code)		
Employed By	Hours of Employment From To	
Address (Street, City, State, Zip Code)	Business Telephone ()	
Father's Name	Telephone Number ()	
Cell Phone	Pager	
Address (Street, City, State, Zip Code)		
Employed By	Hours of Employment From To	
Address (Street, City, State, Zip Code)	Business Telephone ()	
Emergency Contact(s) Other Than Parent(s) or Doctor		
Name	Telephone Number ()	
Address (Street, City, State, Zip Code)	Relationship	
Name	Telephone Number ()	
Address (Street, City, State, Zip Code)	Relationship	
Persons Authorized To Take Child From Child Care Center Other Than Parents		
Name	Name	

Trips And Activity Permission

I do _____ do not _____ give consent for my child to take part in field trips or excursions with Adventure Learning Center Ltd. under proper supervision. It is my understanding that I will be notified when such trips are planned.

I do _____ do not _____ give consent/permission for my child to be photographed for display/advertising purposes.

Authorization For Emergency Medical Care

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Adventure Learning Center Ltd.

To Contact Doctor/Clinic

Name	Telephone Number ()
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Address (Street, City, State, Zip Code)

For Emergency Medical Treatment of My Child, My Preferred Hospital Is:

Name	Telephone Number ()
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Address (Street, City, State, Zip Code)

Agreements:

PARENTAL SIGNATURE

DATE

1. Adventure Learning Center Ltd. and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
2. When my child is ill, it is understood and agreed that he/she may not be accepted for care.
3. I have received a copy of Adventure Learning Center's Ltd. policies and procedures.
4. I have been informed that a copy of the Licensing Rules for Child Care Centers in Missouri is available at this facility for review.
5. I have read, understood and signed the fee agreement and am aware that I am financially responsible for child care fees.
6. I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in day care.

Child's Health History and Current Health Problems

Any Allergies, Special Medical Conditions, including Chronic Health Problems

Any Special Medications and/or Restrictions

To Be Completed By Adventure Learning Center Ltd.

Admission Date	Enrolled For (Days of Week)
Hours Per Day	Discharge Date (To be Retained For One Year After Discharge)

Parent or Guardian Signature - Date

Center Director Signature - Date





adventure learning center, ltd.

I have read and reviewed the following policies and procedures stated within the parent handbook and the enrollment packet of Adventure Learning Center Ltd. Please initial after each policy. Adventure Learning Center Ltd. reserves the right to change policies and any time. Any changes and all changes will be posted in the center so that parents may see them.

Parent Signature
(I have read the ALC policies)

Director's Signature

The following items are needed by the first day that your child will be attending.

- Fee Policy and Agreement (completed and signed)
- Child's Enrollment Form (completed and signed)
- Child's Developmental Record
- Insurance Policy and Agreement (completed and signed)
- Legal Documents Regarding Custody (if applicable)
- Complete Change of labeled Clothes
- Small Blanket and Sheet for Nap/Pillow, security toy
- Diapers, Wipes, Formula for Infants (if applicable)
- Completed and signed enrollment paperwork

Within the first thirty (30) days of enrollment, our center will need a current medical report signed by a physician.

Thank you for your cooperation. We look forward to working with your child and your family.