

**WILLARD COMMUNITY CENTER
Student Enrollment Form**

Program Enrolling:

- Preschool (3-4 years old) _ FT _ PT
- Pre-K (4-5 years old) _ FT _ PT
- Before school only
- After school only
- Before and After school
- Summer

STUDENT INFORMATION:

Student's Name _____

___ Male ___ Female Date of Birth _____ Grade entering & School _____

Home Address _____ (zip) _____

Ethnicity: African American Asian Euro-American (Caucasian) Hispanic / Latino Middle Eastern Native American Other _____

Statistical Info: _____ (Y or N) My child qualifies for free or reduced lunch. _____ (Y or N) My child is an English Language Learner Native Language _____

FAMILY INFORMATION:

Parental Status: ___ Single ___ Married ___ Widowed ___ Divorced ___ Separated ___ Re-Married
Custodial & Legal Guardians: ___ Mother ___ Father ___ Other: _____

Mother/Guardian _____ Where Employed _____

Home Address _____ (zip) _____ Work Phone _____

E-mail Address _____ Work Address _____

Home Phone _____ Cell Phone _____

Father/Guardian _____ Where Employed _____

Home Address _____ (zip) _____ Work Phone _____

E-mail Address _____ Work Address _____

Home Phone _____ Cell Phone _____

Persons, other than parent/guardian, that are authorized to pick up your child:

(A form of identification will need to be presented to the staff upon pick up, matching the information you have provided)

Name _____ Name _____

Relationship to you _____ Relationship to you _____

Phone _____ Phone _____

EMERGENCY CONTACT INFORMATION:

If neither parent/guardian can be reached in an EMERGENCY, please call:

HEALTH INFORMATION: Does your child have any health issues/allergies or other concerns that we need to be aware of? _____

WILLARD COMMUNITY CENTER

Parent Permission Form

According to Nebraska State Licensing Standards, prescription and over the counter medications, can be given at the Center when brought in the original container and clearly labeled with the child's name, name of medication, and the directions for administering the dosage. I also understand that the Willard Community Center staff may apply first aid products, such as bandages, to my child.

I _____, have determined that Willard Community Center staff is competent to give or apply medications and first aid products to my child, _____. I understand that the Program Director has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

BY SIGNING THIS I AGREE TO THE FOLLOWING (please circle):

- YES NO I give my permission for my child to be enrolled in Willard Community Center activities.
- YES NO I give permission to the staff to contact Roper Elementary School or Park Middle school for my child's immunization records and give the school permission to give out that information.
- YES NO I give permission for the Willard Community Center staff to use any photographs, writings, artwork, etc. for use on the Willard Community Center website, for promotional materials, presentations and documentary purposes.
- YES NO I consent to the transportation of my child by any means of transportation deemed appropriate for participation in Willard Community Center programming.
- YES NO In an emergency, when the parent/guardian cannot be reached, the staff has permission to call the family doctor/health service
(Doctor/health service name) _____, Phone _____
and permission is hereby granted for another physician to give emergency care if the child's physician cannot be reached. I understand that if necessary Willard staff will transport my child to the nearest emergency facility. (If NO) I want my child transported to _____.
- YES NO I give permission for the Willard Community Center staff to apply program provided sunscreen with a SPF of 30 or higher to my child as needed.
(If NO) I have provided the following brand/type of sunscreen for Willard staff to use on my child as needed
_____.
- YES NO I have determined the Willard Community Center staff is competent to give or apply medication to my child.
- YES NO I understand that Willard Community Center does not carry health and accident insurance for my child, and that I as parent/guardian will be primarily responsible in case of injury where bills are incurred.
- YES NO I have received and read a Parent Handbook. (Can be found on our website www.willardcommunitycenter.org)
- YES NO I have received and read the Parent Information Brochure for licensed child care provided by DHHS
- YES NO I understand that I am financially responsible for all charges and that I am liable for all legal fees.

I plan to pay:

Weekly

Bi-monthly

Monthly

I have Title Twenty authorization

Parent/Guardian Signature

Date