



Children's Center

"Life is full of blessings when you share it with a child"

St. Christopher's Children's Center

Admission Application

Fall 2019/ Spring 2020

\$125 Registration Fee
_____ paid

Applicant Information:

Full Name: _____ DOB _____
Last First Middle Nickname

Physical Address: _____
Street City Zip

Gender: M F Communicant of St. Christopher's Episcopal Church Y N

Sibling (s) Enrolled at SCCC? Y N Parent or siblings attended SCCC? Y N

Where is the applicant currently enrolled? _____

Has the applicant ever been dismissed, suspended or asked to withdraw from a program for any reason?

If yes, please explain: _____

Full Time _____ Part Time _____ VPK only _____

Hours of Care: From _____ To _____ Days in Care: M T W TH F

Note: SCCC DCF operating hours are from 7:30 a.m. to 5:30 p.m. **only!!!!** Please do not enter the facility before 7:30 a.m. You will be fined if you pick up after 5:30 p.m.

Family Information: (*will be contacted first in an emergency situation)

Mother's/Guardian's Name: _____

Contact Phone: _____ Email: _____

Father's/ Guardian's Name: _____

Contact Phone: _____ Email: _____

Are parents divorced? _____ If yes, what is the custody agreement? _____

Address of parent not living with child: _____

Who will be financially responsible for monthly tuition? _____ Phone number: _____

Medical Information:

Can the applicant participate in physical activities? _____

Are there any physical limitations? _____

Any speech, hearing or learning difficulties? _____ If "yes" please describe: _____

Does the applicant require special accommodation, i.e. daily medications? _____

Please note these questions are not asked to interfere with the IDEA (Individuals with Disabilities Education Act) or the ADA (Americans with Disabilities Act). All answers are confidential and are used to determine if reasonable modifications in policies, procedures and practices can be made available.

Emergency Contacts/Authorized to Pick-up *(must be two people other than parents)*

Name: _____ Relationship _____

Phone Number: _____

Name: _____ Relationship _____

Phone Number: _____

Name: _____ Relationship _____

Phone Number: _____

Name: _____ Relationship _____

Phone Number: _____

Note & Permissions:

Staff will request a photo I.D. from any unfamiliar authorized pick-ups before releasing your child. *(If you have someone on your pickup list that the staff does not know, they will be required to show their photo I.D.)* (_____) (Initial)

(yes) I give my child permission to go on walks around the Church property with teacher supervision. *(A separate permission must be signed for leaving the church grounds, this is permission for Stretch n Grow, Chapel, Music, Tumble Bus or any activities held in the Parish Hall or Choir Room)* _____ (Initial)

(yes) I understand, in cases of EXTREME emergencies my child may be evacuated to the Church Youth House across the street from the center, where I understand, parents will be notified immediately. *(This is in the event of inclement weather that damages our building, and we cannot evacuate to the church)* _____ (Initial)

(yes) I give permission for my child to have her/his picture taken, as well as to be video taped for web site, public relations projects, etc. _____ (Initial)

(yes) I give permission for my child to be in a classroom with a "classroom" pet (fish, bird, etc...) _____ (Initial)

(yes) I give permission for other childcare personnel at this center, DCF and the ELC staff only to access my child's records. I understand that all information in these files is confidential. _____ (Initial)

Signature of Parent

Date