

CHESTERFIELD ACADEMY



Application for Enrollment		
Child's Name	Sex	Birth date
Address (Street, City, State, Zip Code)	Telephone Number ()	
Mother's Name	Telephone Number ()	
Cell Phone		
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		
Address (Street, City, State, Zip Code)		
Employed By	Hours of Employment From To	
Address (Street, City, State, Zip Code)	Business Telephone ()	

Emergency Contact(s)	
Persons authorized to take child other than parents	
Name	Telephone Number ()
Address (Street, City, State, Zip Code)	Relationship
Name	Telephone Number ()
Address (Street, City, State, Zip Code)	Relationship
Name	Telephone Number ()
Address (Street, City, State, Zip Code)	Relationship

Trips And Activity Permission

I do _____ do not _____ give consent for my child to take part in field trips or excursions with Chesterfield Academy 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 Chesterfield Academy.

To Contact Doctor/Clinic

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

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

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

Agreements:

PARENTAL SIGNATURE _____

DATE _____

1. Chesterfield Academy 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 Chesterfield Academy's 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 Chesterfield Academy

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

