

St. Mark Early Learning Center Get Your TLC at the ELC

Today's date: \_\_\_\_\_ Start date: \_\_\_\_\_

**CHILD'S INFORMATION (Please print entire form)**

Child's full name : \_\_\_\_\_

Known as (nickname): \_\_\_\_\_ circle one: MALE FEMALE

Birthdate: \_\_\_\_\_ Age as of September 1st of upcoming yr: \_\_\_\_\_

Home address street: \_\_\_\_\_

City/ST/zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION ( we need at least 4 working phone #'s to be able to contact you)**

Mother's/Guardian Name : \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Carrier: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Father's/Guardian Name : \_\_\_\_\_ Father's Cell \_\_\_\_\_ Carrier: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_ Work phone #: \_\_\_\_\_

**EMERGENCY INFORMATION (If you are unable to be reached when your child is ill or needs to be picked up)**

Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**MEDICAL RELEASE STATEMENT**

Should my child, \_\_\_\_\_, become ill or suffer an accident while he/she is in the care of St. Mark ELC the staff will try to contact me immediately. In the event the staff is unable to reach me, the staff is authorized to seek and obtain such medical attention, treatment, and services deemed necessary for my child. I agree to assume responsibility for payment of all medical and any other costs incurred.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Hospital preferred: \_\_\_\_\_

Does your child have any health concerns or allergies we should know about?: NO YES If yes, explain: \_\_\_\_\_

**VIDEO/PHOTO PERMISSION**

We need permission to have your child's picture taken to be used for class photos, place in drop box or video records approved by St. Mark ELC. \_\_\_\_\_ I give my permission \_\_\_\_\_ I do not give my permission

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**HANDBOOK POLICIES ACKNOWLEDGEMENT**

I have received, read and understand the policies of the St. Mark ELC Parent Handbook. I agree to abide by and comply with all policies including payment of all/any fees and procedures as outlined in this handbook.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

LAST NAME:

FIRST NAME:

II BB CC WW MM SS EE 3K 4K days: 2d 3d 5d times: 7:00-5:45 8:15-2:15

reg. \_\_\_\_\_  
Supply: \_\_\_\_\_  
Sports Fee \_\_\_\_\_  
paid: \_\_\_\_\_  
Check #: \_\_\_\_\_