



Passion Care Academy II

EARLY CHILDHOOD LEARNING CENTER
 1206 Delaware Street
 New Castle, Delaware 19720
 Phone: (302) 328-8030 Fax: (302) 832-2679

Child's Information			
Child's name:	Date of birth:	Date of enrollment:	Date of discharge:
Child's address:		Hours and days child is scheduled to attend:	
Parent/Guardian Information (1)		Parent/Guardian Information (2)	
Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Home phone:	Cell phone:	Home phone:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	
Emergency Contacts and People Authorized to Pick-up Child			
Name:	Address:		Phone:
Name:	Address:		Phone:
Name:	Address:		Phone:

Emergency Medical Care

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the center.

 Signature of parent/guardian

 Date

Medical Information	
Name of child's physician:	Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:

The above information is necessary for your child's protection and this facility is required to have it. Keep this information current.



PARENTS RIGHT TO KNOW

UNDER THE LAW CODE YOU ARE ENTITLED TO INSPECT THE ACTIVITY RECORD AND COMPLIANT FILES OF ANY LICENSED CHILD FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: Ms. Ellen Linen, Office of Child Care Licensing, 4417 Lancaster Pike, Building #18, Wilmington, DE 19805, (302) 892-5800. You may also view sustained complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:7777/occl/>
I acknowledge I have received this notice as part of application packet.

Parent/ Guardian Signature



PARENT PERMISSION FOR DVD/TV VIEWING

Children, over the age of 2 years old, may have an educational movie or program incorporated into their curriculum. Movies shown will be age appropriate and not exceed one hour in length.
I hereby authorize my child to watch educational movies.

Parent/ Guardian Signature



PARENT PERMISSION FOR COMPUTER USAGE

Children, over the age of 2 years old, will have the opportunity to occasionally play educational games on the computer. Children will be closely supervised to ensure that age-appropriate and educational websites are being viewed while using the internet. Computer time will not exceed one hour in length.
I hereby authorize my child to use the computer.

Parent/ Guardian Signature



RECEIPT OF PARENT HANDBOOK

I certify that I have received information regarding the Center's policies on the following topics: a typical daily schedule, positive behavior management techniques, routine and emergency health care, health exclusions and prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries or critical incidents, mandatory reporting of child abuse and neglect, administration of medication procedures, non-discrimination, developmental and educational goals, complaints, and transportation, if provided.

Parent/ Guardian Signature



TRANSPORTATION PERMISSION

I hereby give permission for my child to be transported by: _____
Please list any special needs or problems which might require additional attention during transportation and directions on how handle the special need. This information will be carried with the operator of the vehicle named above.

Parent/ Guardian Signature