

# Enrollment Application

## Wonderland Kids Academy

750 Northwest HWY  
Fox River Grove, IL 6001  
Phone: 224-357-8723

**Child's Name:** First \_\_\_\_\_ Last: \_\_\_\_\_  
Sex: \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_

### Parents:

Name of Mother: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parents are divorced which parents has custody of the child? \_\_\_\_\_

**Marital Status:** Married Separated Divorced Widowed Single

### Schedule:

To enable us to prepare staff and plan accordingly, please place a check in front of the appropriate schedule and days.

Full Time \_\_\_\_\_

Monday \_\_\_\_\_

Part Time \_\_\_\_\_

Tuesday \_\_\_\_\_

Half Day \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

**An application Fee:** \_\_\_\_\_ must accompany this application

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR CENTER USE ONLY

**Date Application Received** \_\_\_\_\_

**Date of Entrance** \_\_\_\_\_

**Date of Discharge** \_\_\_\_\_

**Help us get to know Your Child Better**

Has your child ever been in childcare before? \_\_\_\_\_ what type (center, family daycare, grandma etc.) \_\_\_\_\_

Was it a positive experience? \_\_\_\_\_

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.? \_\_\_\_\_

What is your normal method of discipline? \_\_\_\_\_

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc. \_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What food does your child dislike? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? \_\_\_\_\_

What words does your child use for: Bowel movements \_\_\_\_\_ urination \_\_\_\_\_

What time does your child awaken? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_

Are there any siblings? Please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Has your child had experience playing with other children? \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

Does your child have any security objects such as a blanket, soother, bottle, toy etc.? \_\_\_\_\_

What are your child's favorite activities, toys, books, or games? \_\_\_\_\_

Any specific concerns? \_\_\_\_\_

## **EMERGENCY CARD INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Home  
Address \_\_\_\_\_

1. PARENT/GUARDIAN (Name) \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Phone #2 \_\_\_\_\_

2. PARENT/GUARDIAN (Name)  
\_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Special Instructions to reach parents: \_\_\_\_\_

### **EMERGENCY CONTACT PERSON(S) in addition to parents/guardians**

<b>1. Name:</b>	<b>Address:</b>
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person?      Yes      No	
<b>2. Name:</b>	<b>Address:</b>
Relationship to Child:	Phone #:
Do you give permission for child to be released to this person?      Yes      No	

**MEDICAL EMERGENCY TREATMENT:** I hereby give Wonderland Kids Academy permission to administer first aid and/or CPR to my child, \_\_\_\_\_, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature/Date \_\_\_\_\_

Insurance Information (Optional)

Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

Participating Hospital \_\_\_\_\_

## Program Permission Form

1. I give permission for my child \_\_\_\_\_ to receive appropriate medical attention from Wonderland Kids Academy Inc staff, such as First Aid, CPR, Heimlich maneuver, etc..., or, it is determined that my child needs immediate professional medical care, I authorize Wonderland Kids Academy Inc to transport him or her to the nearest emergency hospital. Parents will be contacted immediately. I understand that I will be responsible for all of his/her expenses in relation to emergency medical services.
2. I hereby give permission for Wonderland Kids Academy Inc staff to contact my Pediatrician for any information needed about my child. I authorize my Pediatrician to release such information to Wonderland Kids Academy Inc.
3. I understand that I am legally responsible for my child which he or she is in route to and from Wonderland Kids Academy Inc.
4. I hereby permit my child to accompany and authorized Wonderland Kids Academy Inc staff member on excursions to places of interest (field trips) and release Wonderland Kids Academy Inc of all responsibilities other than reasonable care.
5. I hereby permit my child to participate in athletic activities and swimming during field trips.
6. I give my permission for my child's picture to be used for publicity purposes by Wonderland Kids Academy Inc. I understand that parents are allowed to videotape classroom activities.
7. I give my permission for my child/children to study Russian language in daycare program.
8. In case of Emergency your child will be taken to Good Shepherd Medical hospital.
9. Our day care will inform parents 3 business day before any planned excursions. Written permission forms will be required before any child is taken on an excursion.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

***Person's Authorized to pick child up***

Wonderland Kids Academy is authorized to release my child \_\_\_\_\_ to the parents/guardians and:

1. First/Last Name:

\_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. First/Last Name:

\_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. First/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. First/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

***Medication/Treatment Authorization***

Child's Name: \_\_\_\_\_

Medical Problem: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Amount: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Times/Frequency: \_\_\_\_\_ Amount: \_\_\_\_\_

Dates of Administration: \_\_\_\_\_

Is the problem chronic or ongoing? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments or specific instructions:

\_\_\_\_\_

I authorize Wonderland Kids Academy and its employees to give the above medication(s):

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

\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NON-PRESCRIPTION MEDICATION RECORD**

**I hereby authorize Wonderland Kids Academy, my child's Care Provider, to use the following products on my child according to manufacturer instructions. I will not hold the above name Provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.**

Parent's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Please remember you will be responsible to supply the following products.  
(Please circle Yes or No and put specific brand name where needed)

**Baby Wipes**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

**Diaper Ointments**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

**Baby Lotion**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

**First Aid Ointments**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

**Vaseline**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

**Insect Repellent**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

**Sunscreen**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

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The following medicines would only be used in extreme emergencies.

**Benadryl**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

**Acetaminophen**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

**Ibuprofen**

YES ~ NO Brand: \_\_\_\_\_ Comments: \_\_\_\_\_

# Handbook Signature Form

I, \_\_\_\_\_ parent of \_\_\_\_\_ have read and fully understand the policies and procedures outlined in the Parent's Handbook. I understand that there may be amendments and additions to this handbook, which I will be notified, of when they occur. I agree to follow all policies in this handbook. This is a living document. The handbook includes discipline and guidance policy.

## Payment AGREEMENT

*I agree to pay the following tuition amount and understand that these may change depending on schedule and rate adjustments during the course of enrollment.*

Starting Tuition \_\_\_\_\_ I choose to pay: Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Registration Fee paid on \_\_\_\_\_ Approved Start Date \_\_\_\_\_

Weekly Schedule/Days \_\_\_\_\_ Hours \_\_\_\_\_

Child(ren)'s Name \_\_\_\_\_

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

## Photography & Videography

I understand that photographs/videos of my children in your programs may appear in newspapers, magazines, brochures, publicity materials and/or educational trainings. My child's photo will also be posted in the classroom and center and Facebook sites. I understand that they are to be used without compensation.

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