

# Never Grow Up, Inc. Enrollment Form

| Child Information  |                    |
|--|--------------------|
| Child's Full Name:   | Birthdate:         |
| Brothers & Sisters Living at Home (and their birthdates):  |                    |
| Date of Enrollment:  | Pre-Enroll Visit   |
| Information About Child's Mother/Guardian  |                    |
| Court issued custody papers that clearly describe custody arrangements must be presented to Never Grow Up, Inc. regarding custody of a child. Any person granted custody in such papers may pick the child up and may designate other persons who are authorized to pick the child up. |                    |
| Full Name:   | Maiden Name:       |
| Home Address:  | Home Phone:        |
| Date and Place of Birth:   | Work Phone:        |
| Place of Employment:<br>Work Hours:  | Social Security #: |
| Work Address   | Cell Phone:        |
| Information About Child's Father/Guardian  |                    |
| Full Name:   | Home Phone:        |
| Home Address:  | Work Phone:        |
| Date and Place of Birth:   | Social Security #: |
| Place of Employment:<br>Work Hours:  | Cell Phone:        |
| Work Address   |                    |
| Emergency Contacts (other than parents/guardians) Required   |                    |
| <b>1st person to contact:</b>  | Home Phone:        |
| Home Address:  | Work Phone:        |
| Work Address   | Cell Phone:        |
| <b>2nd person to contact:</b>  | Home Phone:        |
| Home Address:  | Work Phone:        |
| Work Address   | Cell Phone:        |
| How did you hear about Never Grow Up, Inc.?  |                    |
| <input type="checkbox"/> Drove By <input type="checkbox"/> Flyer <input type="checkbox"/> Yellow Pages<br><input type="checkbox"/> Relative/Friend: _____ <input type="checkbox"/> Referral Agency: _____ <input type="checkbox"/> Other: _____  |                    |

| Child's Interests and Behavior Information   |
|--|
| Does your child enjoy outdoor play?  |
| Does your child spend time with both parents?<br>If you are separated/divorced, how often does your child see the absent parent?                       |
| What are some of your child's favorite activities?   |
| Sleeping/nap habits:   |
| Eating habits:   |
| Behavior habits (biting nails, finger sucking, tantrums, biting, etc.):  |
| How do you discipline your child?  |
| Has your child attended any other pre-school or day care program? If so, please give name, address, and dates attended.                                |
| Special instructions for your child:   |
| I <input type="checkbox"/> (do) <input type="checkbox"/> (do not) give permission for my child to be photographed and the photographs to be displayed. |
| Insurance Information  |
| Insurance Company: _____ Phone: _____  |
| Address: _____   |
| Insured's Name: _____ DOB: _____   |
| Policy #: _____ Group #: _____   |
| Employer Address: _____ Phone #: _____   |
| Health Information   |
| Please list any serious illness or hospitalization:  |
| Can your child be relied upon to indicate his/her bathroom wishes? <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| What special words does your child use when wishing to use the toilet?   |
| Has your child's immunization program been started?  |
| Does your child have allergies? If so, please list and explain how the allergy affects him/her.  |
| Name of your child's physician: _____ Phone #: _____   |
| Address: _____   |

**Health Information (Continued)**

1. I am aware that the state law requires that all children attending a child care facility be in good health, free of communicable diseases and current with all required immunizations. I agree to obtain a Certificate of Immunization from my physician and to submit this form to Never Grow Up, Inc., prior to my child's enrollment date.

\_\_\_\_\_  
(Parents Initials)

2. Before any medication is dispensed to my child, I will provide a written authorization which includes: date; name of child; name of medication; prescription number, if any; dosage; any potential adverse reactions; date and time medication is to be given. Medicine will be in the original container with my child's name marked on it.

\_\_\_\_\_  
(Parents Initials)

3. In critical emergency situations where the child requires immediate medical care, the parents assume responsibility for all costs of transportation and treatment. Children will be transported to the closest appropriate treatment facility.

\_\_\_\_\_  
(Parents Initials)

4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur; e.g.; telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, immunization records, etc.

\_\_\_\_\_  
(Parents Initials)

Individuals, other than the parent, to whom Never Grow Up, Inc., is authorized to release the child:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ SS#/Driver's License \_\_\_\_\_

Work Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ SS#/Driver's License \_\_\_\_\_

Work Address \_\_\_\_\_

**I will complete and return the following on or before my child attends Never Grow Up, Inc.**

- 1) Enrollment Form
- 2) Child's Health History Checklist
- 3) Risky Behavior Form
- 4) Current Immunization Record
- 5) Acknowledge & Receipt Statement of Policies & Procedures

\_\_\_\_\_ Has my permission to participate in all **field trips** that are sponsored by Never Grow Up, Inc. It is my understanding that a prior notice will be given and that transportation will be handled by a licensed driver employed by the center, I also understand that my child will ride in a vehicle which is fully insured by Never Grow Up, Inc. Permission is also given for Before/After school transportation.

\_\_\_\_\_  
Signature of Parent or Guardian

**I have read and understand the above information and agree to abide by the terms.**

**I hereby authorize Never Grow Up, Inc. to obtain emergency medical treatment for my child.**

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

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

Accepted by: \_\_\_\_\_ Title: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Based upon management discretion:  
I understand that no child will be released to any adult showing risky behavior.

Name \_\_\_\_\_ Date \_\_\_\_\_

# Never Grow Up, Inc.

## Acknowledgement and Receipt of Policies and Procedures

I/we have read and been informed of the policies and procedures of Never Grow Up, Inc. and agree to their use for my/our child(ren).

I/We agree to the adherence of these policies and will pay the weekly tuition on Monday of each week. Payments received after this are subject to a 10% late fee. NSF fees are \$35.00 per offense.

I/We have received a copy of DHS Tennessee Regulations.

In the event your child is left at the Center past closing time, a late pick-up fee of \$1.00 per minute will be required to be paid in cash and is due immediately when you pick up your child.

In the event that a child is to be removed from enrollment, **A MANDATORY WRITTEN TWO WEEK NOTICE IS REQUIRED. THERE ARE NO EXCEPTIONS!**

Parent/Guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_