

White Oak

L E A R N I N G A C A D E M Y

ENROLLMENT APPLICATION AND AGREEMENT

Date _____

Start Date _____	Days Attending	M	T	W	TH	F
Program _____	F/T	P/T				

CHILD INFORMATION

Name of child _____ Nickname _____

Date of birth _____ Social Security # _____ Sex M F

Home Address _____

_____ Home Phone # _____

School child attends (if applicable) _____

FAMILY INFORMATION

Status of Parents: (please check one) Married Separated Divorced Other _____

With whom does child live? _____

Are there any limitations on either parent's right to pick up or visit this child at the school? No Yes
(If 'Yes', please attach a copy of the court order to keep on file at White Oak Learning Academy)

Are there any social or family circumstances of which White Oak Learning Academy should be aware?
If 'Yes', please explain. _____

	Mother's Information	Father's Information
Name (First & Last Name)		
Home Address (if different than above)		
Home Phone (if different than above)		
Employer		
Work Phone Number		
Alternate Work Phone Number		
Work Hours		
E-Mail Address		
Business Address		
Cell Phone or Pager Number		

RELEASE AUTHORIZATION:

Other persons (at least two) to whom White Oak Learning Academy is authorized to release this child shall be listed below. Under no circumstances will White Oak Learning Academy release this child to anyone other than custodial parents who are not identified below or otherwise known to staff without SPECIFIC WRITTEN AUTHORIZATION from the parent. Additions or changes to the list of persons appearing below will be made, signed, and dated on this form or shall be attached. The parent agrees in each instance that he/she will check the child in and out on the automated system. Parents will be certain the staff is aware of the child's arrival and departure. The parent further agrees to escort this child into or out of the school when dropping off or picking up. White Oak Learning Academy will not allow any child to enter or leave without an adult escort.

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____
Other Identifying Information (If Any) _____

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____
Other Identifying Information (If Any) _____

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____
Other Identifying Information (If Any) _____

EMERGENCY CONTACTS:

Other persons (at least two) who White Oak Learning Academy is authorized to contact for guidance in an emergency, such as a medical or other emergency, when this child's parents are unavailable shall be listed below.

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____

Name _____ Relationship To Child _____
Address _____ Phone # _____
Relationship to Parents(s) or Guardian _____

Physician Name _____ Phone # _____
Practice Name / Address _____

MOTHER'S SIGNATURE _____ DATE _____
FATHER'S SIGNATURE _____ DATE _____

HEALTH INFORMATION, PROCEDURE, AND MEDICAL AUTHORIZATION

HEALTH:

In order to comply with the state law, it is necessary for the parent to supply White Oak Learning Academy with an immunization report (Form 3231). Regular updated reports will be required as they are due.

Please describe any health or other special situations of which White Oak Learning Academy should be aware and which would require special procedures to be followed concerning this child such as physical or mental conditions, existing or pre-existing illnesses, operations or hospitalizations, or any dietary restrictions. Please indicate "none known" if applicable.

List all known allergies. Indicate "none known" if applicable. _____

ADMINISTRATION OF MEDICATION:

The staff will administer medications only at 11:00 A.M. and 3:00 P.M. and upon written authorization from the parent. Written authorization must be made by using the standard White Oak Learning Academy "Medication Form". In each case the parent should complete, sign, and date the form and deliver it, with the medicine, to the Director. The school will notify the parent of any adverse reaction to the medication given.

STATE LAW REQUIRES THAT ALL MEDICATIONS MUST BE:

- | | |
|---|--|
| a. In the original container; | d. If a prescription, labeled with a prescription number; |
| b. Clearly labeled with the name of the medicine; | e. Clearly labeled with the dosage to be administered; and |
| c. Clearly labeled with the child's first and last names; | f. Clearly labeled with the date. |

CHILD ILLNESS POLICY:

If any child appears ill, has a high fever, is vomiting, or shows evidence of a communicable disease, he/she should not be brought to the school. The parent must notify the school immediately upon the diagnosis of a communicable disease. If the child has such symptoms and is present at White Oak Learning Academy, the parents will be required to pick him/her up immediately. White Oak Learning Academy will notify all parents, as required, if there has been an exposure of a communicable disease in the school. Children must be without fever for 24 hours without the use of any fever reducing medication before returning to the school. These requirements are imposed by Child Care Licensing and are intended for the protection of all the children. As determined by the Director, it may be necessary for a previously ill child to present an approval signed by a physician for re-admittance.

MEDICAL AUTHORIZATION:

"We hereby grant White Oak Learning Academy permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. We understand that, consistent with the circumstances of the situation and the available time, White Oak Learning Academy will attempt to contact and follow the instructions of the parent, physician, or other person(s) designated by us in this enrollment form. In the event White Oak Learning Academy is unable to do so, we grant permission to White Oak Learning Academy to contact and comply with the advice of an available physician, ambulance personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any and all expenses, which may be incurred by White Oak Learning Academy in making emergency medical treatment available to the above named child."

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

GENERAL INFORMATION AND ACKNOWLEDGMENT

ENROLLMENT POLICY AND AGREEMENT:

Initial and continued enrollment will be at the discretion of White Oak Learning Academy based upon the best interests of the child, the expectation that he/she will benefit from the program and welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex, or national origin.

A copy of this ENROLLMENT APPLICATION AND AGREEMENT will remain within the files of White Oak Learning Academy so long as the child remains actively enrolled at the school and shall be available for inspection by the parent at any time, upon request.

INFORMATION IN CHILD'S FILE MUST BE KEPT CURRENT. The parent is required by state law to update information furnished herein as necessary, with changes initialed and dated by the parent and the Director. Parents agree to notify the school immediately of any change in phone numbers, work locations, emergency phone numbers, family physician, etc.

THE DAYS AND HOURS OF OPERATION of White Oak Learning Academy are from 6:00 A.M. to 6:30 P.M., Monday through Friday, January through December. White Oak Learning Academy will be closed in observance of the following holidays:

New Year's Day	Memorial Day	Independence Day
Labor Day	Thanksgiving Day	Day after Thanksgiving
Christmas Eve	Christmas Day	

We also may be closed on days of inclement weather when closing is determined necessary by White Oak Learning Academy, and certain other days as specified by White Oak Learning Academy from time to time. There is no tuition discount for absences, holidays, or other days on which White Oak Learning Academy is closed.

IN-HOME BABYSITTING:

White Oak Learning Academy does not render child care services off of its premises, except in the event of field trips which have been authorized in advance by the parent. Accordingly, parent agrees not to arrange with the staff members for off premises care of their child, and in doing so is in violation of this agreement. If any staff member agrees to provide off premises care for children enrolled in White Oak Learning Academy the staff member undertakes such service on their own behalf, not as an employee of White Oak Learning Academy, and is in violation of our employee policies, placing their continued employment in jeopardy. White Oak Learning Academy staff members are selected and retained only on the basis of their fitness for rendering child care services in a controlled and fully supervised child care program. White Oak Learning Academy offers no assurance of the fitness of its staff members for performing these and other services in an environment which is not professionally supervised (such as transporting children, or caring for them in the home), and none should be implied or inferred under any circumstances.

PROGRAM ACKNOWLEDGMENT AND GENERAL AUTHORIZATION:

"We have reviewed the daily program and the policies of White Oak Learning Academy We hereby grant to White Oak Learning Academy permission for the above named child to:

- a. Take part in all program activities, including the use of indoor and outdoor equipment;
- b. Be photographed or videotaped in connection with the daily program and/or marketing activities;
- c. Leave the premises of White Oak Learning Academy to take part in planned educational and recreational field trips or activities supervised by the staff of White Oak Learning Academy, provided that such field trips or activities will be separately announced in writing at least one day in advance of trip or activity, which I/we will be asked to sign and authorize;
- d. Participate in water-related activities supervised by White Oak Learning Academy;
- e. Be transported by White Oak Learning Academy to and from the elementary school where this child attends if applicable."

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____