



Enrollment Form

Child's Last Name, First Name, Middle Initial	Birth Date	Gender
Desired Start Date	Toddler <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> Desired Age Group <i>(circle one)</i>	Mon Tues Wed Thurs Fri Requested Days of Enrollment:

Type of Enrollment: (please circle) School Year (Late Aug – May) OR Year Round – School Year + Summer Session(Aug – Aug)

Parent Information			
(Please print and complete all information)			
Parent:	Parent:		
<i>Last name, first name, middle initial</i>	<i>Last name, first name, middle initial</i>		
<i>Mailing address</i>	<i>Mailing address</i>		
<i>City, State, Zip</i>	<i>City, State, Zip</i>		
<i>Home Physical address, city, state</i>	<i>Home Physical address, city, state</i>		
<i>Primary cell phone</i>	<i>Alternate phone</i>	<i>Primary cell phone</i>	<i>Alternate phone</i>
<i>Name of Employer</i>	<i>Work phone</i>	<i>Name of Employer</i>	<i>Work phone</i>
<i>Physical Address of Employer</i>	<i>Physical Address of Employer</i>		
<i>Email address for CGL info:</i>	<i>Email address for tuition statement:</i>		

My signature below indicates I understand: 1) the billing for my child's enrollment at CGL is based on the information I/we requested and that was subsequently approved. 2) I/we am committing to the days noted below. 3) At any time of the school year prior to April 30, a 30 day notice is required to reduce days or withdraw from CGL. 4) Notice of withdrawal will be accepted until April 30. After April 30, families are obligated to pay tuition in full through the end of the school year/summer session.

<i>Parent Signature (required)</i>	<i>Date</i>	<i>CGL Administrator Signature</i>	<i>Date</i>
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*****For Office Use Only*****

Start Date: **Toddler or Preschool** **Days of Enrollment:** Mon Tues Wed Thurs Fri

Registration Fee/Tuition Due

Annual Registration Fee: [non-refundable, due upon enrollment]	\$	125.00
1 st Month's Tuition + CGL Prep Days (___ days- / x \$__ day) [due on or before child's 1 st day of school]	\$.00
Total Due	\$.00

Check# _____ Check Amount _____ Check Date _____ Copies: (1) CGL (1) Acct



Child History and Information

Child's Name: _____

Tell us about you and your child:

Relationship status of parents: _____

How old was your child when he/she:

➤ Began crawling _____ Began walking _____ Started talking _____

Does your child have any physical conditions or limitations we should be aware of?

Has your child ever had a serious illness or hospitalizations?

Please indicate any allergies your child has:

Tell us about your child's eating habits:

Tell us about your child's toileting:

Tell us about your child's sleeping habits:

➤ Your child's bedtime? _____ Typical naptime? _____ Comfort item _____

If you have returned to work, how old was your child when you returned to work? _____

Does your child have previous child care experience? If yes, please explain:

Please describe what your hopes are for your child during his/her time at Children's Garden of Learning:

In your own words, please describe where you see your child developmentally (physically, emotionally and cognitively).



**Emergency Contact,
Medical Consent &
Pick-Up Authorization**

Child's Name: _____

Please print clearly and complete all information:

I, _____, reside at _____.
(physical address and city/town-REQUIRED INFORMATION)

As Parent/Legal Guardian of _____
Name of child

I do hereby give my permission and/or consent to the personnel of the Children's Garden, Inc. to secure and authorize such emergency aid/or medical care as my child might require while under the supervision of said school personnel. I also agree to pay all costs and fees resulting from any emergency medical and/or treatment for my child as secured under this consent.

Signed: _____ Date: _____

NOTE: Every effort will be made to notify the parents immediately in cases of emergency. The following information is of most importance in tending to the needs of your child:

Name of Family Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Name of Parent's Employer: _____ Phone: _____

Name of Parent's Employer: _____ Phone: _____

Primary Parent Phone: _____ Primary Parent Phone: _____ Alternate Phone: _____

Other Emergency Contacts: (please PRINT clearly- a MINIMUM of two (2) contacts is required)

_____ Phone(s): _____

_____ Phone(s): _____

_____ Phone(s): _____

Name of Persons Authorized to pick up your child: (please PRINT clearly)

_____ Phone(s): _____

_____ Phone(s): _____

_____ Phone (s): _____



Medical Report
Due at CGL on/before child's first day
Per State Law, this completed form must be on file in order for your child to attend school.

Children who are enrolled in a child care program must submit a signed and dated statement of the child's current health status which indicated the child's abilities and/or limitations to participate in a regularly scheduled program of play in a group of young children. This report is to be **completed and signed by a licensed physician or a licensed nurse practitioner** who has seen the child in the last twelve months.

Please return this form to Children's Garden of Learning, 129 N. Frontage Rd. Vail, CO 81657. Fax: 970-476-2377

This report must be updated annually from the date of the child's last examination for the child's tenure at Children's Garden of Learning.

Child's Name: _____ Gender: _____ Birthdate: _____

Mailing Address _____ City _____ State _____ Zip _____

The Child (is _____) or (is not _____) physically and emotionally able to participate in CGL daily child care program. Comments: _____

Please comment on any Surgery/Accidents/Illnesses/ Chronic Handicap Issues: _____

Please comment on any conditions requiring the Staff's special attention: _____

Medication(s)-additional paperwork will be required: _____

Allergies-additional paperwork will be required: _____

Date of Chest XRay (if applicable): _____ Results: _____

Date of Vision Test: _____ Date of Hearing Test: _____

Please attach all immunization records. If no new shots/immunizations have been given in the past twelve months, please note here: _____

Past Illnesses: Please date the following that the child has had:

- | | | | |
|----------------------|-----------------------|----------------|---------------|
| _____ Chicken Pox | _____ Rheumatic fever | _____ Diabetes | _____ Mumps |
| _____ Whooping Cough | _____ RSV | _____ Roseola | _____ Rubella |
| _____ Hay Fever | _____ Epilepsy | Other: _____ | |

Date of most recent exam

Name of medical facility

Date this form was completed

Signature of physician

Physician printed last name



Permission Forms
(Signatures Required)

Child's Name: _____

FIELD TRIP PERMISSION

I hereby grant permission for my child to leave the premises of Children's Garden under the direct supervision of CGL's staff for scheduled field trips. Mode of travel will be by foot or upon the Town of Vail bus. A written procedure and a permission form are developed for each excursion and a copy will be left at CGL. Children's emergency contacts and medical releases are carried along as well as a first aid kit and a cell phone for immediate assistance.

I hereby grant permission for the Director or acting Director to take whatever means may be necessary to obtain emergency medical care if warranted. This will include:

1. Attempt to contact the parent or persons listed on emergency contact sheet.
2. Call 911 for the quickest medical assistance.

<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Name (Please Print)</i>	<i>Date</i>
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PHOTOGRAPHIC RELEASE

I give Children's Garden of Learning my permission to photograph, record, and video tape my child, while he/she is attending Children's Garden of Learning. I also permit and consent to authorize publication of such materials of my child individually or as part of a group, with or without textual material, in any CGL related promotions including but not limited to newspaper, web site, Facebook, and brand marketing items.

<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Name (Please Print)</i>	<i>Date</i>
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SUNSCREEN RELEASE

I authorize the staff of CGL to apply SPF 30 or greater sunscreen to my child as needed throughout the day. I also understand that it is my responsibility to apply sunscreen each day prior to arrival at Children's Garden of Learning.

<i>Parent/Guardian Signature</i>	<i>Parent/Guardian Name (Please Print)</i>	<i>Date</i>
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Dear Newly Enrolling Family,

Each of us is aware of many of the factors that set CGL apart from a typical "daycare" facility. Where else, for less than \$7/hour, could we get the quality of education and nurturing that our children enjoy every day they attend school?

CGL is a not-for-profit entity. Tuition covers payroll and a tightly constructed, "no frills" budget. At this time of enrollment, as you consider all the reasons you want your children to attend CGL, we ask you and all our families to consider an additional donation. An extra \$10, \$20 or \$25 per month (added to your monthly tuition statement) would go a long way in helping pay for inspirational teaching tools and innovative equipment that will benefit your children. Please consider this easy, tax deductible way to help the children of CGL by completing the form below and returning it to the office along with your enrollment papers.

Please feel free to contact us with questions, comments or suggestions. Our contact information is included in your Parent Handbook.

Sincerely,

The CGL Board of Directors

Yes, I would like to have \$_____.00 added to my monthly tuition statement. My signature below authorizes Children's Garden of Learning to add this amount beginning with my first statement and ending with my final statement of this academic school year.

Signature *Name (Please Print)* *Date*



**New Enrollment
Parent Handbook
Acknowledgement & Checklist**

My signature below verifies that I have read the CGL parent handbook, and that I fully understand and agree to the Children's Garden of Learning's policies and procedures.

Please return this form after signing and give to the administration for your child's file. All forms must be completed and turned in to the office before your child may attend school.

Parent/Guardian Signature

Parent/Guardian Name (Please Print)

Date

Check list of documents to return:

- New Enrollment Form
- Child History Information Form
- Emergency Contact, Medical Consent, and Authorization for Pick-Up
- Medical Report (signed and dated by doctor and due on/before your child's first day)
- Updated Immunization Record (due on/before your child's first day)
- Permission Form (Field Trips, Photographic and Sunscreen)
- Authorization Agreement for Direct Payments -ACH Debits (Optional but Encouraged)
- Additional Donation Form (Optional)
- Parent Handbook Acknowledgement Form and Checklist (this page)
- Check made Payable to Children's Garden of Learning