

ASCENSION CHILDREN'S LEARNING CENTER

ENROLLMENT PACKET FOR 2020

2505 NORTH CIRCLE DRIVE COLORADO SPRINGS, CO 80909

719-447-8658

REGISTRATION FEE: \$100.00 PER FAMILY

2019 Tuition:	5 full days:	\$199.65/Weekly	half days \$114.00/Weekly
	4 full days:	\$159.72/Weekly	half days \$91.20/Weekly
	3 full days:	\$119.79/Weekly	half days \$68.40/Weekly
	2 full days:	\$79.86/Weekly	half days \$45.60/Weekly

Full Day Rate \$42.00 (more than 5 hours per day)

Half Day Rate \$25.00 (less than 5 hours per day)

Hourly Rate \$5.35 for Wrap Around Care

Tuition is due the Friday prior to services being rendered. A 10% late fee will be assessed on any account not paid by Monday at 5:00.

Child Information:

Child's Name _____ Nickname _____

Birth date _____ Male/Female (circle one)

Address _____ City _____ State _____ Zip _____

Phone _____

Allergies _____ Special Needs _____

Parent/Guardian Information (Primary care giver who child resides with)

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Work Address _____

Email Address _____

Parent/Guardian Information

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Work Address _____

Email Address _____

Emergency Information:

Release/Consent: As per state regulations by the state of Colorado Department of Human Services, please enter the names, addresses and phone numbers of persons authorized to pick up your child from Ascension Children's Learning Center. No other person will be allowed to pick up your child without your written consent. Any persons listed that are unfamiliar to the staff will be asked for identification.

Authorized to pick up

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

4. Name _____ Address _____ Phone _____

5. Name _____ Address _____ Phone _____

6. Name _____ Address _____ Phone _____

The above persons have my permission to pick up my child

Parent/Guardian

Signature _____ Date _____

Parent/Guardian

Signature _____ Date _____

Previous Child Care Information

Name of center _____ Dates attended _____

Name of center _____ Dates attended _____

Field Trip Permission

My Child _____ has permission to participate in all trips and activities while attending Ascension Children's Learning Center. This includes but is not limited to: walking to and from school, transportation to and from school via an approved staff member's vehicle, neighborhood walks, walks to the neighborhood park, visits from entertainers/speakers/artist, trips to other areas of the church including but not limited to the downstairs fellowship hall, Youth room and Sanctuary.

THE UNDERSIGNED ABSOLVES THE TEACHERS, ASCENSION CHILDREN'S LEARNING CENTER, AND ANY AND ALL MEMBERS OF IT'S GOVERNING BOARDS OF ANY RESPONSIBILITY FOR THE SAFETY, WELFARE, HEALTH, AND WELL BEING OF THE CHILD NAMED ABOVE, BEYOND SUCH MATTERS AS MAY BE CALLED REASONABLE CARE FOR CHILDREN IN THE CUSTODY OF A TEACHER SUBJECT TO THE TEACHER'S CLEAR INSTRUCTIONS, AND ASSUMES PERSONALLY AND EXCLUSIVELY ALL RESPONSIBILITY AND LIABILITY FOR ACCIDENT, INJURY, ETC., WHICH MAY OCCUR TO THE ABOVE NAMED CHILD.

Please read over carefully, sign and return to the school as soon as possible.

CHILD'S NAME

PARENT'S/GUARDIAN'S SIGNATURE

DATE

Sunscreen, Television Viewing and Media Release

Permission and Policy Form

Sunscreen Policy and Permission Form

I give my permission for Ascension Children's Learning Center to apply sunscreen to my child _____, during warm weather before outdoor play activities. I give Ascension Children's Learning Center permission to use their sunscreen on my child. If I so choose to provide my own sunscreen a separate permission form will need to be completed and I understand it is my responsibility to provide the sunscreen and label it with my child's first and last name with permanent marker.

Parent/Guardian initial _____

Television Viewing Policy

Ascension Children's Learning Center has permission for my child _____, to watch educational videos on an occasional basis that go with the curriculum which is being studied. I also understand that my child may watch movies from time to time during inclement weather.

Parent/Guardian initial _____

Media Release

Ascension Children's Learning Center has permission to use names, pictures, news media coverage and video of my child _____ in brochures, flyers, classroom displays and websites. **YES** _____ **NO** _____

Parent/Guardian initial _____

By signing below I acknowledge the above:

Parent/Guardian

Signature _____ Date _____

ASCENSION CHILDREN'S LEARNING CENTER
Emergency Health and Accident Form

Name of Child _____ Birth Date _____

Family Doctor _____ Address _____ Phone _____

Family Dentist _____ Address _____ Phone _____

Mother's Numbers: Home _____ Work _____ Cell _____

Father's Numbers: Home _____ Work _____ Cell _____

Other persons to call in an emergency:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

4. Name _____ Address _____ Phone _____

Describe or list important medical conditions or which attending medical personnel should be aware: (heart, respiratory, drug reactions, medications, etc.)

I hereby give my permission to Ascension Children's Learning Center to call a doctor for medical or surgical care for my child, _____,

should an emergency arise. My hospital of choice is _____

It is understood that a conscientious effort will be made to locate us before any action will be taken, but if it is not possible to locate us, this decision will be made by us. Any of the people above are also authorized to give consent for emergency care or to pick up my child if necessary.

Parent's Name

Parent's Signature

Date

ASCENSION CHILDREN'S LEARNING CENTER PHYSICAL FORM

All children enrolled at Ascension Children's Learning Center must have a current physical on file in the office each school year. Please attach a current immunization record to this form.

Child's Name _____ Sex _____ Birth Date _____

Address _____ City/State _____ Zip _____

Mother's Name _____ Father's Name _____

Primary Doctor _____ Phone _____

Family Dentist _____ Phone _____

Hospital of choice _____

Name of Insurance _____ Policy Number _____

Please check any illness or chronic problems your child has or had and indicate the date at which he/she had the illness.

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Drug Reaction | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Heart Illness |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Resp. Illness |

Height _____ Weight _____

List the last dates for the following:

Hearing screening _____ Vision screening _____ Dental screening _____

List any daily medications, surgeries, accidents, other illnesses, allergies, drug reactions:

Special Diet and/or Food Allergies _____

Physician Signature _____ Date of Exam _____