



ENROLLMENT APPLICATION

Enrollment Information

Completion of this application is required for enrollment. This information is necessary for Heritage Child Care Center to comply with the State of Maryland Child Care Administration and to enable us to better understand your child and meet his or her needs. Please print clearly or type all information.

| CHILD INFORMATION | | | | | | | |
|---|---------------|--|---------------------------------|-------------------------------|--------|-------------------|------------------------------|
| Child's First Name | | Child's Middle Name | | Child's Last Name | | | Nick Name |
| Age | Date of Birth | Sex | Female <input type="checkbox"/> | Male <input type="checkbox"/> | Weight | Height | Child's primary language |
| Child's home address | | | | | | Home phone number | |
| List family members your child lives with - include names and ages of siblings | | | | | | | |
| Does your child attend school? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Elementary School Name | | Grade in | School phone # |
| School address | | | | Drop off time | | Pick up time | Early release days and times |
| School transportation provided by: <input type="checkbox"/> Elementary School <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other (Specify _____) | | | | | | | |

| PRIMARY CONTACT AND RELEASE PERONS | | | | <i>Include parents and guardians</i> |
|---|--|-----------------------|--|--------------------------------------|
| Is Parent/Guardian a Heritage Care or NMS Employee? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name _____ | |
| Parent/Guardian 1 | | Relationship to Child | Home phone number | Mobile number |
| Home address | | Home e-mail address | | Drivers license number/ State |
| Employer and address | | Work e-mail address | | Work hours Work phone number |
| Parent/Guardian 2 | | Relationship to Child | Home phone number | Mobile number |
| Home address | | Home e-mail address | | Drivers license number/ State |
| Employer and address | | Work e-mail address | | Work hours Work phone number |

| EMERGENCY CONTACT AND RELEASE PERSONS | | | | <i>Do not include parents and guardians</i> |
|---|--|-----------------------|-------------------|---|
| If possible, please notify the center if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request and authorized pick up people with whom staff members are not familiar to provide Government issued photo ID at time of pick up. | | | | |
| Person 1 | | Relationship to Child | Home phone number | Mobile number |
| Home address | | Home e-mail address | | Drivers license number/ State |
| Employer and address | | Work e-mail address | | Work hours Work phone number |
| Person 2 | | Relationship to Child | Home phone number | Mobile number |
| Home address | | Home e-mail address | | Drivers license number/ State |
| Employer and address | | Work e-mail address | | Work hours Work phone number |
| Person 3 | | Relationship to Child | Home phone number | Mobile number |
| Home address | | Home e-mail address | | Drivers license number/ State |
| Employer and address | | Work e-mail address | | Work hours Work phone number |

Center staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individual whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify center staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick up authorization into the center the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child

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|---|---|
| SHADED AREAS ARE FOR OFFICE USE ONLY | |
| Date of Enrollment | SIGNATURE OF PARENT/GUARDIAN1 _____ |
| File Number Class | SIGNATURE OF PARENT/GUARDIAN2 _____ |
| Withdraw Reason | SIGNATURE OF DIRECTOR OF CHILD CARE _____ |
| | DATE _____ |