

Woodlawn Child Development Center
A ministry of Woodlawn United Methodist Church
Application for Enrollment
One to Four Year Olds

Student Information:

Full Name: _____
 Last First Middle Nickname

Date of Birth: _____ Gender: M _____ F _____ Date of Enrollment: _____

Child's Physical Address: _____
 Street City Zip Code

Age as of September 1 _____

Desired program: (M/W/F 8:30-noon) (T/TH 8:30-noon) (M-F 8:30-noon)
(M-F 7am-5:30pm) (M/W/F 7am-5:30pm) (T/TH 7am-5:30pm)

Family Information

Child Lives With: _____

Mother's Name & Address:

Father's Name & Address:

Contact Phones:

Contact Phones:

Employer:

Employer:

E-mail Address:

E-mail Address:

Custody: Mother _____ Father _____ Both _____ Other _____

Certificate of Custody has been attached if required (see Parent Handbook for more info) _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following personnel to obtain emergency care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

Allergies, Special Dietary or Medical Needs

Contact Information

Your child will be released only to custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Name	Address	Work #	Home/Cell #
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Name	Address	Work #	Home/Cell #
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Name	Address	Work #	Home/Cell #
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Name	Address	Work #	Home/Cell #
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Helpful Information about your child:

Our licensing agency (Association of Christian Schools International) requires:

- **Current physical examination (Form 3040) and**
- **Immunization Record (Form 680 or 681) and**
- **Copy of Birth Certificate**

All forms required within 30 days of enrollment.

Your signature below indicates that all the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian	Print Name	Date
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Names of those with permission to make changes to this form:
