



S.E.E.K. Early Learning Center

Admissions Packet

The following information contained within this packet must be completed in order for the application to be accepted:

- Application
- Care Agreement
- Consents and Authorizations
- Allergy Action Plan
- Allergy Acknowledgment
- Schedule and Fees Consent
- Automatic Payment Authorization
- Emergency, Information and Immunization Record Card
- Copy of Up-To-Date Immunization Records
- Copy of Birth Certificate

If needed, please request and submit:

- Medication Consent Form
- Prior School Records (such as an IEP, special education records or evaluations)
- Psychological and/or Educational Testing
- Special Care Plan
- Authorization for Release of Information
- Request for Exemption to Immunization

Please return your completed admissions packet with all necessary documents to:

S.E.E.K. Early Learning Center

1848 North 52nd Street

Phoenix|AZ|85008

Phone|480.902.0771

Fax|480.967.0804



OFFICE USE ONLY Tour: _____ App Rec'd: _____ Start Date: _____ Program: _____
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Application

Name of Child: _____

Birthdate: ____/____/____ Gender: male | female

Home Address: _____
 City: _____ State: _____ Zip: _____

Parent/Legal Guardian 1	Parent/Legal Guardian 2
Name: _____	Name: _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Primary Phone: _____	Primary Phone: _____
E-mail Address: _____	E-mail Address: _____
Employer: _____	Employer: _____
Work Hours: _____	Work Hours: _____
Work Address: _____	Work Address: _____

Additional family members important to my child:

Days/Hours when care is needed:

Monday	Tuesday	Wednesday	Thursday	Friday
: to :	: to :	: to :	: to :	: to :

How is your child getting to/from child care?

Reason for entry into child care:

Please describe any previous child care experience:

Our program does not exclude children with special needs. If you would like to enroll a child who has special needs, please complete the *Special Care Plan* form and the *Authorization for Release of Information* form. The Administrative Staff will review your forms and meet with you to determine which of our programs are best suited for your child's needs.

Elimination patterns (toileting/diapering): Toileting | Diapering

Special Instructions:

Things that comfort my child:

Things that scare my child:

Cultural habits/home issues that may affect my child's behavior:

The person who will care for my child when he/she is sick:

My child is attending the program with his or her sibling: yes | no

If yes, the name of his or her sibling: _____

I consent that the above information is accurate to the best of my knowledge.

Legal Guardian Printed Name

Legal Guardian Signature

Date

I, _____, the legal guardian of
_____ agree to the following: (Initial all that apply)

- _____ I will follow the procedures in the *Parent Handbook*.
- _____ I will update the Director at least 24 hours in advance of any change in a drop off and/or pick up time.
- _____ I will update the Director in writing at least 14 days in advance before any major schedule changes will take effect (ex. transitioning from a two days each week to five days).
- _____ I will keep my child's immunizations current (see "Required Immunization Shots" posting) and will keep the updated immunization records on file with S.E.E.K. ELC
- _____ I will cooperate with the Director in the follow up of any medical, dental, and/or developmental needs of my child.
- _____ I will complete a current *Permission to Release* form and *Emergency, Information and Immunization Record Card* including all individuals authorized to pick up my child.
- _____ I, or an authorized individual, will notify a teacher and sign my child in and out daily. *See Emergency, Information and Immunization Record Card and Permission to Release form.*
- _____ I will notify the teacher at least 48 hours in advance if I plan a birthday celebration for my child.
- _____ I will notify the staff when my child is ill or any family member has a communicable disease.
- _____ I will complete a *Medication Consent* form when requesting medication administration.
- _____ I will provide a change of clothing and, diapers and/or pull-ups necessary for my child's care.
- _____ I will provide emergency contact information and will update this information every 12 months.
- _____ I will discuss any concerns I have with the Director and/or Assistant Director.

Legal Guardian Printed Name

Legal Guardian Signature

Date

S.E.E.K. Representative

Date



Consents and Authorizations

Photography/Videotaping for Education, Marketing or Media Purposes

I hereby give my consent to have photographs or videotaped images made of my child and/or myself for the following purposes:

- Agency Marketing Purposes (brochures, website, social media, etc.)
- Educational Purposes (classroom, art projects, etc.)

Child's Name _____ Legal Guardian Name/Signature _____ Date _____

Emergency Pick Up

*In the case of an emergency where I or another individual authorized on the Emergency, Information and Immunization Record Card is unable to pick up my child, I consent to call and provide the name of an unauthorized individual. I will provide the 4 Digit Numerical Code (**to be used in all phone authorizations**) which will verify my identity. The unauthorized person picking up my child must provide identification which will be kept on file at S.E.E.K. Early Learning Center.*

My Phone Authorization Code is: _____ - _____ - _____ - _____

Child's Name _____ Legal Guardian Name/Signature _____ Date _____

Opt Out – Milk, Juice and/or Snacks

I choose to opt out of requiring S.E.E.K. Early Learning Center to provide a drink and snack for my child. I will provide and label a drink and snack for my child to eat during snack time.

Child's Name _____ Legal Guardian Name/Signature _____ Date _____

Sunscreen

S.E.E.K. Early Learning Center has my permission to apply the sunscreen I have provided and labeled to my child.

Child's Name _____ Legal Guardian Name/Signature _____ Date _____

Consent to Use Therapy Dog

S.E.E.K. Early Learning Center occasionally utilizes licensed and trained therapy dogs during portions of our programs. These dogs have been specifically trained to interact with children and are accepting of a less than gentle touch. However, there are always risks involved when interacting with an animal. Please let us know if your child has allergies to animal dander and if they may participate in dog therapy during the program.

- My child is **not** allergic to dogs and **may** participate in activities with our therapy dogs.
- My child **may not** participate with the therapy dogs
Because: My child is allergic to pet dander | For personal reasons

Child's Name _____ Legal Guardian Name/Signature _____ Date _____

Child's Name: _____

Allergy	Reaction/Signs to Watch For	Treatment**

**A Medication Consent form must be completed prior to administering medications of any type.

Additional Information:

Legal Guardian Printed Name _____ Phone Number _____

Legal Guardian Signature _____ Date _____

S.E.E.K. Representative _____ Date _____



Allergy Acknowledgment

Child's Name: _____

_____ My child **does not** have any known allergies.

_____ I understand the S.E.E.K. Early Learning Center is a nut-free facility.

_____ I understand that all foods brought into S.E.E.K. Early Learning Center must be nut-free.

Due to the fact that my child has food allergies, I agree to the following: *(Please Initial)*

_____ I will provide a detailed description of the foods to which my child is allergic and symptoms of a reaction. Parent must complete an *Allergy Action Plan* form.

_____ I will provide a signed letter and current prescription from my child's pediatrician with instructions to follow in the event that my son or daughter experiences an allergic reaction. Parent must complete a *Medication Consent* form.

_____ All medications must be in their original container, and must be clearly labeled with my child's name.

_____ I understand that my child's medical needs will be posted in the classroom, so that all S.E.E.K. Early Learning Center employees will be aware of my child's needs.

_____ I will label all of my child's foods and beverages brought from home with my child's first and last name and the date provided.

_____ I understand that S.E.E.K. Early Learning Center cannot guarantee a completely nut-free environment since other activities and programs occur at S.E.E.K. Early Learning Center within the preschool space outside of school hours. S.E.E.K. Early Learning Center will maintain a no-nut environment in our classrooms during preschool hours.

_____ I understand and agree to the above and agree that S.E.E.K. Early Learning Center and its employees will not be held liable in so far as they administer medical care in conformance with the information provided on my child's *Medication Consent* form and *Allergy Action Plan*. I understand the S.E.E.K. Early Learning Center and its employees will use reasonable care in doing so.

Legal Guardian Printed Name

Legal Guardian Signature

Date

S.E.E.K. Representative

Date

Infant Program

- € Diapers
- € Wipes
- € Diaper cream
- € Bottle
- € Formula, breast milk, snacks, etc.
- € Blanket
- € Pacifier
- € Change of clothes

Toddler Program

- € Diapers
- € Wipes
- € Diaper cream
- € Drink cup (re-fillable)
- € Meals and snacks
- € Lunch box with an ice pack
- € Blanket
- € Change of clothes
- € Sunscreen

Preschool Program

- € Drink cup (re-fillable)
- € Meals and snacks
- € Lunch box with an ice pack
- € Towel
- € Change of clothes
- € Sunscreen

****Please label ALL items with your child's first and last name.**