

Admissions Packet

CHECKLIST for Enrollment

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

- Admissions packet
- Emergency, Information and Immunization Record (Blue Card)
- Schedule of Fees
- Payment Authorization Form
- Consent for Initial Observation
- Copy of Birth Certificate
- Copy of Up-To-Date Immunization Records

Once completed, please schedule an appointment to return your completed paperwork with all necessary documents and start the enrollment process to:

S.E.E.K. Early Learning Center
1848 North 52nd Street
Phoenix, AZ 85008
Phone: 602.283.7620 Fax: 602.218.6677



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

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: _____

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: _____ - _____ - _____ - _____

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

Legal Guardian Printed Name

Legal Guardian Signature

Date



Care Agreement

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

By checking each box, I hereby give my consent to:

Photography/Videotaping for Education, Marketing or Media Purposes:

ELC art projects, newsletters, website, social media.

ELC Snacks and/or snack

Serve ELC snack to my child daily.

Sunscreen

Sunscreen is applied each time the children go outside.

Parent/Teacher Communication: Daily Note & Kaymbu/Remind

Daily Note

Daily Note is a free mobile app that allows you to receive activity specific and real time updates about your child's day. These things include meals, diaper changes, bathroom breaks, nap times, activities, and personal supply needs. The Daily Note app is directly related to the COR Advantage system we use to track your child's developmental milestones and achievements.

Remind App

School code: @seek-az

The free mobile app for iPhone and Android users is for families to receive event reminders, snack calendars, and links to our newsletters. Download the app to your phone or log onto your computer and create an account. Make sure to add your phone number or push notifications to your account so that all communication comes through as a text message. Visit their website at: www.remind.com for more information.

Dietary Restriction/Allergy Action Plan

Child's Name: _____

Allergy/Dietary Restriction	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