

# Serendipity Learning Center Enrollment Record

## (Section A) Enrollment Information (Please print)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Hm Ph#: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Wk #: \_\_\_\_\_

Father's SS#: \_\_\_\_\_ Father's Driver's License #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Hm Ph#: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Wk#: \_\_\_\_\_

Mother's SS#: \_\_\_\_\_ Mother's Driver's License #: \_\_\_\_\_

## (Section B) Attendance Data (Check all that apply)

Infant  Toddler  Young Preschool  Preschool  Pre-K  Afterschool  Summer Camp

Time: \_\_\_\_\_ to \_\_\_\_\_  Full-Time  Part-Time

Start Date: \_\_\_\_\_

Days attending:  M  T  W  TH  F

Attending during the day:  AM only  PM only  All day

Public School attending (if applicable) \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Phone #: \_\_\_\_\_

My child's immunization record is on file at the school and all their immunizations are current.

My child's vision and hearing records are also on file at the school of attendance.

## (Section C) Consent & Acknowledgement (Check all that apply)

1. Transportation:  I give my consent  I **do not** give my consent.

**For the following:**  Field trips supervised by Serendipity staff

Transportation from school

Emergency evacuation only

2. Field Trips:  I give my permission for my child going on field trips.

I **do not** give my permission for my child going on field trips.

3. Water Activities:  I give my permission for my child to participate in water activities.

Sprinklers  Water sensory table  Slip and slide  Local swimming pool

I **do not** give my permission for my child to participate in water activities.

4.  I acknowledge receipt of the written operational policies of Serendipity.

# Serendipity Learning Center Enrollment Record

**(Section D)** I hereby authorize Serendipity Learning Center to allow my child to leave only with the following people: I understand that if for any reason I cannot be reached for either a medical emergency or pick-up at the end of the day, I authorize the release of my child to this person/s.

**\*\*\*A photo ID will be required upon pick up so that we may make a copy for the child's record\*\*\***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Lic # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Lic # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Lic # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_ Lic # \_\_\_\_\_

***Signature/s for sections A-D of this document:***

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
SLC Office Management Signature: Date

***(Section E) Media Permission (optional)***

We (I) grant to Serendipity Learning Center (SLC) permission to make photographs, of the above named child, alone or in a group, to be used by SLC programs. These photographs may be used to publicize programs of SLC and/or for educational and instructional use.

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Parent's Signature Date