

CHILD'S ENROLLMENT RECORD INSTRUCTIONS

Please read the following instructions entirely, before completing the attached Child's Enrollment Record:

- 1) All lines and spaces must be completed (on both pages of form) with the most current and accurate information.
 - a. **DO NOT** put slashes, dashes or zeros
 - b. If something does not apply write in "N/A" to complete that line.
- 2) All addresses must be **complete** – including building number, street, city, state and zip code.
- 3) On the line that asks "Primary Hours of Care" **write in "9:00 – 12:00"** for ALL STUDENTS.
- 4) On the line that asks "Days of Week in Care" write in the appropriate response of "**Mon. – Fri.**"; "**Mon., Wed. & Fri.**"; or "**Tues. & Thurs.**"
- 5) On the line that asks "Child Lives With" please write legal names of all family members in the home (siblings, grandparents, etc.) not "Mother & Father" etc.
- 6) On the lines that ask "Parent's name" please write the legal name and all current information for one parent at a time. For instance put mother's name in the first "Parent" section and all of her current home and work information under her name and in the next "Parent" section put the father's name and all of his current information under his name.
- 7) There must be **2 emergency contacts (*other than parents*) with complete addresses**. These can be 2 people from the same household but listed separately. (i.e. Jane Smith, 123 Oak Lane, Seminole, FL 33774 and John Smith, 123 Oak Lane, Seminole, FL 33774 would be listed separately.) The Parents **AND** these 2 contacts will be the first people to list on your Permit To Remove form.
- 8) On the **Hospital Preference** line, please list a specific hospital. "Closest" or "nearest" are not acceptable responses.
- 9) If your child is not currently seeing a **dentist** please list whoever is responsible for his/her dental health. If it is the child's pediatrician you may write "**See Physician**".
- 10) The "**Emergency Care Plan Instructions**" do not apply to St. Jerome ECC students, as we do not participate in field trips off property. Please skip this line.
- 11) In the box at the end of the document, please initial the appropriate responses to the food related activities, if necessary complete the dietary restriction instructions.
- 12) Sign and date at the bottom.