

# LIBERTY CHRISTIAN ACADEMY

## Eagles' Nest Learning Center

P.O. Box 514  
 Wright City, MO 63390  
 636-745-0388 ext.02  
 Fax (636) 745-0390

*New Students must submit the following prior to the first day of school:*

- Enrollment Form
- Signed Financial Policy
- Signed Registration Agreement
- Enrollment fee
- At least 1 weeks tuition on or before the start date
- Immunization Record
- Birth Certificate
- Medical Forms

| Grade   | Full Day Care                                 | *School Only                    | *Part Time<br>Tues. & Thurs. | *Part Time<br>Mon., Wed., Fri. | Enrollment<br>Fees |
|---|---|---------------------------------|------------------------------|--------------------------------|--------------------|
| Infant  | \$135/wk                                      | NA                              | NA                           | NA                             | \$75               |
| K-1   | \$130/wk                                      | NA                              | NA                           | NA                             | \$75               |
| K-2   | \$125/wk                                      | \$75/wk                         | \$75/wk                      | \$95/wk                        | \$95               |
| K-3   | \$115/wk                                      | \$70/wk                         | \$70/wk                      | \$90/wk                        | \$115              |
| K-4   | \$110/wk                                      | \$65/wk                         | \$65/wk                      | \$85/wk                        | \$115              |
| Kindergarten                                      | \$105/wk                                      | NA                              | NA                           | NA                             | \$200              |
| Before &<br>After Care                            | Additional<br>\$7/ Half Day<br>\$12/ Full Day | \$45/wk Public<br>\$40/wk LCA** | NA                           | NA                             | \$60               |
| Summer Camp<br>Kindergarten-6 <sup>th</sup> grade | \$105/wk +<br>Activity Costs                  | NA                              | \$65/wk                      | \$85/wk                        | \$60               |

# EAGLES' NEST ENROLLMENT FORM

Eagles' Nest Office Use Only:

Admission Date \_\_\_\_\_

Hours in Care: Full Day Part-time

**Child**

First name \_\_\_\_\_ M \_\_\_\_\_ Last name \_\_\_\_\_ Height: \_\_\_\_\_

Sex M F

Birth date \_\_\_\_\_ Nickname \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address \_\_\_\_\_ Hair Color: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Eye Color: \_\_\_\_\_

Home Phone \_\_\_\_\_ Distinctive Marks: \_\_\_\_\_

Birthplace \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Code Word: \_\_\_\_\_

Parents: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single

|   | Father  | Mother  |
|---|---|---|
| Name  |   |   |
| Home Phone  |   |   |
| Work Phone  |   |   |
| Cell Phone  |   |   |
| Fax Phone   |   |   |
| Email   |   |   |
| Home Address<br>(If different from child address above) | Street _____<br>City _____<br>State _____ Zip _____ | Street _____<br>City _____<br>State _____ Zip _____ |
| Employer  |   |   |
| Work Address  | Street _____<br>City _____<br>State _____ Zip _____ | Street _____<br>City _____<br>State _____ Zip _____ |
| Work Hours  | From _____ To _____ on M TU W TH F                  | From _____ To _____ on M TU W TH F                  |

If parents divorced, child lives with: Both parents, Mother, Father, Legal Parent/Guardian

Is divorce or legal guardian paperwork Decree on file? Yes, No

If parents divorced, legal guardian is: Mother, Father, Legal Guardian

If legal guardian is not parent please fill in the following:

Legal Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

|                             |  |
|-----------------------------|--|
| Child's Doctor (or clinic): |  |
| Preferred Practitioner:     |  |
| Street Address:             |  |
| City, State, Zip Code:      |  |
| Telephone Number:           |  |

|                                      |  |
|--------------------------------------|--|
| Child's Dentist (or name of clinic): |  |
| Preferred Practitioner:              |  |
| Street Address:                      |  |
| City, State, Zip Code:               |  |
| Telephone Number:                    |  |

### Emergency Contact Information

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

|  | Emergency Contact 1 | Emergency Contact 2 |
|--|---------------------|---------------------|
| Name   |                     |                     |
| Relationship to child  |                     |                     |
| Home street address  |                     |                     |
| City, State, Zip Code  |                     |                     |
| Home Phone   |                     |                     |
| Cell Phone   |                     |                     |
| Work Phone   |                     |                     |
| Is this person authorized to make medical decisions for your child if you cannot be reached? |                     |                     |

### Pick-Up Information

The following people HAVE permission to pick-up the child/children named below from Eagles' Nest. It is the parent's responsibility to notify us in writing of any changes.

|                       | Person1 | Person 2 |
|-----------------------|---------|----------|
| Name                  |         |          |
| Relation              |         |          |
| Street address        |         |          |
| City, State, Zip Code |         |          |
| Home Phone            |         |          |
| Cell Phone            |         |          |
| Work Phone            |         |          |

|                       | Person3 | Person 4 |
|-----------------------|---------|----------|
| Name                  |         |          |
| Relation              |         |          |
| Street address        |         |          |
| City, State, Zip Code |         |          |
| Home Phone            |         |          |
| Cell Phone            |         |          |
| Work Phone            |         |          |

Note: Any person unfamiliar to employees will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without permission from the parent.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of enrollment fees.

|                             |      |
|-----------------------------|------|
| Father/Guardian's Signature | Date |
| Mother/Guardian's Signature | Date |
| (Eagles' Nest)              | Date |

# EAGLES' NEST HEALTH REPORT

|                |      |      |      |
|----------------|------|------|------|
| Name of Child: | DOB: | Age: | Sex: |
|----------------|------|------|------|

Child's health history and current health problems:

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Any special medical conditions, including chronic health problems:

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Any special medications and/or restrictions:

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Are your child's immunizations up to date? \_\_\_\_\_

If not, what is needed? \_\_\_\_\_

| Has your child had any of the following common childhood illnesses? | Yes/No | Is your child prone to: | Yes/No |
|---|--------|-------------------------|--------|
| Chicken pox   | (Y)(N) | Ear infections          | (Y)(N) |
| German Measles  | (Y)(N) | Stomach upsets          | (Y)(N) |
| Scarlet Fever   | (Y)(N) | Diabetes                | (Y)(N) |
| Measles   | (Y)(N) | Headaches               | (Y)(N) |
| Mumps   | (Y)(N) | Colds                   | (Y)(N) |
| Whooping Cough  | (Y)(N) | URI                     | (Y)(N) |
| Rubella   | (Y)(N) | Sore throats            | (Y)(N) |
| Rheumatic Fever   | (Y)(N) | Heart disease           | (Y)(N) |
|   | (Y)(N) | Other:                  | (Y)(N) |

Does your child have any speech, hearing, or visual problems?

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Has your child ever been tested for any of the above? \_\_\_\_\_

Describe: \_\_\_\_\_

Has your child ever had any surgeries? \_\_\_\_\_

Describe: \_\_\_\_\_

Known medical problems: \_\_\_\_\_

Child's Blood Type: \_\_\_\_\_

Drug Reactions: \_\_\_\_\_

Contact with Tuberculosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

|                   | Date | Results/Reaction |
|-------------------|------|------------------|
| Last tetanus shot |      |                  |
| TB Test           |      |                  |
| Chest x-ray       |      |                  |
| Sickle Cell Test  |      |                  |

**Agreements:**

When my child is ill, I understand and agree that Eagles' Nest will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, and a communicable disease.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of enrollment fees, or both.

|                             |      |
|-----------------------------|------|
| Father/Guardian's Signature | Date |
| Mother/Guardian's Signature | Date |
| Eagles' Nest                | Date |



## PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS AND EXTERNAL PREPARATIONS

I hereby give Eagles' Nest permission to administer the following non-prescription medications and external preparations to my child, \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_, in accordance with the directions for use on the container.

|                | <b>Brand</b> | <b>Medication or Preparation</b>                              |
|----------------|--------------|---|
| <u>Yes, No</u> |              | Baby wipes  |
| <u>Yes, No</u> |              | Band-aids   |
| <u>Yes, No</u> |              | Neosporin, bacitrician, or similar ointment                   |
| <u>Yes, No</u> |              | Bactine or similar first-aid spray                            |
| <u>Yes, No</u> |              | * Sunscreen   |
| <u>Yes, No</u> |              | * Insect Repellent  |
| <u>Yes, No</u> |              | Non-Prescription ointment (such as A & D, desitin, vaselline) |
| <u>Yes, No</u> |              | Ipecac Syrup  |
| <u>Yes, No</u> |              | Aspirin or Ibuprofen (Tylenol, Motrin, or Generic Brand)      |
| <u>Yes, No</u> |              | * Other:  |

\* Must be provided by the parent.

I hereby request that Eagles' Nest administer one or more of the above medications or external preparations in accordance with the directions on the container as needed. I release Eagles' Nest from any liability for administering these preparations.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of enrollment fee, or both.

|                             |      |
|-----------------------------|------|
| Father/Guardian's Signature | Date |
| Mother/Guardian's Signature | Date |
| Eagles' Nest                | Date |

# AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

Any Employee of Liberty Christian Academy or Eagles' Nest to obtain whatever treatment may be deemed necessary for:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name of Child #1 (D.O.B)

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Name of Child #2 (D.O.B)

## Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, the staff of Eagles' Nest will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Eagles' Nest will call 911 and the parent(s).

If the parent(s) cannot be reached, Eagles' Nest will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If the parent(s) and the authorized person(s) cannot be reached, Eagles' Nest will call the child's doctor, identified below. If the child must be taken to a hospital, Eagles' Nest will take the child to the child's hospital identified below. If, under the circumstances, it is more reasonable to bring the child to another hospital, Eagles' Nest will do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

|                          |               |
|--------------------------|---------------|
| Name of Doctor:          | Phone Number: |
| Address:                 |               |
| Name of Dentist:         | Phone Number  |
| Address:                 |               |
| Name of Hospital/Clinic: | Phone Number: |
| Address:                 |               |

I agree to promptly notify the director or assistant director of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information may result in termination of childcare services, forfeiture of enrollment fees, or both.

|                              |       |
|------------------------------|-------|
| Father/Guardian's Signature: | Date: |
| Mother/Guardian's Signature: | Date: |
| Eagles' Nest                 | Date: |

# EMERGENCY TRANSPORTATION AUTHORIZATION

Either Part 1 or Part Two need to be filled out. DO NOT FILL OUT BOTH!

## Part I. Permission to Transport Child

I give *Eagles' Nest* my permission to transport my child \_\_\_\_\_ to \_\_\_\_\_ (*Hospital, clinic*) for emergency medical care or to \_\_\_\_\_ (*dentist, dental clinic*) for emergency dental care, or to the nearest available source of assistance.

|                              |                    |
|------------------------------|--------------------|
| Father/Guardian's Signature: | Date of Signature: |
| Mother/Guardian's Signature: | Date of Signature: |
| Eagles' Nest                 | Date of Signature: |

## Part II. Refusal to Grant Permission

I do not give permission to \_\_\_\_\_ to transport my child \_\_\_\_\_ for emergency medical or dental treatment. In the event of an illness or injury, I wish for the following measures to be taken:

\_\_\_\_\_

|                              |                    |
|------------------------------|--------------------|
| Father/Guardian's Signature: | Date of Signature: |
| Mother/Guardian's Signature: | Date of Signature: |
| Eagles' Nest                 | Date of Signature: |

## Field Trip Permission and Waiver Form

The children enrolled in our program have many opportunities to participate in various off campus activities as an outgrowth of learning theme interests. On a regular basis, it will be to their advantage to attend activities away from Eagles' Nest and the Liberty Christian Academy Campus on an optional basis ("field trips"). However, Eagles' Nest, Liberty Christian Academy, and the Board of Education cannot assume responsibility for the safety and welfare of students while engaged in a field trip beyond making reasonable staff provision for activities.

I understand that my child must abide by all Eagles' Nest rules, regulations and employee instructions on all field trips. I understand that Eagles' Nest staff cannot prevent injuries because they cannot always control the conditions present.

Your signature below constitutes and is evidence of your agreement to (1) accept general liability for the participation of your child in the field trips taken by Eagle's Nest and (2) indemnify and hold harmless Liberty Christian Academy of East Central Missouri, its Board of Education, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorneys' fees and cost expended in defense thereof, incurred or resulting from your child's participation in field trips taken with Eagles' Nest and Liberty Christian Academy of East Central Missouri including transportation.

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Child Name

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Parent or Guardian Signature

Date

LIBERTY CHRISTIAN ACADEMY  
Eagles' Nest Learning Center

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**Financial Policy 2008-2009**  
**Infant-K4 and Before & After Care**

**Enrollment Fee:**

A yearly enrollment fee is due at the time of enrollment for each student. The enrollment fee for current students is due each year by August 1<sup>st</sup>. A space cannot be reserved for the upcoming school year until both the fee and forms are received. *The enrollment fee is non-refundable and non-transferable.*

**Supply Fee:**

A \$5 monthly supply fee is due on the 1<sup>st</sup> of each month. If the 1<sup>st</sup> falls on a weekend or holiday, payment will be due on the next business day.

**Program Options:**

| Grade                  | Full Day Care                                 | *School Only                    | *Part Time<br>Tues & Thurs | *Part Time<br>Mon, Wed, Fri | Enrollment<br>Fees |
|------------------------|---|---------------------------------|----------------------------|-----------------------------|--------------------|
| Infant                 | \$135/wk                                      | NA                              | NA                         | NA                          | \$75               |
| K-1                    | \$130/wk                                      | NA                              | NA                         | NA                          | \$75               |
| K-2                    | \$125/wk                                      | \$75/wk                         | \$75/wk                    | \$95/wk                     | \$95               |
| K-3                    | \$115/wk                                      | \$70/wk                         | \$70/wk                    | \$90/wk                     | \$115              |
| K-4                    | \$110/wk                                      | \$65/wk                         | \$65/wk                    | \$85/wk                     | \$115              |
| Before &<br>After Care | Additional<br>\$7/ Half Day<br>\$12/ Full Day | \$45/wk Public<br>\$40/wk LCA** | NA                         | NA                          | \$60               |

\*School Only students may attend from 7:40 a.m.-11:00 a.m. Monday-Friday.

Tuesday & Thursday Part Time students may attend for a maximum of 18 pre-scheduled hours per week.

Monday, Wednesday, & Friday Part Time students may attend for a maximum of 27 pre-scheduled hours per week.

\*\*LCA students have the option of before school only care at a rate of \$20 per week or after school only care at a rate of \$25 per week.

**Tuition Payment Options:**

- Weekly Payment Option** – an automatic payment is made each Friday for the following week.
- Every Other Week Payment Option** – an automatic payment is made every other Friday for the following 2 weeks.

**Payment Schedules:**

A payment schedule will be sent home after a payment option has been chosen. Payment schedules may be revised periodically. A revised schedule is effective immediately and will override any previous schedules.

**Full Day Payments for Before and After School Care:**

Full Day Care will be offered on days when classes are out, unless otherwise specified. Payment for care during days when there is a scheduled school closing will follow the normal tuition management plan, and be paid for on the Friday before full day care is needed.

**Closings:**

Credit *will not* be given for closings due to inclement weather, power outages, or other reasons beyond our control.

**Holidays:**

Below is a list of paid Eagles' Nest Holidays. We will be closed on these days, but you will be required to pay your normal tuition amount for these days, unless specified.

September 1 - Labor Day

November 27 & 28 – Thanksgiving

December 24 & 25 – Christmas Holiday

December 26, 29, 30 – We are **OPEN**. \*Optional vacation days

December 31 & January 1 - New Year's Holiday

April 10 & 13 – Good Friday and Easter Holiday

May 25 - Memorial Day

July 3 - Independence Day Observance

August \_2009 – Date to be announced for staff development/training.

\*Optional Vacation Days: For each day your child is scheduled not to attend, credit will be given in the amount of 1/5 of your child's weekly tuition. In order to receive credit for these days, the appropriate form **MUST** be returned to the office no later than Friday, December 12<sup>th</sup>. Revised payment schedules will be sent home on Monday, December 15<sup>th</sup>.

**Sick & Vacation Days:**

Tuition is due whether your child attends or not, for as long as your child is enrolled in the program. However, each child enrolled full time will be given 5 sick *or* vacation days/year. September will mark the beginning of a new year. The requirements for claiming these days are:

- The child must have been enrolled in full day care for a minimum of 60 days
- The family's account must be current
- In order to use sick days, the child must be absent for at least 3 consecutive days and submit a doctor's note
- In order to use vacation days, parents must notify the director at least 2 weeks in advance
- Days may not be carried over or accumulated

**Early Arrival/Late Pickup Fees:**

An early arrival/late pickup fee of \$1/minute will be charged for unapproved early arrivals or late pickups as outlined in the handbook. This fee is to be paid directly to the childcare provider on duty.

**Withdrawing from the Program:**

When withdrawing from the program, 2 weeks paid notice is required. Notice must be given to the director. After a student has left the program, they must re-enroll and pay an enrollment fee before they will be allowed to re-enter the program.

**Stop Payment Fee:**

There will be a stop payment fee of \$15 assessed each time an automatic payment is canceled less than ten (10) days in advance. No payment will be stopped with less than twenty four (24) hours notice.

**Returned Payment Policy:**

There will be a fee assessed each time a payment is attempted and returned from the bank. This will include non-sufficient funds, stopped payments, closed accounts, denied credit cards, or any other reason an item is returned. You may receive a letter and charges from your financial institution in addition to our fees.

1. First Offense \$35 Fee
2. Second Offense \$50 Fee
3. Third Offense \$75 Fee and letter from School Board
4. Fourth Offense *Tuition will be due a month in advance*



LIBERTY CHRISTIAN ACADEMY  
Eagles' Nest Learning Center

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**Financial Agreement 2008-2009**  
Infant-K4 and Before & After Care

**Directions:**

1. Indicate your choice of payment schedule by noting the payment start date and initialing beside the option.
2. Turn this sheet over and complete *both* credit card *and* bank information.

**Payment Options:**

**Option 1: Weekly Payment** – An automatic tuition payment to be made each Friday for the following week beginning on\_\_\_\_\_.

\_\_\_\_Preauthorized Account Deduction

\_\_\_\_Preauthorized Credit Card Charge (5% fee will be added to each transaction)

**Option 2: Every Other Week Payment** – An automatic tuition payment to be made every other Friday for the following two weeks beginning on\_\_\_\_\_.

\_\_\_\_Preauthorized Account Deduction

\_\_\_\_Preauthorized Credit Card Charge (5% fee will be added to each transaction)

**TURN OVER AND COMPLETE REVERSE SIDE**

LIBERTY CHRISTIAN ACADEMY  
Eagles' Nest Learning Center

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Preauthorized Payment Consent Form

**Preauthorized Credit Card Charge:**

I (we) hereby authorize Liberty Christian Academy (hereafter referred to as "LCA") to initiate recurring credit/debit card charges to the below referenced credit/debit card account for the purpose of collection of tuition related payments. I (we) understand that the charges to the below referenced credit/debit card account will be based on charges that are *due and payable* at the time of the credit card transaction. I also understand that a 5% transaction fee will be added to each transaction. I understand that this agreement is between myself(us) and LCA. I further understand that LCA utilizes Pay Pal to bill all credit/debit cards. Therefore, I hereby indemnify and hold harmless, LCA from any and all liability resulting from any and all single and/or recurring transactions. ***I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give LCA written notice of revocation. A minimum of 10 business days is required to affect revocation.***

Visa    MasterCard    American Express    Discover   Cardholder's E-mail: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Cardholder Billing Address

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
City                                  State                                  Zip Code

\_\_\_\_\_  
Cardholder's Signature

**CVV Number:**

**For Visa, MasterCard, and Discover Card:** The CVV Number is a three digit security code printed on the back of your card. The number appears in reverse italic at the top of the signature panel at the end.

**For American Express:** The CVV Number is a 4 digit number found on the front of your card.

**Preauthorized Account Deduction:**

- Please provide credit card information when choosing Preauthorized Account Deduction.
- Please attach a voided check from the account to be drafted – deposit slips are not accepted.

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Bank or Credit Union Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Routing Transit Number

\_\_\_\_\_  
City                                  State                                  Zip Code

\_\_\_\_\_  
Account Number

I (we) hereby authorize a recurring bank draft on the account designated by the attached voided check. I (we) understand the transaction will occur on the date(s) of each month that I have indicated. I (we) understand that if I (we) choose the Preauthorized Account Deduction, that credit card information is still required. In the event that my account becomes delinquent or a payment is returned, I (we) agree to pay the fees outlined in the Late Payment, Delinquent Account, and Returned Payment Policies. This amount may be charged to my credit card as outlined in the same policies.

\_\_\_\_\_  
Father/Guardian Signature                                  Date

\_\_\_\_\_  
Mother/Guardian Signature                                  Date

Please keep a copy of the financial agreement for your records.

LIBERTY CHRISTIAN ACADEMY  
Eagles' Nest Learning Center

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**Registration Agreement 2008-2009**

I have read and understand the admission policies of Liberty Christian Academy, and agree to supply all needed information to the office before my child is allowed to enter the program.

I understand that I am responsible for paying all tuition and fees due by Friday, for the following week. I understand that if my payment is late, or insufficient funds are available for withdrawal, fees will be assessed to my account as outlined in the financial policy.

I agree to give 2 weeks paid notice to the director, if I wish to withdraw my child from this program.

I agree to sign my child in and out every day.

I understand that Liberty Christian Academy will not release my child to anyone without my written or verbal consent to do so.

I understand the early drop off and late pick up fees policy.

I give Liberty Christian Academy permission to photograph my child during class/activity times for use in the school yearbook, website, brochures, or any other Liberty Christian Academy publication.

I give Liberty Christian Academy consent to watch preschool approved movies/ videos.

I understand that Liberty Christian Academy has the right to discontinue service if they deem it necessary to do so.

I have read, and agree to, all policies and procedures listed in the Liberty Christian Academy Handbook.

\_\_\_\_\_  
Father/Guardian Signature                      Date

\_\_\_\_\_  
Mother/Guardian Signature                      Date

## CHILDREN'S INFORMATION – School Age

|                |      |      |      |
|----------------|------|------|------|
| Name of Child: | DOB: | Age: | Sex: |
|----------------|------|------|------|

(For some questions, answers are underlined. Please select the right answer by circling it.)

Has your child had previous childcare placement? Yes, No

Where was your child enrolled? \_\_\_\_\_

Are any medications given regularly? Yes, No \_\_\_\_\_

Who will take care of the child during illness? \_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What food does your child dislike? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? Yes, No

Does your child have any "accidents"? Yes, No

What forms of discipline are most often used in the child's home? \_\_\_\_\_

How does your child behave when sick? \_\_\_\_\_

How is your child most easily settled when upset or afraid? \_\_\_\_\_

What are your child's favorite activities, toys, books, or games? \_\_\_\_\_

By signing this form, you verify that all of the information provided is correct to the best of your knowledge. Providing false information could result in forfeiture of enrollment fee, termination of childcare services, or both.

|                             |      |
|-----------------------------|------|
| Father/Guardian's Signature | Date |
| Mother/Guardian's Signature | Date |
| Eagles' Nest                | Date |