

# ASCENSION CHILDREN'S LEARNING CENTER

## ENROLLMENT PACKET FOR 2011-2012

2505 NORTH CIRCLE DRIVE COLORADO SPRINGS, CO 80909  
719-447-8658

REGISTRATION FEE: \$60.00 PER FAMILY

Tuition for 5 full days:	\$556.00/Month	half days \$282.00/Month
4 full days:	\$446.00/Month	half days \$248.00/Month
3 full days:	\$350.00/Month	half days \$185.00/Month
2 full days:	\$240.00/Month	half days \$126.00/Month

Daily Rate \$30.00 Hourly Rate \$4.50 for Wrap Around Care

Tuition is due the 1st of each month unless other arrangements have been made with the Director. A 10% late fee of the unpaid balance will be charged if not paid by the 10th of the month and other arrangements have not been made.

### Student Information:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Special Behaviors \_\_\_\_\_

### Family Information:

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Current Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Does student live with parent? Yes No

List Cell Number if Available \_\_\_\_\_

Email Address \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Current Employer \_\_\_\_\_ Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Does student live with parent? Yes No

List Cell Number if Available \_\_\_\_\_

Email Address \_\_\_\_\_

Agreement: I/We understand that enrollment in Ascension Children's Learning Center involves the following obligations:

1. Tuition will be paid on the 1st of each month unless arrangements are made with the Director. I realize that my child may have one unpaid vacation week per year. Other arrangements can be made with the Director if there are occasions where the child has to miss multiple days due to illness. My child may be denied child care for fees not paid.
2. We will comply with the policies outlined in the Ascension Children's Learning Center Parent Handbook.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Release/Consent: As per state regulations by the state of Colorado Department of Human Services, please enter the names, addresses and phone numbers of persons authorized to pick up your child from Ascension Children's Learning Center. No other person will be allowed to pick up your child without your written consent. Any persons listed that are unfamiliar to the staff will be asked for identification.

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

The above persons have my permission to pick up my child.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ASCENSION CHILDREN'S LEARNING CENTER

All children enrolled at Ascension Children's Learning Center must have a current physical on file in the office each school year. Please attach a current immunization record to this form.

Child's Name \_\_\_\_\_ Sex \_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Please check any illness or chronic problems your child has or had and indicate the date at which he/she had the illness.

\_\_\_ Chicken Pox

\_\_\_ Whooping Cough

\_\_\_ Asthma

\_\_\_ German Measles

\_\_\_ Drug Reaction

\_\_\_ Mumps

\_\_\_ Measles

\_\_\_ Diabetes

\_\_\_ Allergies

\_\_\_ Scarlet Fever

\_\_\_ Rheumatic Fever

\_\_\_ Heart Illness

\_\_\_ Tuberculosis

\_\_\_ Seizures

\_\_\_ Resp. Illness

Results of Physical Exam:

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

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hearing \_\_\_\_\_

TB Test \_\_\_\_\_

Vision \_\_\_\_\_

List any surgeries, accidents, other illnesses, allergies, drug reactions:

\_\_\_\_\_  
\_\_\_\_\_

Special Diet and/or Food Allergies \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_

# ASCENSION CHILDREN'S LEARNING CENTER

## Emergency Health and Accident Form

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Phone Number \_\_\_\_\_

Father's Phone Number \_\_\_\_\_

Mother's Business Phone Number \_\_\_\_\_

Father's Business Phone Number \_\_\_\_\_

Other persons to call in an emergency:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Describe or list important medical conditions or which attending medical personnel should be aware: (heart, respiratory, drug reactions, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission to Ascension Children's Learning Center to call a doctor for medical or surgical care for my child, \_\_\_\_\_,

should an emergency arise. My hospital of choice is \_\_\_\_\_

It is understood that a conscientious effort will be made to locate us before any action will be taken, but if it is not possible to locate us, this expense will be accepted by us. Any of the people above are also authorized to give consent for emergency care or to pick up my child if necessary.

Parent's signature and date \_\_\_\_\_

## Field Trip Permission

During the year trips and activities away from the school are planned to enrich the educational program. The students are supervised at all times. We would like for your children to enjoy these opportunities. You will receive notifications and details of any trips prior to the event.

My Child \_\_\_\_\_ has permission to participate in all trips and activities sponsored by Ascension Children's Learning Center.

THE UNDERSIGNED ABSOLVES THE TEACHERS, ASCENSION CHILDREN'S LEARNING CENTER, AND ANY AND ALL MEMBERS OF IT'S GOVERNING BOARDS OF ANY RESPONSIBILITY FOR THE SAFETY, WELFARE, HEALTH, AND WELL BEING OF THE CHILD NAMED ABOVE, BEYOND SUCH MATTERS AS MAY BE CALLED REASONABLE CARE FOR CHILDREN IN THE CUSTODY OF A TEACHER SUBJECT TO THE TEACHER'S CLEAR INSTRUCTIONS, AND ASSUMES PERSONALLY AND EXCLUSIVELY ALL RESPONSIBILITY AND LIABILITY FOR ACCIDENT, INJURY, ETC., WHICH MAY OCCUR TO THE ABOVE NAMED CHILD.

Please read over carefully, sign and return to the school as soon as possible.

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CHILD'S NAME

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PARENT'S/GUARDIAN'S SIGNATURE

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DATE

# Sunscreen and Television Viewing Permission and Policy Form

## Sunscreen Policy and Permission Form

I give my permission for Ascension Children's Learning Center to apply sunscreen to my child, \_\_\_\_\_, during warm weather before outdoor play activities. I understand it is my responsibility to provide the sunscreen if I choose not to use the one the center provides, and label it with my child's first and last name with permanent marker. I also give Ascension Children's Learning Center permission to use their sunscreen on my child in the event that the sunscreen I provided is gone.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Television Viewing Policy

Ascension Children's Learning Center has permission for my child, \_\_\_\_\_, to watch educational videos on an occasional basis that go with the curriculum which is being studied. I also understand that my child may watch movies from time to time during inclement weather.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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2505 NORTH CIRCLE DRIVE COLORADO SPRINGS, CO  
80909  
719-447-8658

My tuition for each month is \_\_\_\_\_ . I understand that it is due on the first of each month unless an arrangement is made with the Director. I further understand that a 10% fee will be added to my tuition if it is not paid by the 10th of each month.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Arrangements:

Please list all other Day Care Centers your child has attended.

Name of Day Care      Address      Phone      Dates Attended

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