

# ENROLLMENT APPLICATION

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence. Information on this form is only for Concordia purposes. See our Privacy policy for more information.

Today's Date: \_\_\_\_\_

## CHILD'S INFORMATION

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you hear about Concordia? Please be specific. \_\_\_\_\_

Program:  Infant  Toddler  Two's/Three's  Preschool

We are often required to provide summary demographics of our program participants for funding reports and other requirements. This information will not affect your child's enrollment eligibility

Child's Gender?

- Male  
 Female

Child's Ethnicity?

- Caucasian  
 Hispanic or Latino  
 Black or Afro American  
 Asian  
 American Indian  
 Multi-racial  
 Other \_\_\_\_\_

What is the primary language spoken at home?

- English  
 Spanish  
 Other language? \_\_\_\_\_

## PARENT or LEGAL GUARDIAN

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Marital Status \_\_\_\_\_

Email Address \_\_\_\_\_ Sole Custody? \_\_\_\_\_

Address (Street, City, Zip) - If different than child \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Employer or School \_\_\_\_\_ Title \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer Address (Street, City, Zip) \_\_\_\_\_ Work Hours \_\_\_\_\_

Yes  No My employer has a matching gift, foundation, or other giving program.

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Employer or School \_\_\_\_\_ Title \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer Address (Street, City, Zip) \_\_\_\_\_ Work Hours \_\_\_\_\_

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## MEDICAL INFORMATION

Physician or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_

Yes  No Allergies or Other Medical Concerns?

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your child's name and allergy or medical concern will be posted in the classrooms and the kitchen to ensure that all staff are aware and take necessary precautions.

I understand that in the event my child NEEDS EMERGENCY MEDICAL CARE, every reasonable effort will be made to contact me. However, should I NOT be available for some reason, I hereby give my permission for the Emergency Room Physician to undertake whatever he or she thinks is necessary to protect the health and well being of my child.

Parent or Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACTS OTHER THAN PARENTS OR GUARDIANS

These people must be at least 18 years of age and can present a valid photo ID. You are responsible for notifying your emergency contacts of this policy. If necessary, the emergency contacts listed here will be given access to information about your child's health.

### Emergency Contact #1

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Yes Person is listed under "Authorized People to Pick Up"?

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

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## Emergency Contact #2

Full Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address (Street, City, Zip) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Yes  No Person is listed under "Authorized People to Pick Up"?

## AUTHORIZED PEOPLE TO PICK UP

These people must be at least 18 years of age and can present a valid photo ID. You are responsible for notifying these individuals that you have designated them as authorized to pick up your child and you have informed them of this policy.

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PERMISSION TO PARTICIPATE

With a mission that is open to all, Concordia Day is a faith-based organization that is a part of a family of ministries serving people and communities. Our children's programs offer developmentally appropriate activities in a nurturing environment where children explore, learn and play. To support this growth, the programs provide activities for social, emotional, cognitive and physical development. Programs include age-appropriate excursions, such as walks around the neighborhood, short trips to neighborhood parks, day trips in Chicago and the surrounding area. Some rooms may also offer intergenerational activities. While our curriculum does not include formal religious instruction, Concordia staff, parents, or other partners may occasionally bring activities about different religions, holidays or other occasions to a classroom.

<input type="checkbox"/> Yes <input type="checkbox"/> No	My child has permission to participate in all aspects of the children's program, including visits, day trips around the Chicago area and excursions in the neighborhood.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Concordia may use my child's art, photo, video or other likeness as we share program highlights internally with parents and staff through bulletin boards, displays, and private social media accounts.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Concordia may use my child's photo or video image <u>without his/her name</u> to help with external marketing or media purposes, such as brochures, websites, social media, and news articles.

## SUNSCREEN CONSENT

I give permission to apply sunscreen on my child (six months or older) before outdoor activity from April to September. I will provide Concordia with a non-aerosol sunscreen SPF 30 or higher, labeled with my child's first and last name.

Yes  No If the sunscreen I provide runs out, I give permission to apply any brand sunscreen on my child.

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

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## DIAPER OINTMENT CONSENT

- I give permission to apply diaper ointment as needed on my child. I will provide diaper ointment for my child labeled with my child's first and last name. If the skin irritation is not resolved with the application of the ointment, I agree to consult the child's physician for further monitoring and treatment.
- Not applicable. My child is out of diapers.

## GUIDANCE PHILOSOPHY AND TERMINATION PROCEDURES

The Concordia Day Parent Manual includes the Guidance Philosophy and Termination Procedures we use in our programs. I have received and read a copy of the Guidance Philosophy and Termination Procedures.

## VERIFICATION OF RECEIPT

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers in Illinois. We provide you a copy of the Summary of Licensing Standards for Day Care Centers.

I certify that I have received a copy of a summary of the DCFS Summary of Licensing Standards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OTHER EXPECTATIONS

Concordia Day operates as a social enterprise for Concordia Place. Proceeds from the revenue of Concordia Day go to fund the mission of Concordia Place, a registered 501(c) (3) tax-exempt organization that provides economically-inclusive early learning, school age, teen leadership and senior wellness programs. Along with seeking donations from individuals within the community, we ask that all program participants also participate in our fundraising efforts. There are numerous opportunities to support Concordia Day and Concordia Place, such as attending fundraising events, donating items, and making a contribution to Concordia Place's annual fundraising campaign. I understand Concordia needs our support with its fundraising efforts and agree to participate to the best of my family's ability.

I hereby certify that the information given in this application is true to the best of my knowledge.

\_\_\_\_\_  
Name of Person Completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## FOR OFFICE USE ONLY

\_\_\_\_\_  
Application Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

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