



# Crayon Campus, LLC

*Where Learning Begins With Caring...*

## Children's Pre Enrollment/Inquiry Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Start Date: \_\_\_\_\_ Center: Howland Russells Cove Somerset

Days Attending: (circle one) M T W Th F Full day \_\_\_\_\_ Half day \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### TRANSPORTATION PLAN

Parent Drop off       Parent Pick Up       Before Care       After Care

Cross Transit Transportation:  1 way     2 way     3 way     4 ways

Desired time of pick up \_\_\_\_\_ Desired time of drop off \_\_\_\_\_

Pick up location: \_\_\_\_\_ Drop off location: \_\_\_\_\_

For School Age Only: Elementary School \_\_\_\_\_ Grade \_\_\_\_\_

### ENROLLMENT PACKET CHECKLIST

- Enrollment Contract and Fee Schedule
- Permission Slips
- Termination and Suspension of Children
- Biting Policy
- Child's Enrollment Form
- Developmental History and Background Information
- First Aid and Medical Consent (make sure there are emergency contacts!)
- Authorized Pick Ups
- Updated Physical and Immunizations
- Medical Consent and Individual Health Care Plan (if needed)
- Transportation Packet- Parental Consent/ Release Agreement, 1<sup>st</sup> Aid & Emergency Medical Care Consent Form
- Concerns: \_\_\_\_\_

**MAKE SURE THAT PARENT/ GUARDIAN SIGNED AND DATED ALL FORMS!!**

I acknowledge that I have reviewed the enrollment packet and all information is completed.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Copies to \_\_\_\_\_ Administration \_\_\_\_\_ Transportation \_\_\_\_\_ Center Director  
Circle One: Voucher Private Pay Contracted Slot DCF