

**Early Learning Preschool**  
**Enrollment Contract for the Summer Session 2010**

June 14th-25<sup>th</sup>, 2010 Monday thru Friday  
Second class will be offered only if the first class is full  
July 12<sup>th</sup>-23<sup>rd</sup>, 2010 Monday thru Friday

9:00am – 12:00pm  
 9:00 am – 12:00 pm

Student Name: \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_

Age (as of September 1, 2009) \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guardian#1 \_\_\_\_\_ NMDL# \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Guardian #2 \_\_\_\_\_ NMDL# \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work# \_\_\_\_\_

**Children may be released to either parent even if one is not included on this form.  
Custody arrangements require a copy of the legal documents submitted to the Director**

**EMERGENCY CONTACT / AUTHORIZED PICK UP PERSONS:** In addition to the guardian(s) listed above, we will release children to the following individuals with a note or phone call from the parent. The child may also be released to the following individuals in an emergency situation when the guardians cannot be reached.

**Any person picking up a child will be required to show a valid picture ID.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

List specific health/development concerns: (i.e. illness, allergies, handicaps, special needs, sensitivities, medications, etc.)

\_\_\_\_\_

**PROGRAM POLICIES**

**Sign in and out procedures** – ELP requires that guardians sign their child in and out from the classroom.

**Pick-up and tardiness** – Parents will be assessed a \$1.00 per minute late charge which should be paid directly to the teacher(s) on duty. Repeated tardiness (3times or more) may result in cancellation of enrollment.

\_\_\_\_\_ (please initial)

**Absences** – Because our expenses are fixed we cannot give credit or make up days for absences.

**Tuition Payments** – Tuition is due, in full, by the first day of the selected summer session.\_\_\_\_\_ (please initial)

**Cancellation of Enrollment** –Guardians will be responsible for tuition during that two-week period. ELP reserves the right to refuse service to anyone.

**I agree to pay \$200.00 tuition on or before the first day of class. I, the undersigned, agree to abide by all ELP Inc. program policies and volunteer requirements.**

**Guardian’s signature** \_\_\_\_\_

**EMERGENCIES**

In case of an emergency, ELP will make every effort to contact the guardians of the child involved prior to any treatment being provided. However, in the event we are unable to make contact with guardians, we require this medical release to be signed.

**I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY EARLY LEARNING PRESCHOOL TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD.** \_\_\_\_\_ (PLEASE INITIAL)

**I ALSO AUTHORIZE THE CENTER TO ARRANGE FOR THE DEPARTMENT OF PUBLIC SAFETY TO TRANSPORT MY CHILD IN AN EMERGENCY SITUATION.** \_\_\_\_\_ (PLEASE INITIAL)

It is further understood that the undersigned will assume full responsibility for any such treatment including the payment of all costs, and will hold the ELP program, its Board of Directors, Director, Teachers, Staff and volunteers harmless there from.

**Guardian’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Guardian’s Name:** (please print)

\_\_\_\_\_  
**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**RELEASE OF LIABILITY**

I hereby agree to hold harmless the ELP Inc. Board of Directors, Director, Teachers, Staff, and volunteers from any liability related to any and all ELP activities and programs. I acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities take place.

**Guardian’s Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EARLY LEARNING PRESCHOOL, INCORPORATED – A NON-PROFIT PARENT COOPERATIVE**