



Office Use Only
 Date of Enrollment: _____
 Referral: _____

Application for Enrollment

Portside Learning Center

Child's Information						
Child's name (First/Middle/Last):						
Date of birth:	Place of Birth:			Male: _____	Female: _____	
Home Address:						
City:			State:	ZIP Code:		
Race:	Weight:	Height:	Eye color:	Hair Color:	Distinguishing Marks:	
Hours of Attendance:	Mon.: _____	Tues.: _____	Wed.: _____	Thurs.: _____	Fri.: _____	
Mother/Guardian/Partner Information:						
Mother/Guardian/Partner Name (First/Middle/Last):						
Home Address:						
City:		State:			ZIP Code:	
Employed By:			Work Address:			
Work phone #:	Home Phone #:		Cell Phone #:	E-mail address:		
Father/Guardian/Partner Information:						
Father/Guardian/Partner Name (First/Middle/Last):						
Home Address:						
City:		State:			ZIP Code:	
Employed By:			Work Address:			
Work phone #:	Home phone #:		Cell phone #:	E-mail address:		
Health and Medical Information						
Physician's name:		Telephone number:	Address:			
Dentist's Name:		Telephone number:	Address:			
Hospital Preference:						
Does your child have any of the following? Please indicate yes/no:						
Problems hearing: _____		Eating/Appetite Problems:	Frequent ear infections: _____			
Problems seeing: _____		Diabetes: _____	Ear tubes: _____			
Frequent headaches: _____		Convulsions: _____	Frequent sore throats: _____			
High/Low fevers: _____		Allergies: _____	Urinary tract infections: _____			
Does your child have any physical limitations, allergies, or special needs that we should know about? If so, please describe:						

IN CASE OF EMERGENCY, FIRST CONTACT:

Signatures authorizing PLC to obtain emergency medical services:

Parent/Guardian 1:

Parent/Guardian 2:

Names of Family Members who are authorized to access child's health information:

Person 1:

Person 2:

Insurance Information

Carrier:

Policy Holder:

Group/ Policy #:

Alternative Emergency Information other than Parent or Doctor

Name/Relationship:

Address:

Telephone:

Name/Relationship:

Address:

Telephone:

Authorization for Alternative Pick Up

PLC will release children only to the people you have authorized below. If someone who is not listed will be picking up your child from PLC, you must first fill out an Authorization for Alternative Pick Up form, located in the office.

Name/Relationship:

Address:

Telephone:

Name/Relationship:

Address:

Telephone:

Name/Relationship:

Address:

Telephone:

Signatures:

I hereby acknowledge that the information provided on this application for enrollment is complete and accurate to the best of my knowledge.

Parent:

Date:

Parent:

Date:

Center Director:

Date:

Other Permissions

Portside Learning Center maintains a website. We periodically add photos of the children to the website (photos are also shared with our Facebook account). Children will not be identified and names will not be used on the website or Facebook. Your signature below authorizes us to use pictures featuring your child on the website and PLC's Facebook page. Portside Learning Center also has permission to use photographs of your child to hang in the Center as well as use in print materials.

Parent/Guardian/Partner:

Date:

Parent/Guardian/Partner:

Date:

Parent Handbook

I have read and understand the policies explained in the PLC's Parent Handbook's Content.

Parent/Guardian/Partner:

Date:

Parent/Guardian/Partner:

Date:

Wellness Policies

I have read and understand the policies explained in the PLC's Wellness Policies content.

Parent/Guardian/Partner:

Date:

Parent/Guardian/Partner:

Date:

Tuition/Fees/Late Pick-up

I have read and understand the policies explained in the PLC's Hours of Operation and Pick-up Policy.

Parent/Guardian/Partner:

Date:

PLC is opened from 7:00 am. – 5:25 pm. You must pick up and leave with your child by 5:30 pm. Late fees will start to accrue in accordance with PLC’s policies starting at 5:31pm.	Parent/Guardian/Partner:	Date:
Holidays and Center Closures		
I have read and understand the policies explained in the PLC’s Holidays and Center Closures content.	Parent/Guardian/Partner:	Date:
	Parent/Guardian/Partner:	Date: