



ENROLLMENT APPLICATION

Please fill out, sign, print and mail this form along with your deposit to your center. Thank you!

Child's Last Name	First Name	Nickname																		
Birthdate: Mo Day Yr	Current Age: Yrs Mos	Gender: M F																		
Please fill out your child's schedule below. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">M</td> <td style="width: 10%; text-align: center;">T</td> <td style="width: 10%; text-align: center;">W</td> <td style="width: 10%; text-align: center;">TH</td> <td style="width: 10%; text-align: center;">F</td> </tr> <tr> <td style="text-align: center;">Arrive</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Depart</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				M	T	W	TH	F	Arrive						Depart					
	M	T	W	TH	F															
Arrive																				
Depart																				
Anticipated Start Date:																				

Parent 1 Name	Parent 2 Name
Employer	Employer
Employer Address	Employer Address
City St Zip	City St Zip
Work Phone	Work Phone

Home Address	Home Address
City St Zip	City St Zip
Home Phone	Home Phone
Mobile Phone	Mobile Phone
Driver's License	Driver's License
SSN	SSN
E-mail*	E-mail*

* Please list your email to be included in your center's monthly e-newsletter with important center news, events and updates.

How did you learn about EFC? (Please circle all that apply and include the name of the source where applicable – thank you!)

Friend/Family: Direct Mail Drove by Employer

Internet Search (please name site):

Magazine:

Nextdoor
(neighbor name):

Agency:

Other:

Newspaper:

ACKNOWLEDGEMENTS AND PERMISSIONS

Medical Permission

I give permission to Especially For Children to take whatever emergency measures are judged necessary for the protection of my child while under the supervision of the center. In case of an emergency, I understand my child may be transported to an emergency care facility by the Rescue Squad if the police or Rescue Squad deem it appropriate. This will be at the parent's expense. It is understood that in some medical situations the staff may need to contact the local emergency resource before contacting the child's parent, physician or other emergency contact.

Lotions, Creams, and Repellents

I will provide, and I give my permission for the center to use diaper cream, sunscreen lotions and/or insect repellents on my child when needed. (Aerosols are not allowed.)

Immunization Record

A current immunization record is required on or before the first day of enrollment. If a child's primary immunization series is not complete due to medical reasons, the form must be signed by the child's health care provider. An explanation of the medical reason must be recorded by the child's health care provider. Especially for Children does not enroll children who are under-immunized for any reason other than medical necessity; **religious or personal preference exceptions are not accepted.**

Field Trips

I understand that I must initial the monthly field trip log each time my child attends a field trip.

Personal Property

I understand that any personal property such as clothing, books, bikes, etc. which we bring to the center is brought at our own risk and that neither the center nor any of the staff are responsible should the property be lost, stolen or damaged.

Health Consultant

I give my permission to the center's health consultant to have access to my child's file.

Policies

I have received the Parent Handbook and agree to abide by the policies contained therein, and as they may be changed from time to time. I understand that the registration fee and any deposit advanced to secure enrollment are non-refundable. I agree to pay for all proper charges incurred for my child and to pay all collection costs including reasonable attorney's fees should such action become necessary.

I have read the statements above and agree to all of the terms, conditions, permissions and requirements contained therein.

_____	_____
Parent 1	Parent 2
_____	_____
Date	Date

EFC Use Only									
Center	Guarantor:	2 GMDCA	5 Ramsey	8. JVS	Program	1 INF	4 P/S		
Acct	0 Parent	3 Anoka	6 Wright	9 Other		2 W/T 3	5 K/G		
Comb	1 Hennepin	4 Dakota	7 Wash.			TOD	6 S/A		
Start Date	// /	Rate1	Status:	00 or 1	Enrollment	DDate	/ /		
Schedule	_____	Reg Fee	Deposit		Discount:	2nd Child	Corp		
Key1	Key2y2	Key3			Employee	Other			

Center Addresses

BLOOMINGTON
5133 W. 98th St.
Bloomington, MN 55437

CIRCLE PINES
2-H South Pine Drive
Circle Pines, MN 55014

COON RAPIDS
8885 Evergreen Blvd.
Coon Rapids, MN 55433

EAGAN
3370 Coachman Road
Eagan, MN 55121

EDEN PRAIRIE
6223 Dell Road
Eden Prairie, MN 55346

EDINA/W 70TH STREET
5015 W. 70 St.
Edina, MN 55439

EDINA/EDINBOROUGH
3300 Edinborough Way
Edina, MN 55435

INVER GROVE HEIGHTS
6125 Cahill Ave.
Inver Grove Heights, MN 55076