



## ENROLLMENT APPLICATION

Please print and mail this form along with your deposit to your center. Center addresses are listed at the end of the form. 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. |                         |                   |       |       |       |
| Arrive                                       | M                       | T                 | W     | TH    | F     |
| Depart                                       | _____                   | _____             | _____ | _____ | _____ |
|  | _____                   | _____             | _____ | _____ | _____ |

|   |   |
|---|---|
| Parent 1 Name                                 | Parent 2 Name                                 |
| Employer                                      | Employer                                      |
| Employer Address                              | Employer Address                              |
| City                      St              Zip | City                      St              Zip |
| Work Phone                                    | Work Phone                                    |
| Working Hours                                 | Working Hours                                 |
| 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   | Other: |
| Drove by   | Agency:       |        |
| Employer   | Yellow Pages: |        |
| Internet Search (please name site):  | Newspaper:    |        |

## 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

I give permission for the center to use sunscreen lotions and/or insect repellents on my child when needed.

### 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