

Prime Kids Learning Center SLC Child Admission Agreement

Full (legal) name of child	Preferred name (name goes by)	Birthdate m/d/y	Sex F or M	*Enrollment Date m/d/y	*Date Unenrolled m/d/y

(*filled out by director)

Home street Address: _____ City: _____ Zip: _____

Parent/Guardian #1: _____ Cell Phone: _____ okay to text Y or N

Email: _____ Work Phone: _____

Parent/Guardian #2: _____ Cell Phone: _____ okay to text Y or N

Email: _____ Work Phone: _____

EMERGENCY CONTACTS (other than parents/guardians) and Persons Authorized to pick up child
(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

Name	Relationship to child	Phone Number	Secondary Phone Number

- ☐ Check if there are no emergency contacts available, other than parents
- ☐ Check if there are no persons authorized to pick up the child, other than parents

Out of Area/State Contact Name	Relationship to Child	Phone Number	Secondary Phone Number

- ☐ Check if there are no out of area/state contacts available

In case of emergency or a serious illness and the parent cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency transportation for my child. _____(initial)

I give permission for my child to leave the center and go to other parts of the Prime Inc facility (such as the gym, café, operations room, etc) for special events/activities _____(initial)

I give permission for my child to be photographed and/or videotaped for the purpose of marketing Prime Kids Learning Center SLC _____(initial)

I understand and accept that incident reports will be sent electronically through the Procure app and understand and accept that I must review these. I understand and accept that the person picking up my child will be verbally told about the incident. _____(initial)

We love to send pictures to you of your child and at times other children in our center may be in those photos we ask that you do not post any photos of other children in the center on any social media platform _____(initial)

I understand this form must always have current and correct information – please notify Director of any changes to personal information and/or changes to emergency contacts _____ (initial)

Behavioral expectations and client rights	
<i>I have been informed of the program's behavioral expectations and how misbehavior will be handled. I have also been informed of mine and my child's rights, which are:</i>	
• <i>To be informed of our rights</i> • <i>To be treated with dignity, respect, and fairness</i> • <i>To be free from potential harm or acts of violence</i> • <i>To be free from discrimination</i> • <i>To be free from abuse, neglect, mistreatment, exploitation, and fraud</i> • <i>To have equal access to food, shelter, and health services</i> • <i>To be free from retaliation for reporting any violation to our rights</i> • <i>To privacy of current and closed records</i> • <i>To communicate and visit with family, attorneys, clergy, physicians, counselors, or case managers or workers assigned to my child, unless therapeutically contraindicated or court restricted.</i>	
Signature	Date signed

All information is currently correct, and I understand all permission I have given to Prime Kids Learning Center SLC on behave of my child(ren).

Parent/Guardian Signature

Date

This form must be reviewed annually by the parent/guardian, and any changes noted

Reviewed and/or updated: _____ date	_____ parent signature
Reviewed and/or updated: _____ date	_____ parent signature
Reviewed and/or updated: _____ date	_____ parent signature
Reviewed and/or updated: _____ date	_____ parent signature
Reviewed and/or updated: _____ date	_____ parent signature

Prime Kids Learning Center SLC Child Health Assessment

(There must be a separate health assessment for each sibling)

Child's Name: _____ Birth Date (m/d/y): _____

Circle all that apply:

Does your child have any known allergies or sensitivities to:

Medications No Yes- please list _____
Foods No Yes-Please list _____
Other No Yes-Please list _____

Illnesses or Medical Conditions:

Does your child have any of the following conditions?

Asthma	No	Yes	Visual Impairment	No	Yes
Diabetes	No	Yes	Developmental Delays	No	Yes
Seizures	No	Yes	Physical Impairments	No	Yes
Heart Problems	No	Yes	Behavioral or Emotional Problems	No	Yes
Hearing Impairment	No	Yes	Other: _____		

List any regular medications your child takes: _____

List any additional health information or special instructions you feel we need to be aware of and/or attach a doctor's health plan for any of the conditions marked yes above: _____

Name of Child's Medical Provider: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE ATTACH A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORD

Your child must be up-to-date on all immunizations for their age prior to enrollment, and within three weeks of their due date thereafter.

This form must always have current and correct information – please notify Director of any changes to personal information

This form must be reviewed annually by the parent/guardian, and any changes noted

Reviewed and/or updated: _____	date _____	parent signature _____
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