

ENROLLMENT APPLICATION

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence. Information on this form is only for Concordia purposes. See our Privacy policy for more information.

Today's Date: _____

CHILD'S INFORMATION

Child's Full Name _____ Birthdate _____

Address _____ Phone Number _____

How did you hear about Concordia? Please be specific. _____

Program: Infant Toddler Two's/Three's

We are often required to provide summary demographics of our program participants for funding reports and other requirements. This information will not affect your child's enrollment eligibility

Child's Gender?

- Male
 Female

Child's Ethnicity?

- Caucasian
 Hispanic or Latino
 Black or Afro American
 Asian
 American Indian
 Multi-racial
 Other _____

What is the primary language spoken at home?

- English
 Spanish
 Other language? _____

MOTHER or LEGAL GUARDIAN

Full Name _____ Relationship _____ Marital Status _____

Email Address _____ Sole Custody? _____

Address (Street, City, Zip) - If different than child _____ Cell Phone Number _____

Employer or School _____ Title _____ Business Phone _____

Employer Address (Street, City, Zip) _____ Work Hours _____

Yes No My employer has a matching gift, foundation, or other giving program.

ENROLLMENT APPLICATION

FATHER or LEGAL GUARDIAN

Full Name	Relationship	Marital Status
Email Address	Sole Custody?	
Address (Street, City, Zip) - If different than child	Cell Phone Number	
Employer or School	Title	Business Phone
Employer Address (Street, City, Zip)	Work Hours	

Yes No My employer has a matching gift, foundation, or other giving program.

MEDICAL INFORMATION

Physician or Clinic	Phone
Address (Street, City, Zip)	

Yes No Allergies or Other Medical Concerns?

If yes, please list: _____

Your child's name and allergy or medical concern will be posted in the classrooms and the kitchen to ensure that all staff are aware and take necessary precautions.

I understand that in the event my child NEEDS EMERGENCY MEDICAL CARE, every reasonable effort will be made to contact me. However, should I NOT be available for some reason, I hereby give my permission for the Emergency Room Physician to undertake whatever he or she thinks is necessary to protect the health and well being of my child.

Parent or Guardian Signature	Relationship	Date
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EMERGENCY CONTACTS OTHER THAN PARENTS OR GUARDIANS

These people must be at least 18 years of age and can present a valid photo ID. You are responsible for notifying your emergency contacts of this policy. If necessary, the emergency contacts listed here will be given access to information about your child's health.

Emergency Contact #1

Full Name	Relationship	
Address (Street, City, Zip)		
Cell Phone Number	Business Phone	Home Phone

Yes Person is listed under "Authorized People to Pick Up"?

Child's Name: _____ Birth Date: _____

ENROLLMENT APPLICATION

Emergency Contact #2

Full Name _____

Relationship _____

Address (Street, City, Zip) _____

Cell Phone Number _____

Business Phone _____

Home Phone _____

Yes No Person is listed under "Authorized People to Pick Up"?

AUTHORIZED PEOPLE TO PICK UP

These people must be at least 18 years of age and can present a valid photo ID. You are responsible for notifying these individuals that you have designated them as authorized to pick up your child and you have informed them of this policy.

Name

Relation

Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERMISSION TO PARTICIPATE

With a mission that is open to all, Concordia Day is a faith-based organization that is a part of a family of ministries serving people and communities. Our children's programs offer developmentally appropriate activities in a nurturing environment where children explore, learn and play. To support this growth, the programs provide activities for social, emotional, cognitive and physical development. Programs include age-appropriate excursions, such as walks around the neighborhood, short trips to neighborhood parks, day trips in Chicago and the surrounding area. Some rooms may also offer intergenerational activities. While our curriculum does not include formal religious instruction, Concordia staff, parents, or other partners may occasionally bring activities about different religions, holidays or other occasions to a classroom.

Yes No

My child has permission to participate in all aspects of the children's program, including visits, day trips around the Chicago area and excursions in the neighborhood.

Yes No

Concordia may use my child's art, photo, video or other likeness as we share program highlights internally with parents and staff through bulletin boards, displays, and private social media accounts.

Yes No

Concordia may use my child's photo or video image without his/her name to help with external marketing or media purposes, such as brochures, websites, social media, and news articles.

SUNSCREEN CONSENT

I give permission to apply sunscreen on my child (six months or older) before outdoor activity from April to September. I will provide Concordia with a non-aerosol sunscreen SPF 30 or higher, labeled with my child's first and last name.

Yes No If the sunscreen I provide runs out, I give permission to apply any brand sunscreen on my child.

Child's Name: _____ Birth Date: _____

ENROLLMENT APPLICATION

DIAPER OINTMENT CONSENT

- I give permission to apply diaper ointment as needed on my child. I will provide diaper ointment for my child labeled with my child's first and last name. If the skin irritation is not resolved with the application of the ointment, I agree to consult the child's physician for further monitoring and treatment.
- Not applicable. My child is out of diapers.

GUIDANCE PHILOSOPHY AND TERMINATION PROCEDURES

The Concordia Day Parent Manual includes the Guidance Philosophy and Termination Procedures we use in our programs. I have received and read a copy of the Guidance Philosophy and Termination Procedures.

VERIFICATION OF RECEIPT

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers in Illinois. We provide you a copy of the Summary of Licensing Standards for Day Care Centers.

I certify that I have received a copy of a summary of the DCFS Summary of Licensing Standards.

Signature

Date

OTHER EXPECTATIONS

Concordia Day operates as a social enterprise for Concordia Place. Proceeds from the revenue of Concordia Day go to fund the mission of Concordia Place, a registered 501(c) (3) tax-exempt organization that provides economically-inclusive early learning, school age, teen leadership and senior wellness programs. Along with seeking donations from individuals within the community, we ask that all program participants also participate in our fundraising efforts. There are numerous opportunities to support Concordia Day and Concordia Place, such as attending fundraising events, donating items, and making a contribution to Concordia Place's annual fundraising campaign. I understand Concordia needs our support with its fundraising efforts and agree to participate to the best of my family's ability.

I hereby certify that the information given in this application is true to the best of my knowledge.

Name of Person Completing this form

Date

Signature

FOR OFFICE USE ONLY

Application Received By

Date

Signature

Program Start Date: _____

Child's Name: _____ Birth Date: _____