



Application for Enrollment

Child Information

Child's name: _____ Preferred Name: _____

Age: _____ Date of Birth _____ / _____ / _____ Gender _____

Telephone: _____

Address _____ City _____

State _____ Zip _____

Please send a current picture of your child to srkauffman@cougarsccs.com

Parent/Guardian (1st contact in case of illness/emergency)

Name _____ Phone _____

Address: _____ City _____

State _____ Zip _____

Email _____

Responsible for tuition payment: yes _____ no _____

Parent/Guardian

Name _____ Phone _____

Address: _____ City _____

State _____ Zip _____

Email _____

Responsible for tuition payment: yes _____ no _____

Family Information

Child lives with () Both parents () Mother () Father () Guardian
() Stepmother () Stepfather () Grandparent

Allergy Alert: _____
(Details on Reverse)

Other Children in the Family

Name

Birthday

School District

Other Persons Authorized to Pick up Child(ren)

1. _____ Relationship _____ Phone _____
2. _____ Relationship _____ Phone _____
3. _____ Relationship _____ Phone _____

Schedule

Please mark which schedule you would prefer.

_____ **Full Time - M-F** (includes preschool and pre-k)

Age of child _____

_____ **Preschool ONLY (ages 3 & 4)** 8:30 -11:00 M - F MTW

_____ **Pre-K - M-F** 8:30 -11:00 a.m. 12:15 - 2:45 p.m.

_____ **Summer Camp**

_____ **Toddler (1yr – 2 ½) M-F** - full time ONLY.

Schedule _____ a.m. to _____ p.m. (as close as possible)

Health Information

Has your child been evaluated at the Early Education Center?

Yes _____ No _____

Does your child currently have an IEP?

Yes _____ No _____

If "yes", give a brief explanation.

Has your child experienced physical, emotional or social trauma?

If "yes", give a brief explanation.

Office use only
Deposit _____
Start Date _____

Application Date _____
Withdraw Date _____

FACTS _____

Room _____

Food Allergies _____

A reaction will occur if: (mark all that apply)

Ingested physical contact air borne

Environmental Allergies (including insect bites/stings) _____

Does your child require an Epi-Pen to treat a reaction any of these allergies?

Yes _____ No _____

If “yes”, the parent/guardian must supply 2 Epi-Pens to be kept at the center at all times.

If your child has food allergies, a Meal Modification Form and the CCSP Allergy Form must be completed by a physician. These forms must be on file before a child’s first day of preschool/childcare.

Parent/Guardian Signature

Date