



**FSC – Early Childhood Learning Lab (ECLL)**  
**APPLICATION FOR ENROLLMENT**

**STUDENT INFORMATION**

**ID#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Date of Enrollment:** \_\_\_\_\_

**Child's Full Name:**

\_\_\_\_\_

**Last**

**First**

**Middle**

**Nickname**

**Child's Physical Address:**

\_\_\_\_\_

**Street Address**

**City**

**State**

**Zip Code**

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does your child have any medical concerns, allergies, behavioral concerns, etc.? \*\*

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### **MEDICAL RELEASE STATEMENT**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child. In the event of an emergency and/or which time I cannot be reached, I give consent to transport by ambulance if the situation warrants it. I understand that I am responsible for providing my insurance information and for any fees incurred. I release the CJB Center for Early Childhood Learning and Health leaders and employees from any liability for damages, losses, diseases or injuries incurred which may arise from the activities of this program.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies (Action Plan MUST be on File\*\*): \_\_\_\_\_

Medications: \_\_\_\_\_

\*In cases where the child is the subject of a court (e.g., Custody Order, Restraining Order, or Protection from Abuse Order) the FSC – Early Childhood Learning Lab (ECLL) must be provided with a Certified Copy of the most recent order and all amendments. The orders of the court will be strictly followed. Each parent will be responsible for completing an enrollment packet with their information and emergency contacts.

In the absence of the court order on file with the FSC – Early Childhood Learning Lab (ECLL) both parents shall be afforded equal access to their child as stipulated by law. The FSC – Early Childhood Learning Lab (ECLL) cannot, without a court order, limit the access of one parent by request of the other parent, regardless of the reason.

\*\* IF YOUR CHILD HAS AN ALLERGY THAT REQUIRES A LIFE-SAVING MEDICATION THAT NEEDS TO BE ADMINISTERED TO THE CHILD, A HEALTHCARE PROVIDERS ACTION PLAN, MEDICATION CONSENT FORM, AND A SIGNED TRAINING FORM SHOULD BE ON FILE FOR THE CHILD.

### **EMERGENCY CONTACTS**

Child will be released only to