# Anna Heights Early Learning Center
# Enrollment Application

100 Turner Ave. Anna, IL 62906
Phone 618 833-7158 fax: 618 833-5918
Church Office: 618 833-5916

**Hours of Operation:**

The center opens at 6:30 am and closes at 5:30 pm Monday thru Friday. Your child may attend the center any time during the hours of operation.

- Holiday Schedule – The program observes the following *paid* holidays:
  - New Year's (1 day)
  - Veterans Day (1 day)
  - Good Friday
  - Memorial Day (1 day)
  - July 4th Independence Day (1 day)
  - Labor Day
  - Thanksgiving (2 days)
  - Christmas (2 days)

- Fees –Rates are for full day only:
  - Infants & Toddlers: $29.50
  - 2 year olds: $20.00
  - 3-5 year olds: $20.00
  - School age: $20.00summer
    $2.75 per hour before/after school
  - Drop In Rate: $21.00 (drop in rate change only applies to 2 yrs. and older)

***Child Care Resource and Referral childcare assistance program accepted for qualified applicants: 1-800-548-5563 If you received a CCRR packet from our center please complete and send to CCRR for approval.***

**Anna Heights Early Learning Center**
**Enrollment Application**

Child's full name: _____
Date of birth: _____
Gender: _____
Date of enrollment: _____
Discharge: _____

**Enroll my child for the following scheduled days and hours of care at_____ per day. I agree to abide by the ELC parent handbook regarding payment guidelines.**

_____
**Parent signature date**

| | Drop off time | Pick up time |
|---|---|---|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

Parent's name: _____

Address: _____

Telephone numbers: _____

Work hours of parents: _____

Parents place of employment:
_____

Address: _____

Telephone: _____

Child's physician: _____

Address: _____

Telephone: _____

**Primary list of persons authorized to pick up your child regularly:**

1) Name: _____

Address: _____

Telephone: _____

2) Name: _____

Address: _____

Telephone: _____

3) Name: _____

Address: _____

Telephone: _____

4) Name: _____

Address: _____

Telephone: _____

5) Name: _____

Address: _____

Telephone: _____

**Persons to be contacted in an emergency if the parent cannot be reached:**

1) Name: _____

Address: _____

Telephone: _____

2) Name: _____

Address: _____

Telephone: _____

3) Name: _____

Address: _____

Telephone: _____

## Consent for photograph, film, video

I authorize use of photographs, film or video of my child, _____

for daycare use.

_____

Parent signature/date:

**Things to know about my child:**

1) By what name do you call your child? _____

2) What words does your child use regarding the bathroom?

_____

3) Is your child self-sufficient in the bathroom... in which areas does he/she require assistance?
_____

4) Has your child ever attended daycare or preschool? _____

5) If so, where? _____

6) Was the experience enjoyable for him/her? _____

7) Does your child have any fears or anxieties?_____

8) Describe your child's skills or talents.

_____

9) Please list your child's areas of interest/strengths.

_____

10) Does your child have any allergies? _____

11) Are there any foods your child dislikes?_____

12) What are your child's favorite foods?_____

13) Please describe a typical day with the children._____

_____

_____

_____

14) Does your child have any recurrent medical problems?

_____

15) Please describe your child's waking/sleeping habits.

_____

16) Do you have questions about areas of child development?

_____

17) Do you have any concerns about your own child's development?

_____

18) How do you redirect your child doing something/getting into something not allowed/hazardous?

_____

19) Do you consider yourself 'firm' or 'flexible' in your child's discipline?

_____

20) Would you be interested in any parent training opportunities offered through our center? (Discipline, child development, etc.)

_____

21) Does your child have any special needs or behavior concerns we should be aware of? (health issues, IEP, etc.)

_____

_____

_____

**School Age Transportation Consent**

While enrolled in the Anna Heights after school program my child, _____, has my permission to be transported from _____ school by the Anna Heights bus to the Early Learning Center each day after school.

_____

Parent Signature Date