



9045 W Irving
Boise, Id 83704
391-2222

3677 E Copper Point Dr
Meridian, Id 83642
391-2200

Child's Name:	Date of Birth:	M/F? (circle one)
Child's Name:	Date of Birth:	M/F?
Child's Name:	Date of Birth:	M/F?
Child's Name:	Date of Birth:	M/F?
Phone Number:		
Child's Address:		Apt #:
City:	State:	Zip:
Start date:		Please circle days: M T W Th F
For school aged children: Name of school?		
Current grade?	In Kindergarten? Full day a.m. p.m. (circle one)	
Is transportation needed? Before After (circle if needed)		
Health Information: Please list any allergies or special health concerns below		
Allergies:		
Special Health Concerns:		
Physician:		Phone Number:

Parent's Name (Sponsor):		Social Security #:
Email Address:		
Address:		Apt #:
City:	State:	Zip:
Home Phone:		Cell Phone:
Place of Employment:		Work Phone:
Parent's Name (Cosponsor)		Social Security #:
Email Address:		
Address:		Apt#:
City:	State:	Zip:
Home Phone:		Cell Phone:
Place of employment:		Work Phone:
<p style="text-align: center;">Emergency contact information: DO NOT LEAVE BLANK</p> <p>Child/children will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached. Please inform your contacts that we require photo identification at pick up time.</p>		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Emergency Release: I give permission for Advantage Early Learning Center to make any appropriate decisions regarding medical emergencies, evacuations, first aid, etc. for the safety and well being of my child while in their care.

Signed:

Field Trip Release: I authorize Advantage Early Learning Center to transport my child on field trips off site. This includes neighborhood buggy rides and walks and other field trips where Advantage Early Learning Center buses are utilized.

Signed:

Classroom camera release: I authorize Advantage Early Learning Center to utilize the cameras in my child's classroom for the purpose of online viewing of said classroom. I understand that these cameras serve two purposes. One is to ensure my child's safety and well-being, and the other is to allow parents of children in the classroom to view their activities. I will take full responsibility of my user name and password and keep it in strict confidence. I am also aware that my user name and password may change as Advantage Early Learning Center feels necessary for safety and privacy reasons.

Signed:

By signing the above policies on this form I hereby agree to the policies and practices listed on this enrollment application. I understand that in order for my child to start in the Advantage Early Learning Center program, this application must be completed in its entirety and a copy of my child's immunization records must be provided. Childcare cannot be started until both parties have signed and dated this form.

Parent's signature: _____ Date: _____.

Parent's signature: _____ Date: _____.

Director's Signature: _____ Date: _____.