



10700 E. Iliff Ave.
Aurora, CO 80014
Ph: 303-309-6293
Fax: 303-368-7106
www.sproutschristian.org

CHILD CARE ENROLLMENT FORM

Application Date _____

Enrollment Date _____

Information about the Child

Child Name (Last, First) _____ Age _____ Date of Birth _____ Gender M F

Primary Address _____ City, State, Zip _____

Child's School (only required for Before & After School Care enrollments) _____

Child primarily lives with (circle one): Both parents Mother Father Other _____

If separate residences exist for primary caregivers, please briefly describe circumstances (custody arrangement, schedules, etc.): _____

Name of Parent/Guardian (1) _____ Relationship to Child _____

Address (if different from child) _____ City, State, Zip _____

E-mail Address _____ Home Phone _____ Cell Phone _____

Employer Name _____ Work Phone _____

Work Address _____ City, State, Zip _____

Name of Parent/Guardian (2) _____ Relationship to Child _____

Address (if different from child) _____ City, State, Zip _____

E-mail Address _____ Home Phone _____ Cell Phone _____

Employer Name _____ Work Phone _____

Work Address _____ City, State, Zip _____

Emergency Contact (other than listed above) _____ Relationship to Child _____

Emergency Phone _____ Address _____

The child will be released only to the people above and the following person(s):

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Person(s) Not Authorized to Pick Up Child*

Name _____ Name _____

*Center must be provided with court-issued custody documentation papers that clearly describe any custody arrangements.

Information for Special Needs

Does your child have an identified mental or physical disability or impairment that may require accommodations?

___ Yes ___ No; if yes, please explain: _____

Does your child require or participate in any of the following special services?

English as a Second Language (ESL) ___ Speech/Language Therapy ___ Physical Therapy ___ Behavioral Therapy ___

Other outside support services _____

Is there anything else we need to know to help your child thrive? _____

Family Background

How did you hear about our Center? ___ CCF Announcements ___ Direct Mail ___ We live in the neighborhood
___ Referred by Friend: _____ ___ Our School ___ Other: _____

Are you familiar with the philosophy and mission of Sprouts Christian Learning Center? ___ Yes ___ No
How do the values of the Center match your personal family values?

Please describe your family's spiritual foundation and beliefs. If the child spends significant time in multiple homes,
please give a description for each setting: _____

Please describe your approaches to motivation and discipline: _____

Does your family currently attend a church with the child regularly? ___ Yes ___ No; if yes, please list below:

Church Name/Location	Pastor's Name	Year(s) attended	Member?
_____	_____	_____	_____

Certification *Each parent/guardian must review the information below, initial where indicated, and sign at the bottom of the page.*

Media Release: I do ___ / do not ___ give my permission that photographs, films, or recordings taken as part of Sprouts Christian Learning Center activities may be used in print and electronic media (i.e. web sites, brochures, etc.).
___ / ___ **Initials**

Parent Handbook: I understand and agree that when I register my child in the Center that I must abide by the policies and procedures stated in the Parent Handbook. I understand that the policies and procedures are subject to change and that I will be reasonably notified of any changes. I further understand and agree that upon repeated notice for failure to comply with the policies and procedures, I will be required to find alternative childcare services, and my child will be withdrawn from the Center. ___ / ___ **Initials**

Financial Responsibility: I understand that only one parent/guardian will be documented as financially responsible for the child's account, and that it is the responsibility for each parent/caregiver to make financial arrangements with each other if/when the responsibility is divided. I also understand that all child care fees must be paid before the child receives services at the Center. ___ / ___ **Initials**

Sign In/Sign Out Procedure and Responsibility: I agree to abide by the sign in and sign out procedures as directed. I understand the Center is not responsible for my child before he/she is correctly signed in, or after he/she is correctly signed out. ___ / ___ **Initials**

Child Records Updates: I agree to keep my child's records up to date, including but not limited to, parent/caregiver information, current contact phone numbers, emergency contact information, and numbers of those authorized to pick up my child. ___ / ___ **Initials**

Movies: I give permission for my child to watch G-rated movies during special events or occasions. ___ / ___ **Initials**

Parent/Guardian (1) Signature _____

Date _____

Parent/Guardian (2) Signature _____

Date _____