



Christian Leadership Academy for Early Learners, Inc.

5001 Seminary Road, Suite #109
Alexandria, VA 22311



APPLICATION FORM



*There are seeds of **GREATNESS** in every child.
We must plant a **KNOWLEDGE**,
Water a **CREATIVITY**,
Model **LOVE**, and we will reap a **DESTINY**
that can **CHANGE THE WORLD**.*

- Dr. Deborah L. Tillman

OFFICIAL START DATE: _____

(TO BE COMPLETED BY THE DIRECTOR)

*If parent changes start date for any reason, parent will still be responsible for full tuition payment.

Parent's Signature

NON-REFUNDABLE REGISTRATION FEE (100.00)
NON-REFUNDABLE ACTIVITY FEE (\$100.00)
GUIDING LIGHT CURRICULUM BOOK (\$20.00)
NON-REFUNDABLE COT FEE (\$20.00)
HEALTH & WELLNESS MEMBERSHIP (\$60 - \$75 MONTHLY)

Multiple children (#) ____ **Social Services**

APPLICATION FORM

Child's Complete Name	Nickname	Date of Birth	Today's date
Complete Address			Contact Number #
Previous Child Day Care Programs and Schools Attended:			
If Child Attends This Center and Another School/Program, Give the Name of School/Program			Grade

PARENTS/GUARDIANS

Mother's Full Name	DOB (mm/dd/year)	SSN	Place Employed
Mother's Home Address			
Contact Number #	Work Number #	Email Address	
Mother's Business Address			
Father's Full Name	DOB (mm/dd/year)	SSN	Place Employed
Father's Home Address			Home Phone #
Contact Number #	Work Number #	Email Address	
Father's Business Address			
Person(s) or Agency Having Legal Custody of Child			
Home Address			Home Phone #

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency	
Child's Physician	Phone #
Person(s) Authorized to Pick Up Child	
Person(s) NOT Authorized to Pick Up Child	
1. Emergency Contact Person (Someone other than Parent/Guardian)	
Home Address	Home Phone #
Business Address	Business Phone #
2. Emergency Contact Person (Someone other than Parent/Guardian)	
Home Address	Home Phone #
Business Address	Business Phone #



CONFIDENTIAL INFORMATION CONCERNING APPLICANT'S CHILD

1. Does your child have any chronic health problem? If yes, explain. _____

2. Does your child take any medication on a regular basis? _____

3. Does your child have any allergies? If yes, name specifically. _____

4. Does your child have any fears, and if so, how so you deal with them? _____

5. What foods does your child dislike? _____

6. What's your child's usual nap times and how long does your child usually nap? _____

7. How well does your child deal with other children and what is your child's temperament? _____

8. If you have additional information concerning your child, please list it below. _____

9. How did you hear about our schools?
____Advertisement ____Flyers ____Friend ____Word of mouth ____Other referral
10. Do you agree to take a Parenting Course at Happy Home Christian Leadership Academy?
____Yes ____No
11. Your 30-day meeting with the Director has been scheduled for _____

AGREEMENTS

1. The parent/guardian give authorization for the child to participate in the Center's transportation and field trips

_____ Parent/Guardian _____ Date

2. The childcare center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.

_____ Parent/Guardian _____ Date

3. The parent/guardian authorizes the childcare center to obtain immediate medical care if an emergency occurs when he or she cannot be located immediately.

_____ Parent/Guardian _____ Date

4. The parent/guardian agrees to notify the center immediately if any one in the child's household has a communicable disease. _____ (Parent's Signature)

5. The center will not administer insect repellent. _____ (Parent's Signature)

6. Diaper Creams and Ointments will only be administered when the parent/guardian completes the medication form. _____ (Parent's Signature)

7. Sunscreens will only be used during the months of June through August with a completed medication form. The center will provide all sunscreens with SPF 30. _____ (Parent's Signature)

_____ Administrator of Center _____ Date

_____ Date Child Entered Center _____ Date Child Left Center

If there is an objection to seeking emergency medical care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

FOR OFFICIAL USE ONLY **IDENTITY VERIFICATION**

Date of identity verification : _____

PLACE OF BIRTH	BIRTH DATE	BIRTH CERTIFICATE NUMBER	DATE ISSUED
<u>Other FORM of Proof</u>			

** Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, Physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child pacing agency. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.



HAPPY HOME CHILD EMERGENCY INFORMATION

Child's Name: _____

Birthday: _____

Home Address: _____

Home Phone: _____

Child's Health Insurance: _____

ID #: _____ Group #: _____

Mother's Name: _____

Father's Name: _____

Important Contact Information:

Father: Home: _____ Work: _____ Cell: _____

Email Address: _____

Mother: Home: _____ Work: _____ Cell: _____

Email Address: _____

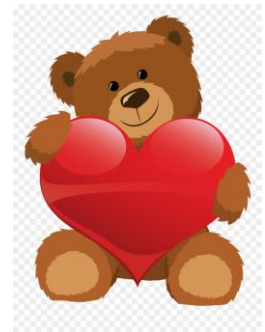
Alternate Emergency Contact Person(s): *Someone Other Than Parents*

Name: _____ Phone: _____

Email Address: _____

Name: _____ Phone: _____

Email Address: _____



A decorative border of colored pencils surrounds the text. At the top, there are three pencils: brown, green, and red. On the left side, there are four pencils: yellow, blue, blue, and red. At the bottom, there are three pencils: brown, yellow, and blue. On the right side, there are three pencils: blue, yellow, and a cup containing several pencils (red, yellow, blue, green, brown).

HAPPY HOME MOTTO

**I'm a Happy Home VIP
I'll go down in HISTORY
My goal is to do my BEST
So I can compete with all the REST
By working hard in everything I DO
The reports will be good Yes, this is TRUE
I'll make sure my appearance is always GOOD
This is something that is surely UNDERSTOOD
The idea is to do well I KNOW
So that someday I can excel and GROW
Yes, I'm a Happy Home VIP
Therefore, I will always be the BEST I can BE.**

Prayer:

***God loves the little children of the world.
Red, Yellow, Black and White all are
Precious in His Sight.***

~ AMEN