



Payment Received:
Cash   Check   Credit
Date:

## CHILDREN'S ENROLLMENT FORM

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other Child's

Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

**Religious Affiliation:**

Denomination: \_\_\_\_\_

Current Church/Congregation: \_\_\_\_\_

Church Member (circle one): Yes/No

**Mission Statement**

*“The mission of Strong Rock Christian School is to glorify God and partner with families in educating and inspiring their children to impact the world for Jesus Christ – The Strong Rock.”*

**Statement of Faith**

- We Believe that Jesus is Lord.
- We Believe the Bible to be the only Divinely inspired, infallible, inerrant, and authoritative Word of God.
- We Believe there is only one living and true God. To Him we owe the highest love, reverence, and obedience.
- We Believe that the Lord Jesus Christ is the eternal Son of God and Savior of the world. We affirm His virgin birth, sinless life, miracles, and ministry. We Believe in His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension to the right hand of the Father, and His return in power and glory. He now dwells in all Believers as the living and ever-present Lord.
- We Believe that all are sinners; that no one can come to the Father except through Jesus Christ; that only by the grace of God can we repent, confess with our mouths and believe in our hearts that Jesus is the Savior and the Son of God; that He gave His life on a cross and was resurrected for the forgiveness of all sin; and that only through Jesus Christ can we attain the gift of righteousness and eternal salvation.
- We Believe that the eternal triune God reveals Himself to us as Father, Son and Holy Spirit. The fully divine Spirit of God inspired scripture, exalts Christ, and convicts of sin. He indwells, enlightens and empowers the believer to righteousness through worship, evangelism, and service.
- We Believe that following the second coming of our Lord Jesus Christ, there will be two resurrections: one to eternal condemnation, and the other to eternal life and joy.

**The child may be released to the person(s) signing this agreement or to the following:**

\*Name \_\_\_\_\_ \*Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ \*Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

**Persons to contact in the case of emergency when parent or guardian cannot be reached:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs

\_\_\_\_\_  
\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

\_\_\_\_\_  
\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre- existing illness, allergies, or health concerns:

\_\_\_\_\_  
\_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of Strong Rock Christian School Early Learning Center, and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature

Facility Administrator/Person-In-Charge: \_\_\_\_\_

Signature

Date: \_\_\_\_\_

## Parental Agreements with Child Care Center

The Strong Rock Christian School Early Learning Center agrees to provide child care for

\_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
(Name of Child) (Days of Week)

from \_\_\_\_\_ to \_\_\_\_\_.  
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast  
Morning Snack  
Lunch  
Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Strong Rock Christian School Early Learning Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Strong Rock Christian School Early Learning Center.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/Person-In-Charge)