



# EDUCATIONAL RESOURCES FOR CHILDREN, INC. ENROLLMENT APPLICATION

RETURN COMPLETED FORM TO: 174 South Road Ste. 200 Enfield, CT 06082  
EMAIL TO REGISTRAR: dlenn@erfc.us



CHILD'S INFORMATION				Office Only - Start Date:	
Date :	School Child Attends :	Grade :	Teacher:	Room #:	
Child's Full Name :			Child's Date of Birth :		<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Home Address :				<b>Before/After School Schedule</b>	
<b>Providing demographic information is voluntary and is needed for grant funding.</b>	<b>Child Lives With:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent & Step-Parent <input type="checkbox"/> Single Mother/Father <input type="checkbox"/> Joint Custody <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Care <input type="checkbox"/> Other _____	<b>Child's Ethnicity:</b> <input type="checkbox"/> Am. Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White	<b>Primary Language:</b> <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Other	<input type="checkbox"/> 3 Days (Circle) M T W Th F <input type="checkbox"/> 5 Days <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both <b>Drop-off time AM:</b> _____ <b>Pickup Time PM:</b> _____	
<b>Child's School Lunch Status:</b> <input type="checkbox"/> Free/Reduced <input type="checkbox"/> No - Not Free/Reduced		<b>Afterschool Adventure:</b>			

**PARENT/LEGAL GUARDIAN INFORMATION - PLEASE COMPLETE ALL INFORMATION!**

Parent/Guardian Name :	Parent/Guardian Name :
Relationship to Child :	Relationship to Child :
Email Address :	Email Address :
Home Address :	Home Address :
Primary Phone :	Primary Phone :
Secondary Phone :	Secondary Phone :
Employer :	Employer :
Work Address :	Work Address :
Work Phone :	Work Phone :

**ALTERNATE PICK-UP / EMERGENCY CONTACTS**  
*(State law requires that these individuals be 18 years of age or older)*

**You MUST list at least 2 emergency contacts other than a parent/guardian:**

Name :	Relationship to Child :	
Primary Phone :	Secondary Phone :	Work Phone :
Name :	Relationship to Child :	
Primary Phone :	Secondary Phone :	Work Phone :
Name :	Relationship to Child :	
Primary Phone :	Secondary Phone :	Work Phone :

The contact information listed above is correct and all phone numbers listed are current, working numbers. I understand that any changes in contact information must be reported to the ERfC Administrative office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name :	School Child Attends:
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**AUTHORIZATION / AGREEMENT**

I have read and understand ERfC School-Age Center Policies & Procedures (available at www.erfc.us or by request from the ERfC administrative office). ERfC staff have reviewed Section IX, the policy on discipline with me.	Initial and Date
I give permission for my child to use all the play equipment and participate in all the activities of the Center, except as noted here: _____	Initial and Date
I give my consent for ERfC to take photographs and video of my child during Center activities to be used for educational, public relations and program evaluation purposes.	Initial and Date
I give consent for ERfC to receive and the Enfield Public Schools (EPS) to provide the following educational records: <i>report cards</i> and <i>Connecticut Mastery Test scores</i> for the current year or the results of the <i>Smarter Balanced Assessment Consortium Scores</i> . Such specific educational records may be disclosed for the purpose of ERfC providing educational support and assistance to my child, evaluating my child's academic progress and improvement, and evaluating the impact of the program on student achievement.  I also give my consent for ERfC to provide EPS with information obtained about my child such as ERfC Center attendance, demographics, and support needs. I also understand and give consent for ERfC to discuss my child's support needs with EPS teachers and or other EPS officials.  I further give my consent to ERfC to share these specific educational records within ERfC to provide educational support and assistance, and to provide these specific educational records to organizations that fund ERfC School-Age Centers, for purposes of determining continued funding.	Initial and Date
I understand that all prescribed medication or non-prescription medication that my child requires to be administered during their time at the Center will be provided to the Center Administrator in accordance with ERfC's policy on the distribution of medications (ERfC School-Age Centers Policies & Procedures, Section VI). I will be notified when my child has been administered their medication at the Center. I understand that my child will not receive any medication that I have not authorized.	Initial and Date
I understand and agree that all of the emergency contacts I have provided are local (in Enfield or close by) and I or the other contacts will be able to arrive at the center within twenty (20) minutes of being called.	Initial and Date
I understand that as child care providers, all ERfC staff are <b><u>mandated by law to report actual or suspected child abuse</u></b> . Child abuse includes, but is not limited to: neglect (i.e. the failure to provide food, adequate medical care, clothing, shelter, appropriate supervision) or the imminent risk of serious harm of any child. This includes the reporting of parents, legal guardians or care-givers who appear to be impaired by drugs or alcohol.	Initial and Date

**Does your child have any allergies?**     Yes     No    Please describe allergy:

**Does your child have asthma or have they ever been prescribed an inhaler?**     Yes     No

**ALL CHILDREN MUST HAVE A CURRENT CT HEALTH ASSESSMENT RECORD (PARTS 1 & 2) ON FILE WITH THE ERFC ADMINISTRATIVE OFFICE. CALL 860-253-9935 TO OBTAIN FORM**

**CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR CHILD**

In the event that my child develops a medical problem which ERfC personnel feel requires my immediate evaluation, I or those persons whom I have designated as emergency contacts will be contacted. I understand that I will be required to immediately pick-up my child or arrange for my child to be picked up if they develop any of the following: contagious disease, fever over 100°F, vomiting or diarrhea. My child will be moved to an area away from the other children and a staff member will remain with my child at all times until I (or my designated pick-up person) arrive.

In the event that my child has a **medical emergency** while in the care of the ERfC, I understand that the following procedure will be followed:

1. Each Center has at least one First Aid/CPR Certified staff member on duty at all times. The staff, after determining that a medical emergency exists, will call 911. If necessary, staff will perform CPR and/or other first aid measures until Emergency Medical Technicians (EMT) arrive. The necessity of transportation to a hospital will be determined by the EMT's.
2. Every effort will be made to contact you before the child is taken to the nearest hospital. If a parent cannot be reached, staff will contact an "emergency contact" that the family has provided.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_