

Anna Heights Early Learning Center
Enrollment Application

100 Turner Ave. Anna, IL 62906
Phone 618 833-7158 fax: 618 833-5918
Church Office: 618 833-5916

Hours of Operation:

The center opens at 6:30 am and closes at 5:30 pm Monday thru Friday. Your child may attend the center any time during the hours of operation.

- Holiday Schedule – The program observes the following *paid* holidays:
 - New Year's (1 day)
 - Veterans Day (1 day)
 - Good Friday
 - Memorial Day (1 day)
 - July 4th Independence Day (1 day)
 - Labor Day
 - Thanksgiving (2 days)
 - Christmas (2 days)

- Fees –Rates are for full day only:
 - Infants & Toddlers: \$32.50
 - 2 year olds: \$26.50
 - 3-5 year olds: \$23.50
 - School age: \$23.50summer
\$7.00 per day after school
\$16.00 per partial day only when public school dismisses early
 - Drop In Rate: \$2.00 additional charge per day (all age groups)

Child Care Resource and Referral childcare assistance program accepted for qualified applicants: 1-800-548-5563 If you received a CCRR packet from our center please complete and send to CCRR for approval.

05.08.2019

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Child's full name: _____

Date of birth: _____

Gender: _____

Date of enrollment: _____ discharge: _____

Enroll my child for the following scheduled days and hours. I agree to abide by the ELC current rates & parent handbook regarding payment guidelines.

Parent signature **date**

	Drop off time	Pick up time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Parents name: _____

Address: _____

Telephone numbers: _____

Work hours of parents: _____

Parents place of employment: _____

Email: _____

Address: _____

Telephone: _____

Child's physician: _____

Address: _____

Telephone: _____

Primary list of persons authorized to pick up your child regularly (unless specified otherwise these may be used as emergency contact if parents can't be reached):

1) Name: _____

Address: _____

Telephone: _____

2) Name: _____

Address: _____

Telephone: _____

3) Name: _____

Address: _____

Telephone: _____

4) Name: _____

Address: _____

Telephone: _____

5) Name: _____

Address: _____

Telephone: _____



Are you actively involved in church somewhere? _____ If so, where?

Occasionally, church staff have the opportunity to visit families outside of church/ELC property. If, at any time, there is something specific you'd like to discuss/share please let us know.

Consent for photograph, film, video

I authorize use of photographs, film or video of my child, _____

for daycare use, including but not limited to website, facebook, and advertising.

____ Special Considerations as follows: _____

Parent signature/date:

Things to know about my child:

1) By what name do you call your child? _____

2) What words does your child use regarding the bathroom?

3) Is your child self-sufficient in the bathroom... in which areas does he/she require assistance?

4) Has your child ever attended daycare or preschool? _____

5) If so, where? _____

6) Was the experience enjoyable for him/her? _____

7) Does your child have any fears or anxieties? _____

8) Describe your child's skills or talents.

9) Please list your child's areas of interest/strengths.

10) Does your child have any allergies? _____

11) Are there any foods your child dislikes? _____

12) What are your child's favorite foods? _____

13) Please describe a typical day with the children. _____

14) Does your child have any recurrent medical problems?

15) Please describe your child's waking/sleeping habits.

16) Do you have questions about areas of child development?

17) Do you have any concerns about your own child's development?

18) How do you redirect your child doing something/getting into something not allowed/hazardous?

19) Do you consider yourself 'firm' or 'flexible' in your child's discipline?

20) Would you be interested in any parent training opportunities offered through our center? (discipline, child development, etc.)

21) Does your child have any special needs or behavior concerns we should be aware of? (health issues, IEP, etc.)



School Age Transportation Consent

While enrolled in the Anna Heights after school program my child,
_____, has my permission to be transported from
_____ school by the Anna Heights bus to the Early Learning Center
each day after school.

Parent Signature

Date