



5704 Marlin Rd Suite 2300
Chattanooga, TN 37411
423-654-7420

ENROLLMENT APPLICATION

Entrance Date (mm/dd/yyyy) Withdrawal Date (mm/dd/yyyy) Birthdate (mm/dd/yyyy)

Child's Name (last, first, middle initial)

Child's Nickname Gender Age

Home Address (Street Address, City, State, and Zip Code)

()

Home Telephone Number

Child's Primary Language

()

Parent 1 Cell Phone Number

()

Parent 2 Cell Phone Number

Parent 1 Name/Home Address/ Telephone Number if different from child's

Place of Employment/Address of Employment/ Business Number with extension

Parent 2 Name/Home Address/Telephone Number if different from child's

Place of Employment/Address of Employment/ Business Number with extension

Regular Care of Arrangements: Lives with { } Both Parents { } Mother { } Father { } Other: _____

Are there any custody arrangements for your child? _____ If yes, please describe:

(A court order with supporting documentation detailing custody arrangements/ restrictions must be provided)

Child's Legal Guardian(s) { } Both Parents { } Mother { } Father { } Other

Pick up/Drop off Authorizations: My Child may be released to the following person(s)

1. Name Address including complete street address, city, state, and zip code

() _____
Cell Phone Number Relationship

2. Name Address including complete street address, city, state, and zip code

() _____
Cell Phone Number Relationship

3. Name Address including complete street address, city, state, and zip code

() _____
Cell Phone Number Relationship

Emergency Contacts: Persons to contact in case of an emergency when parents cannot be reached. These people are authorized to make medical decisions concerning my child.

1. Name Address including complete street address, city, state, and zip code

() _____

2. Name Address including complete street address, city, state, and zip code

() _____

3. Name Address including complete street address, city, state, and zip code

() _____

Pediatrician or child's primary health care source

Telephone number

Dentist name

Telephone number

Does your child have any allergies or food restrictions? _____

If yes, please describe and attach the care plan.

Does your child have any diagnosed special needs, medical or mental conditions? _____

If yes, please describe.

Are your child's activities restricted by any special needs, developmental disabilities, medical or other conditions? _____

If yes, please describe.

The following special accommodations may be required to most effectively meet my child's needs while at this center. (Circle one) NONE YES

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 unmentioned above (Circle one) NONE YES

If yes, please describe.

EMERGENCY MEDICAL AUTHORIZATION

Should my child suffer an injury or illness while in the care of Imago Dei Care Child Development 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 agree to keep the facility informed of changes in telephone numbers, etc., where I/We can be reached. The facility agrees to notify me of any incidents requiring professional medical attention and involving my child. Permission is granted to take my child to the nearest appropriate medical facility, and the facility and its staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child. I agree and accept the financial responsibility for all medical and transportation expenses incurred.

In consideration of the registration of my child, I release Imago Dei Care Child Development Center and their related companies, directors, officers, employees, and agents from any claims, losses, damages, or costs (including attorneys' fees) caused by or arising from my child's registration, use of the facility, or participation in the programs and activities conducted by the program other than to the extent caused by the neglected or willful misconduct of the program and their related companies, directors, officers, employees, and agents.

Parent Signature _____ Date _____

Release and Wavier of Liability for Administering an Asthma Inhaler

Release between imago Dei Care Child Development Center and parent/guardian _____ who are the parents/guardian of _____ have requested Imago Dei Care CDC provide emergency treatment for their child at Imago Dei Care CDC Program and take certain actions described in the child's "Asthma Care Plan", which is attached to this release and is hereby incorporated by reference.

The parties agree that parent/guardian _____ release Imago Dei Care CDC and its officers, employees, or agents from all liability that may arise as a result of Imago Dei Care CDC administering asthma treatment or following the directions in the Authorization (including any additional physician's instructions or clarifications) as long as such employees or agents exercise reasonable care in taking such action. Parent/guardian also releases Imago Dei Care CDC and its officers, employees, or agents from all liability arising out of the use of any materials and/or equipment supplied by the parent/guardian in connection with the asthma treatment as long as such employees exercise reasonable care in the use of such materials or equipment.

This Release shall be governed by the laws of the State of Tennessee, where Imago Dei Care CDC is located.

Parent Signature _____ Date _____