

**SELLE VALLEY CARDEN SCHOOL
ENROLLMENT APPLICATION**

Student Information

Last Name _____ First _____ Middle _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Birth Date _____ Male ____ Female ____

Known Allergies _____

Student Resides with: Parents ____ Mother ____ Father ____ Guardian ____

Childcare facilities, schools child has attended: _____

Family Information

Marital Status: Married ____ Separated ____ Divorced ____ Single Parent ____

Mothers Name _____ **Home Phone** _____

Cell Phone _____ Email _____

Place of Employment _____ Work Phone _____

Fathers Name _____ **Home Phone** _____

Cell Phone _____ Email _____

Place of Employment _____ Work Phone _____

Legal Guardian _____ **Home Phone** _____

Cell Phone _____ Email _____

Place of Employment _____ Work Phone _____

Other Children in Family

Name _____ M__F__ DOB _____ School _____

Name _____ M__F__ DOB _____ School _____

Name _____ M__F__ DOB _____ School _____

Name _____ M__F__ DOB _____ School _____

Selle Valley Carden School has the safety and wellbeing of your child(ren) as the utmost priority. As in the state guidelines, I must have the following information and signatures on file. Thank you.

Fenced Area

Selle Valley Carden School may plan activities such as nature walks and daily lessons outside the immediate fenced area, such as through the field or in the forest.

_____ I will allow my child to play outside the fenced area (be assured your child will always be supervised)

_____ I will not allow my child to play outside the fenced area.

Selle Valley Carden School Policy and Procedures

_____ I have been provided with a copy of SVCS's Policy and Procedures.

_____ I have received, read, and agree to the Policy and Procedures of SVCS.

Selle Valley Carden School Discipline Policy

I have been provided with, have read, and I agree to SVCS's Discipline Policy.

Signature _____ Date _____

Medical Information

Does your child have any known conditions, physical or mental, that may limit his/her participation in our program or facility?

_____ No _____ Yes Explain _____

Allergies _____ Medications _____

Child's Physician _____ Phone _____

Address _____

Medical Insurance Company _____

Policy Number _____

Parents will be asked to have a copy of your medical card kept in your child's folder.

Emergency Contacts

Name _____ Relationship _____

Day Phone _____ Evening _____

Name _____ Relationship _____

Day Phone _____ Evening _____

Name _____ Relationship _____

Day Phone _____ Evening _____

I have read, fully understand, and agree to abide by the policies of Selle Valley Carden School. I understand that I am responsible for all books, materials, or equipment that are damaged or lost by my child and I will pay SVCS the amount necessary to cover the cost of replacing or repairing the aforesaid items.

I do hereby agree that SVCS may authorize emergency medical care for my child, including the use of anesthesia, by the physician of its choice in the event that neither the family physician nor I can be contacted immediately. I will take responsibility for all expenses incurred in the emergency case.

I release Selle Valley Carden School, its administration/employees and volunteers, from any liability whatsoever arising out of injury, sickness, or damage that may occur at school or during any school activities and I will encourage my child to comply with all school regulations.

This authorization is valid for the duration of my child's enrollment.

Signature of Parent

Date

Signature of Parent

Date