

# Application for Enrollment

## The Adele P. Glen Academy for Early Childhood Education Academy

Richland Community College | One College Park | Decatur, Illinois 62521



Date\_\_\_\_\_

All information is confidential. We cannot share in any information you provide without your written permission.

Child's Name	Last	First	M.I.	Birthdate	Sex
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### Parent/Guardian's Information

Last	First	RCC ID #
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Home Address

City	State	Zip
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Home Phone	Cell Phone	Work Phone
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Place of Employment

Last	First	RCC ID #
------	-------	----------

Home Address

City	State	Zip
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Home Phone	Cell Phone	Work Phone
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Place of Employment

**Primary Custodian/s:** ☐ Mother ☐ Father ☐ Legal Guardian ☐ Married Parents

Is non-custodial parent allowed to access or pickup child? ☐ Yes ☐ No

If yes, list name of non-custodial parent:\_\_\_\_\_

### Emergency Contacts

Please list two people to contact if Parent/Guardian cannot be reached

Last	First	Relationship to Child
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Street Address

City	State	Zip
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Home Phone	Cell Phone	Work Phone
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Last	First	Relationship to Child
------	-------	-----------------------

Street Address

City	State	Zip
------	-------	-----

Home Phone	Cell Phone	Work Phone
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### Physician to Contact

Physician's Name	Phone Number	Address	Hospital or Clinic
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## Health of Child

Please explain any of the following that concern your child. Mark "no" or "none" if your child does not have any of the below conditions.

**Do not leave blank.**

Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Physical Handicaps \_\_\_\_\_

\_\_\_\_\_

Restrictions for Play \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Asthma \_\_\_\_\_

\_\_\_\_\_

Food Likes \_\_\_\_\_

\_\_\_\_\_

Food Dislikes \_\_\_\_\_

\_\_\_\_\_

Fears \_\_\_\_\_

\_\_\_\_\_

Is your child toilet trained? ☐ Yes ☐ No

Does your child have special names for common objects? (potty, cookies, drinks, etc.) \_\_\_\_\_

\_\_\_\_\_

Does your child take medications regularly? \_\_\_\_\_ If so, what kind and frequency \_\_\_\_\_

\_\_\_\_\_

Other information that you feel would be helpful \_\_\_\_\_

\_\_\_\_\_

What program option are you interested in? ☐ 5 days a week ☐ 3 days a week ☐ 2 days a week

Parent/Guardian Signature

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Director Date

\_\_\_\_\_  
Signature of Parent/Guardian Date