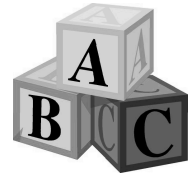




Northern Dauphin Christian School Early Education Center



Application for Enrollment Continued

GENERAL INFORMATION

Special physical conditions/allergies we need to be aware of: _____

Name & age of other children in the family: _____

Is this the first time your child was enrolled in an early education program? Yes No
If no, what was the name of program attended: _____

Church where you attend: _____ Don't attend church

MEDICAL INFORMATION

Name of child's physician: _____

Address of child's physician: _____

Phone of physician: (_____) _____ - _____ Date when child was last examined by physician: ___/___/___

Medical Insurance Carrier: _____ Medical Insurance Number: _____

CONSENT TO MEDICAL CARE & TREATMENT

I, _____, hereby give permission for my child, _____, to be given emergency treatment, to include first aid and CPR by a qualified staff member of NDCS Early Education Center. I further authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediate, necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case I waive my right of informed consent to such treatment. I also give permission for my child to be transported for treatment. I further authorize that NDCS Early Education Center will not be held responsible for injury or any bills incurred by injury including but not limited to physician & hospital bills.

Signature of Parent/Guardian: _____ **Date:** _____

PHOTOGRAPH RELEASE

I release NDCS Early Education Center to photograph and or videotape my child participating in daily activities, and to use the photographs and/or videos in the promotion of the NDCS Early Education Center through photograph displays, yearbook, brochures, newspaper and board approved websites.

Signature of Parent/Guardian: _____ **Date:** _____

APPLICATION

Return completed application & non-refundable application fee of \$50.00 to 1072 Route 25, Millersburg, PA 17061. Your application will be reviewed and you will be contacted for an interview. Interviews are conducted between the teacher, director, parents and child for enrollment. A Contract Agreement and all other paperwork must be submitted before enrollment is final.

Signature of Parent/Guardian: _____ **Date:** _____

OFFICIAL USE ONLY

Registration Fee \$ _____ PAID Cash/Check # _____ Date: _____

3 Year Program 4 Year Program