

# Apply for Enrollment:

CHILD'S ADMISSION FORM FOR ENROLLMENT INTO LOTUS ELEMENT  
(Use a separate form for each child)

PARENTS: This information is required prior to enrollment of your child.

Date Enrolled: \_\_\_\_\_

## CHILD INFORMATION

Child's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARENT INFORMATION

Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Address (if different): \_\_\_\_\_

Work Site Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Other Parent/Guardian Address: \_\_\_\_\_

Other Parent/Guardian Work Site Address: \_\_\_\_\_

Other Parent/Guardian Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## ADDITIONAL INFORMATION ABOUT YOUR CHILD

If your child has any allergies, takes medication or has special dietary requirements, or other

identified needs, please describe (use additional sheets if necessary):

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## PERMISSION & UNDERSTANDING STATEMENTS

(Initial Below)

\_\_\_ I understand every effort will be made to contact me incase of emergency. I hereby

authorize LOTUS ELEMENT to obtain emergency medical care for \_\_\_\_\_ (Name of child).

I authorize my child (\_\_\_\_\_) to participate in wading pool activities.

I authorize my child (\_\_\_\_\_) to participate in swimming activities.

I hereby authorize transportation to be provided. I acknowledge that \_\_\_\_\_ LOTUS ELEMENT has provided me with a general description detailing types, frequency and sample destinations when children may be transported.

I acknowledge that if religious activities are offered, I have been given or will be given a general description of these activities.

I have been informed that tobacco use will not occur in the presence of children.

I acknowledge that the following have been explained:

Daily schedule

Walking trips, if any

Typical activities (indoor and outdoor)

Car trips, if any

Please provide any other information about your child which would be helpful, such as play habits, sleeping habits, fears, likes, dislikes, etc.

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The following persons are authorized to pick up my child:

1. \_\_\_\_\_ Daytime phone # \_\_\_\_\_
2. \_\_\_\_\_ Daytime phone # \_\_\_\_\_

Please attach to this form either:

- 1.
- 2.
- 3.
- 4.

Evidence of immunization appropriate to your child's age, OR

An immunization exemption form due to medical, religious or moral beliefs.

Copy front and back of child's insurance card.

Copy of child's birth certificate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian