



3239 70th Street East
Inver Grove Heights, MN 55076
*Located in Mount Bethel
United Methodist Church*
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ENROLLMENT APPLICATION

(PLEASE PRINT CLEARLY)

Child's Name _____ Preferred Name _____
Start Date ____/____/____ DOB ____/____/____ Age _____
Address _____ State _____ Zip _____

Parent/Guardian _____ Employer _____
Home Ph # _____ Cell # _____ Work Ph # _____
Email Address _____
Home Address _____ State _____ Zip _____
Driver's license # _____ State _____

Parent/Guardian _____ Employer _____
Home Ph # _____ Cell # _____ Work Ph # _____
Email Address _____
Home Address _____ State _____ Zip _____
Driver's license # _____ State _____

With whom does your child live? _____

Did your child attend another center? If so which school _____

Any information helpful to Teachers _____

Names of Persons **NOT** authorized to take your child out of the center.

1. _____
2. _____

Names & phone number of persons **authorized** to take your child out of the center.

1. _____ Phone # _____
2. _____ Phone # _____
3. _____ Phone # _____
4. _____ Phone # _____

I give permission to the staff at ABMS/EMS to do the following for my child _____ (child's name):

* In case of an emergency, (please check to indicate permission given):

- Administer first aid.
- Have child transported by ambulance to a local hospital or emergency facility.
- Obtain needed emergency medical or dental treatment.
- Transport child to an emergency shelter in case of an evacuation of the building.
- To obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) or osteopath (D.O.) for conditions are necessary to preserve the life, limb or well being of the child named above.

*Please check the following medications for your approval that a staff member from the school may administer to your child for necessary reasons. **These must be provided by Parents, labeled with the child's FIRST AND LAST NAME to be kept at the center.**

- Sunscreen
- Diaper Rash cream
- Chap Stick
- Wet Wipes
- Neosporin
- Insect Repellent (containing DEET)

* I give permission to the staff of ABMS/EMS to administer prescribed medication (from their doctor and in the original container). A Medication Administration form will be given to you when bringing in any prescribed medication.

*I understand ABMS/EMS will have Field Trips throughout the year and my signature is required for each trip, indicated on a permission form pertinent to the Field Trip. I understand that field trips may involve transportation by public school bus.

* (Infants only) I give permission for the teacher to take my baby, _____, for walks in the stroller.

*From time to time we photograph the children while they work or during different events while they are attending our center. The photos are posted in different areas of the school and also arranged in photo albums that would be shown to people looking to enroll their children at the center. We also send these pictures to you to show how your child is doing on a particular day or if they do something special. These images may also be used in social media or promotional purposes.

-Please take note that in order to protect your privacy, the names of the children will not be displayed with any pictures.-

* A **non-refundable** \$100.00 registration fee is required for all children & **one week's non-refundable** payment is required for an infant.

* **One month written notice of termination is required for all programs.** If not received, you will be responsible for tuition payment for that month.

* You are responsible for your child's tuition when sick, on vacation and on holidays.

* A late fee of \$25 will be added if payment is received after the due date agreed to on the Attendance and Payment Agreement form.

* A \$50.00 return check charge will be added to all returned checks. A money order will be required.

I have read the statements above and agree to the terms, conditions, requirements and permissions.

Parent/Guardian Signature _____ Date _____