



Early Learning Centers

**404 Elmhurst Rd.
Wheeling, IL 60090
847.520.4466**

Registration Form

Family Information

Child's Name: _____
 Sex: _____
 Address: _____
 City: _____
 Zip Code: _____
 Birth Date: _____

Father's Name: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Hours: _____
 Business Phone #: _____
 Cell Phone #: _____
 Other #'s: _____
 Email: _____

Mother's Name: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Hours: _____
 Business Phone #: _____
 Cell Phone #: _____
 Other #'s: _____
 Email: _____

Marital Status: Married-----Separated-----Divorced-----Widowed-----Single Parent

Schedule

◆ To enable us to prepare staff and plan accordingly, please place a check in front of the appropriate schedule and the appropriate days.

| | |
|---|------------------------------------|
| <input type="checkbox"/> Full Time | |
| <input type="checkbox"/> Mornings (6:30 - 12:00) | <input type="checkbox"/> Monday |
| <input type="checkbox"/> Afternoons (12:00 - 6:00) | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> Before Kindergarten (6:30 - 12:00) | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> After Kindergarten (12:00 - 6:00) | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Before School (6:30 - 9:00) | <input type="checkbox"/> Friday |
| <input type="checkbox"/> After School (3:00 - 6:00) | |

Date you would like your child to start: _____

(Over)

◆ Person other than parents to be contacted in case of an emergency:

Name: _____ Relationship: _____
Phone #: _____ Other Phone #: _____

◆ Person other than parents to be contacted in case of an emergency:

Name: _____ Relationship: _____
Phone #: _____ Other Phone #: _____

◆ Persons authorized to pick up your child other than parents:

| | <u>NAME</u> | <u>ADDRESS</u> | <u>SIGNATURE</u> |
|----|-------------|----------------|------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

Medical Consent

I, _____, as parent/guardian of _____, hereby authorize Poko Loko Early Learning Center, Inc. by and through its officers, agents, or employees to remove the above minor child from its premises for the purpose of obtaining emergency medical treatment if the need so arises. I further agree that Poko Loko Child Care Center, Inc. is hereby authorized to procure whatever emergency medical treatment that may be necessary, either through a duly licensed physician, dentist and/or a duly accredited hospital or clinic. It is also understood that I will hold Poko Loko Early Learning Center, Inc. harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen within the terms of this agreement shall be left to the sole discretion of Poko Loko Early Learning Center, Inc.

Parent/Guardian: _____ Date: _____

*Password: _____

- * The purpose of the password is to provide a secret word which you can disclose to us if the need arises for you to telephone us concerning matters pertaining to your child. For example, parents often call us to inform us that someone like a neighbor will be picking up their child. Since we have no real way of knowing that the person on the other end of the line is really who he/she claims to be, the password provides a solution. You should not disclose the password to anyone, including your children.
- By enrolling my child in Poko Loko Early Learning Center, Inc., I hereby grant Poko Loko Early Learning Center, Inc. permission to photograph my child in a reasonable and professional manner for promotional and advertising purposes, (i.e. picture day, special events, projects, wall hangings, social media, etc.).

To be completed by Poko Loko Staff:

Anticipated Starting Date: _____ Actual Starting Date: _____ Ending Date: _____