Goodman
Community Center

_____Preschoo l _____4K _____School Age

Goodman Community Center Youth Programs

Enrollment

Child's name (Last, First, MI):_____Nickname_____

Date of Birth (MM, DD, YYYY):_____Gender_____ First Day of Enrollment_____

Home Address (Street, City State, Zip Code):_____

Telephone Number (Home):_____ (Alternate Number):_____

Mother/Guardian:

Name: _____

Address (if different than above)
_____

Telephone # (Number where you can be reached while child is in care):_____

Employer: _____

Work Address:
_____

Work #:_____

Email Address (We will be sending out regular notices with updates and important information throughout the year-Provide an address you check often):_____
_____

Father/Guardian:

Name: _____

Address (If different than above):_____

Telephone # (Number where you can be reached while child is in care):_____

Employer: _____

Work Address:
_____

Work #:_____

Email Address (We will be sending out regular notices with updates and important information throughout the year-Provide an address you check often):_____
_____

☐I would like to receive childcare paperwork through my email. I will still check my child's folder 1 time a week.

Child's Name_____
Parents Initials_____

Emergency Contacts

Please list, at least, two people, other than the parent/Guardian(s) who are 1) a good alternate contact in case of emergency when parent can't be reached, and 2) authorized to pick up your child from school.

1) Name: _____ Relationship to child:

Home Number: _____ Cell #:_____

2) Name: _____ Relationship to child:

Home Number: _____ Cell #:_____

3) Name: _____ Relationship to child:

Home Number: _____ Cell #:_____

4) Name: _____ Relationship to child:

Home Number: _____ Cell #:_____

I hereby give permission for the above named individuals to pick up my child from school.

Signature: _____ Printed Name:

_____Date:

Permissions (Please Initial on Line Provided or write NO on line provided)

_____Picture/Photo/Media Release: I give my permission and consent to the GCC and any agency affiliated with the center to use, print, copy, publish, and reproduce any and all videotapes, audio tapes, photographs, films, negatives, prints reproductions, and likeness or any kind now or hereinafter of my child made by the GCC for advertising, publicity, display, or any purpose whatsoever without fees to be paid to my child. I herby waive any right I may have to inspect and/or approved the finished product or the advertising copy that may be used in connection there with or the use to which it may be applied.

_____Website Release: I give my permission and consent to the GCC and any agency affiliated with the center to use photos and dialogue of my child to be used on GCC's website and GCC social media pages/sites.

_____GCC Youth Programs Directory: I give permission for my family's contact information to be listed in the all school directory to be distributed to all parents of GCC's Youth Programs

Child's Name_____
Parents Initials_____

_____I give permission for my child to participate in field trips and other activities during operating hours. ☐Transported ☐Walking

_____I have been informed of the number of pets in the center and their degree of contact with the enrolled children (If pets are added after a child is enrolled parents shall be notified in writing prior to the pet's addition to the center).

_____I have been given a copy of the GCC's Youth Programs Policies or Preschool Parent Handbook and a summary of the Wisconsin Rules for Licensed Child Care Centers

_____I have had an opportunity to review the GCC Youth Programs Policies or Preschool Handbook and a summary of the Wisconsin Rules for Licensing Child Care Centers.

_____Medical Consent: I hereby give consent for emergency medical care or treatment, to be used only if I cannot be reached immediately.

Physician Name_____ Address_____

Phone Number_____

Preferred Hospital _____

Signature_____ Printed Name_____ Date_____

KidTrax Attendance Data Information

Child's School/District_____ Grade_____

Teacher_____

Language Spoken_____ Referred By_____

Food Restrictions: _____No Pork _____No Dairy _____No Peanuts _____Vegetarian

Other_____

Ethnicity: _____African American _____Caucasian _____African
_____Hispanic/Latino _____Multi Racial _____Asian _____Hmong
_____Pacific Islander _____Other

Household: _____Single Parent _____Both Parents _____Guardianship

_____Extended Family _____Non-Family

Family Setting: _____Mother Only _____Father Only _____Both Parents
_____50/50 Care _____Foster Care _____Grandparent(s) _____Guardian
_____Group Home _____Parent/Step-Parent

Assistance Programs: _____TANF _____Food Stamps _____SSI _____SSDI
_____Day Care Voucher (City or County) _____School Lunch _____Medicaid

Child's Name_____
Parents Initials_____

Siblings:

Name:

Age:

School:

_____Can Pick Up (only if 18 or older)

Name:

Age:

School:

____ Can Pick Up (only if 18 or older)

Name:

Age:

School:

____ Can Pick Up (only if 18 or older)

Name:

Age:

School:

_____Can Pick Up (only if 18 or older)

Name:

Age:

School:

____ Can Pick Up (only if 18 or older)

Name:

Age:

School:

____ Can Pick Up (only if 18 or older)

FOR PRESCHOOL AND 4K ONLY

For staffing purposes, please document the times that your child will be in the preschool. If they will not be attending on a particular day please **X** out that day. This is a contract and you will be held contractually to these hours. If your child is here after the time stated you will be charged a late fee of $15.00 for the first 15 minutes and $5.00 for every 5 minutes thereafter.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
IN					
OUT					

Document changes to schedule below, Date and Initial.

Child's Name_____
Parents Initials_____

FOR SCHOOL AGE ONLY

Transportation Permissions

Authorized Destinations/Persons information

Address Child Transported From (please include *school name, street and city*):

_____

By way of (Circle One): WALKING BUS GCC VAN PARENT

On the days checked below

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Address Child Transported To:

Goodman Community Center, 149 Waubesa St. Madison, Wi. 53704

Person Authorized to Receive Child:

GCC STAFF

☐ Yes ☐ No Does the child have any special health care needs? (If yes, "Health History needs to accompany this form)

☐ Yes ☐ No I hereby give permission for my school age child to enter a building unescorted

PLEASE FILL OUT ONLY IF CHILD WILL BE LEAVING GCC *NOT BY WAY OF PARENT/GUARDIAN*

Allow my child to leave **Goodman Community Center** to go to _____

By way of WALKING BICYCLE BUS CAR POOL _____

Additional Instructions:

I understand that I am responsible for notifying **GCC** of any changes in this schedule including no school days, vacations, school conference days, absent days and illness.

Signature_____ Date_____