



Willow Ridge Academy  
 7316 W. North Ave.  
 Elmwood Park, IL 60707

## Enrollment Contract

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

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Guardian(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Start Date \_\_\_\_\_

Enrolling in: \_\_\_\_\_

Part-Time Program

Infant Room \_\_\_\_\_

Preschool AM \_\_\_\_\_

Toddler I \_\_\_\_\_

Preschool PM \_\_\_\_\_

Toddler II \_\_\_\_\_

Before School \_\_\_\_\_

Preschool \_\_\_\_\_

After School \_\_\_\_\_

Approximate Hours of Care: Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

Deposit Amount \_\_\_\_\_ +\$75.00 Registration Fee= \_\_\_\_\_

Check Number \_\_\_\_\_

The undersigned have read, understood, and agreed to the terms and conditions of the parent handbook as outlined in the 2011 edition.

\_\_\_\_\_  
 Guardian

\_\_\_\_\_  
 Willow Ridge Academy, Inc



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Emergency Contact Information: \_\_\_\_\_

Other Person (s) to notify if Parents/Guardians can not be reached:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to child \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to child \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

Authorized Pick up: \_\_\_\_\_

Other People authorized to pick up your children:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to child \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to child \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to child \_\_\_\_\_



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## Permission Form

### **Trips, Excursions, and Public Park Facilities:**

I/we authorize Willow Ridge Academy, Inc. staff to take my/our child on walking field trips and to nearby park facilities. I/we understand all such trips are under the supervision of the above named center and that the proper health and safety precautions are taken in compliance with DCFS standards for licensure.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### **Consent for Pictures:**

I/we authorize Willow Ridge Academy, Inc. staff to take pictures of my child to place in the classroom and center for decoration as well as for use in the promotion of the early learning center.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### **Emergency Medical Care:**

This authorizes Willow Ridge Academy, Inc. staff to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency.

I/we will be responsible for the emergency medical charges upon receipt of any statement. \_\_\_\_\_ is the preferred doctor/clinic/hospital, but the final decision will be left to the emergency personnel at the scene.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

### **Administer Prescription Medicine**

I/we authorize Willow Ridge Academy, Inc. to administer prescribed medicine to my/our child as specified in the prescription's directions for administration. I/we understand the administration policy as outlined in the parent handbook. Prescription medicine of any kind must first be administered at home for 24 hours. A complete administration form must be filled out with the dosage information and the bottle must be in the original container stating the same dosage requirements.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_