

Enrollment Application



*Child Development Learning Center
Department of Family & Consumer Sciences*

**300 College Street, NE
Post Office Box 7188
Orangeburg, S.C. 29117
803-536-7150**

HEALTH INFORMATION

Child's Physician _____

Physician's Phone # _____

Health Insurance Carrier _____
(Name)

(Address)

(Phone #)

List names of individuals authorized to have access to health information about your child:

In case of emergency, call (other than parents):

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

List and explain physical or mental challenges, allergies, and any other relevant information for special health needs:

List at least three neighbors or nearby relatives who will assume temporary responsibility for your child if you can not be reached and who will be allowed to pick your child up for the Learning Center. These individuals may be asked to present verification of identity.

Name: _____ Phone # _____

Name: _____ Phone # _____

Name: _____ Phone # _____

PAYMENT INFORMATION

Please give the name and address of the person responsible for payment:

Name: _____

Address: _____

Phone # _____

**EACH CHILD MUST BE POTTY TRAINED
UPON ENROLLMENT
AT THE CHILD DEVELOPMENT LEARNING CENTER**

In the event that my child becomes ill or is injured while under supervision at the Child Development Learning Center, I approve the school authorities taking the following steps:

- Contact a parent / guardian of the child, and follow his / her instructions.
- In the event neither parent / guardian can be reached, contact the child physician and follow his / her instructions.
- If the child's parent / guardian and the physician cannot be reached, the CDLC authorities will call Orangeburg County's Emergency 911 number for assistance and / or transportation to the nearest emergency / medical facility.

I understand that in the event that I or my child cease to follow University and / or CDLC policies or procedures, the administration has the authority to terminate my child's enrollment at the CDLC.

I, _____, have read and completed this application to the best of my knowledge. I have obtained or intend to obtain a copy of the CDLC Parent Handbook, therefore accepting the responsibility of abiding by all policies and procedures outlined therein. I also understand that I am responsible for any addendum that may proceed the original handbook. I accept the responsibility of helping my child _____, understand the rules of the Child Development Learning Center and we will follow those rules with dignity and pride. I also understand that fees of any kind (be it tuition, deposits, client fees etc.) are all nonrefundable regardless of any and all reasons.

Parent's Signature

Date

Applications must be accompanied by:
Birth Certificate
Immunization Records
Social Security Card

Who referred you to us? _____

It is the policy of the University to provide equal opportunity regardless of race, color, religion, sex, national origin, age or disability.

Revised 7/08/15