

Ojibwa Early Learning Center Application

615 N. Main St. L'Anse, MI 49946

Ph: 906-524-4847

Application date: _____ Requested enrollment date: _____ Actual enrollment date: _____

Child's name: _____ Birthdate: _____

Address (street, city zip): _____

Days and times care is needed: _____

Family Information

Father/guardian: _____ Home phone: _____

Home address: _____

Place of employment: _____ Work phone: _____

E-mail address: _____ Cell phone: _____

Student at Keweenaw Bay Ojibwa Community College? Yes No

Marital status: Married Single Divorced

Mother/guardian: _____ Home phone: _____

Home address: _____

Place of employment: _____ Work phone: _____

E-mail address: _____ Cell phone: _____

Student at Keweenaw Bay Ojibwa Community College? Yes No

Marital status: Married Single Divorced

Medical Information

Please provide us with any information on your child's special needs (allergies, diet, disabilities, or any other medical information). Please notify us immediately of any changes.

A signed prescription form for medication must be on file with dosage instructions before we can administer to your child.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contact Information

The OELC will not release your child to anyone other than parent/guardian unless prior parent approval is given. If your child is not picked up 30 minutes after the center closes, Social Services will be called. It is in the best interest of the children that these precautions are taken.

Name: _____ Relationship to child: _____

Phone: _____ Cell phone: _____

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Phone: _____ Cell phone: _____

Do you have a current restraining order? () Yes () No If yes, the center MUST have a copy on file.

I hereby give consent in the case of an emergency for OELC staff to call the ambulance or transport my child to the nearest emergency room for treatment if they cannot reach me:

Parent/Guardian Signature:

_____ Date: _____

Photo Authorization (please sign one statement)

I hereby authorize OELC the use of photo or video image of my child for the use in media relating to the center:

_____ Date: _____

I do NOT authorize OELC the use of photo or video image of my child for the use in media relating to the center:

_____ Date: _____

Field Trip Authorization (please sign one statement)

My child has permission to go on local field trips: _

_____ Date: _____

My child may NOT go on local field trips:

_____ Date: _____

Liability Waiver

OELC and staff are not liable for any injury sustained by my child while in the care of, on the property of, or attending field trips.

Parent/Guardian Signature:

_____ Date: _____

Policy Acknowledgement

I have been provided with a copy of the Parent Handbook. I understand and agree to follow these policies and procedures. I understand that if they are not followed, child care services may be denied.

Parent/Guardian Signature:

_____ Date: _____

***OELC reserves the right to change/modify these policy and procedures at any time**

In the event that your child is accepted at OELC, the following documents MUST be on file BEFORE they can attend:

- 1. Certification of child's immunizations (shot record)**
- 2. Copy of birth certificate**
- 3. Signed and completed application**
- 4. Signed policy acknowledgement**
- 5. Physical evaluation of your child by a licensed physician**
- 6. College schedule (if applicable)**
- 7. CACFP paperwork**
- 8. Proof of DHS application**