2026-2027 Spectrum Early Childhood Program Enrollment Information

Student Information

Child's First Name: _____Child's Last Name: _____ Child's Middle Name: _____

Address: _____ Apt: _____ City: _____ Zip Code: _____

Sex: _____ Date of Birth: _____ Primary Language of the Child: _____

Race: White ☐ African American ☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American/Alaskan ☐

Family Information

Lives with: Parents ☐ Mother Only ☐ Father Only ☐ Guardian ☐ Grandparents ☐ Foster Parents ☐

Parent/Guardian 1: _____

Address: _____ Apt: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____

Parent/Guardian 2: _____

Address: _____ Apt: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email Address: _____

Emergency Information:

Local Emergency Contact (Other than yourself): Name: _____ Phone: _____

Name: _____ Phone: _____

Babysitter/Day Care Information

Name: _____ Phone: _____ Address: _____

Besides the people above, the following people are authorized to pick up my child from school or off of the bus:

Name: **Relationship to the child:** **Phone Number:**

_____

_____

_____

Please List all Known Allergies and Medical Conditions: _____

_____

Will medication need to be administered during the school day? ☐ yes ☐ no (A form must be filled out by your Dr.)

Family Physician: _____ Telephone: _____

<u>*Please complete both sides of this form.</u>

IMPORTANT: In an extreme medical emergency your child will be taken by ambulance to the hospital that you identify below. <u>Please select a hospital and sign your name.</u>

Carle ◯ OSF ◯ Other ◯ (Please name _____)

Parent/Guardian Signature: _____ (In case of a lesser emergency, efforts will be made to contact you for direction. All medical fees are the parent(s)/guardian(s) responsibility.)

Please check next to all statements you agree with. If you do not wish for your child to participate in any of the following, please leave that area blank.

☐ I **GIVE** consent for my child to go on field trips with his/her class.

☐ I **GIVE** consent for my child to have his/her picture taken at school. These pictures may be posted under a link on the Spectrum website.

☐ I **GIVE** consent for my child to be included when videos are made of class activities that are for educational purposes.

I certify that the information provided on this form is true.

Parent/Guardian Signature: _____ Date: _____