



EARLY CHILDHOOD ADMISSIONS APPLICATION

Thank you for applying to at Creation Village Early Childhood (CVEC). Our mission is to create healthy futures by partnering with your family to holistically develop your child in mind, body, and spirit.

CHILD INFORMATION & SCHEDULE (Attach a Copy of the Child's Birth Certificate)

Child's Full Name		Address		Date of Birth
Sex	Desired Start Date	Today's Date	First Time in Childcare?	
___ M ___ F			___ Yes ___ No - If No which Center Previously: _____	
M	___ am to ___ pm	T	___ am to ___ pm	W
			___ am to ___ pm	Th
			___ am to ___ pm	F
			___ am to ___ pm	

FAMILY INFORMATION

Guardian Full Name		Address		Cell Number
Employer		Address		Work Number
Relation to Child		Email Address		
Emergency Contact	___ Yes ___ No	Child Lives With	___ Yes ___ No	

Guardian Full Name		Address		Cell Number
Employer		Address		Work Number
Relation to Child		Email Address		
Emergency Contact	___ Yes ___ No	Child Lives With	___ Yes ___ No	

AUTHORIZED CONTACTS

In addition to the guardians listed above, the following are the only authorized individuals for child drop-off & pick-up (over 18)

Full Name	Address	Cell Number	Relationship	Emergency Contact
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No



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ABOUT YOUR FAMILY

Child's Full Name	Sex	Date of Birth	Primary Language	Secondary Language
	<input type="checkbox"/> M <input type="checkbox"/> F			
What is his/her favorite color?				
What are his/her likes?				
What are his/her dislikes?				
What makes him/her feel better?				

DAILY LIVING & HEALTH INFORMATION

Question	Yes / No	Notes
Does he/she use a bottle or sippy?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Does he/she drink formula or milk?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Is he/she eating solid food?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Does he/she play well alone?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Does he/she play well with others?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Does he/she have siblings?	<input type="checkbox"/> Y <input type="checkbox"/> N	Names & Ages:
Does he/she participate in extracurricular activities?	<input type="checkbox"/> Y <input type="checkbox"/> N	List:
Does he/she have allergies?	<input type="checkbox"/> Y <input type="checkbox"/> N	List:
Does he/she have health problems?	<input type="checkbox"/> Y <input type="checkbox"/> N	List:
Has he/she had health problems in the past (more than 12 months ago)?	<input type="checkbox"/> Y <input type="checkbox"/> N	List:
Is he/she taking medicine regularly?	<input type="checkbox"/> Y <input type="checkbox"/> N	List:
Is he/she receiving any development services or therapies?	<input type="checkbox"/> Y <input type="checkbox"/> N	List:

OTHER INFORMATION

Please provide any other information you think that we should have about your child



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DIGITAL MEDIA RELEASE FOR MINOR CHILD OR CHILDREN

I hereby authorize Creation Village (CVEC) to publish photographs and video taken at CVEC of myself and/or the minor child or children listed below, and our names and likenesses, for use by CVEC for (initial each authorized option):

_____ Internal use including in the classroom, in the facility, and in parent communication.

_____ External use including print and online marketing materials, as well as other CVEC publications.

I hereby release and hold harmless CVEC from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the videos specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize CVEC to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these videos or participation in CVEC marketing materials or other CVEC publications. I acknowledge and agree that publication of said videos confers no rights of ownership or royalties whatsoever.

I hereby release CVEC, its contractors, its employees and any third parties involved in the creation or publication of CVEC publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

AUTHORIZED PARENT / GUARDIAN:

PRINTED NAME: _____ RELATIONSHIP TO CHILD: _____

ADDRESS: _____ CITY / STATE / ZIP: _____

SIGNATURE: _____ DATE: _____

NAMES AND AGES OF MINOR CHILD(REN):

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____



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TEXT MESSAGING CONSENT FORM

For the purpose of quick communication, permission is requested for Creation Village (CVEC) to use text messaging as a communication tool for school information. CVEC will only text important information related to school events, updates, or reminders.

As would be the case with any texting, standard rates for texting would apply to any texts sent by CVEC and would be the responsibility of the guardian. If your texting plan is limited in any way, carefully consider receiving additional texts.

CVEC always strives to maintain confidentiality of your information and will continue to do so while using this system. Please indicate below if you grant CVEC permission or not to send text messages to your mobile phone:

_____ I do not give permission to CVEC to send text messages to my mobile phone.

_____ I give permission for CVEC to use text messaging to send quick communication regarding school information to the following numbers. I understand and agree that CVEC will not pay for any costs to Guardian(s) associated with the sending or receiving of messages.

If you give consent for CVEC to communicate with you by text messaging and / or e-mail as outlined above please fill in your details below.

STUDENT NAME(S): _____

GUARDIAN NAME: _____

MOBILE NUMBER / NETWORK: _____

GUARDIAN NAME: _____

MOBILE NUMBER / NETWORK: _____

Note: please ensure to provide the network (i.e. AT&T, Verizon, Sprint, etc.) associated with each mobile phone number. Without this information, we will not be able to send you text messages.

GUARDIAN SIGNATURE: _____

DATE: _____

If you decide you no longer wish to receive messages through this service please update this form. Also, it is important that you let us know if you change your mobile phone number or mobile phone network (carrier) in the future



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THIS WAIVER, RELEASE OF LIABILITY AND ACKNOWLEDGEMENT OF RISK AGREEMENT (hereinafter, this “Agreement”) is a legally binding agreement. In consideration of the services of Creation Development Foundation, Inc., a Florida nonprofit corporation (the “Company”) and its affiliates, members, agents, contractors, employees, volunteers, participants, lessors, insurers, and all other persons or entities acting in any capacity on their behalf (together with the Company, hereafter collectively referred to as “Releasees”), I agree to release and discharge Releasees, on behalf of myself, my successors, children, parents, guardians, heirs, assigns, personal representatives and estate (hereafter collectively referred to as the “Releasers”) as follows:

1. In consideration of my child attending Creation Village Early Childhood (“CVEC”) and being allowed to participate in the activities and programs established by or on behalf of CVEC and the Company and to use their facilities and equipment, in addition to the payment of any fee or charge, I and the Releasers do hereby waive, release and forever discharge the Releasees from any and all claims, demands, rights, liabilities and causes of action of any kind or nature, known or unknown, including without limitation, any claims, demands, rights, liabilities or causes of action that may arise out of acts of passive or active negligence or any action or inaction on the part of the Releasees, related to my or my child’s presence on, any participation in any activities at, or use of any equipment or materials that is made available by CVEC or the Company or is located at, any facility owned, operated or used by CVEC or the Company.
2. I understand and am aware that the various classes and activities offered by CVEC and the Company are potentially hazardous and dangerous for my child (i.e. playing on a playground, using art supplies, other outdoor activities, etc.). I also understand that risks include but are not limited to cuts, scrapes, bruises, etc. I also understand the risk could even include the death of my child and I am voluntarily choosing to allow my child to participate in these classes and activities. Without limiting the generality of the release contained in paragraph 1 above, I hereby, for myself and on behalf of my child, expressly assume and accept any and all risks of injury or death that may result in connection with my child’s participation in any activities at any facility owned, operated or used by CVEC or the Company.
3. I agree that the Releasees shall not be held liable or responsible in any way should I or my child be injured while I or my child are present on, participate in any activities at, or use any equipment or materials that is made available by CVEC or the Company or is located at, any facility owned, operated or used by CVEC or the Company. I hereby agree to indemnify the Releasees from any lawsuits, claims, damages, including costs of attorney’s fees, incurred as a result of or in connection with (i) my or my child’s use of any equipment or materials made available by CVEC or the Company, or located at any facility owned, operated or used by CVEC or the Company, and (ii) my or my child’s presence on, use of, or participation in any activities at, the facilities owned, operated or used by CVEC or the Company.
4. I hereby acknowledge that the Releasees have made no representation or warranties with respect to the condition, use or maintenance of any facility owned, operated or used by CVEC or the Company or any equipment or materials located on such facilities, or any results associated with CVEC’s or the Company’s services.
5. I understand that this Agreement is a contract and I am entering into it and providing the releases of liability contained herein knowingly and voluntarily and without any coercion. I also acknowledge that I have had a reasonable period of time within which to consider this Agreement and the release contained herein prior to signing it. I understand that Releasees are relying upon this Agreement in permitting my child to use CVEC’s and the Company’s facilities, equipment and materials located therein and that this Agreement shall remain in full force and effect forever. I understand that this Agreement constitutes and contains the entire agreement between me and the Company concerning the subject matter of this Agreement and supersedes all prior negotiations, agreements or understandings between us concerning any of the provisions of this Agreement. If any portion of this Agreement is found to be unenforceable, the Company and I desire that all other portions that can be separated from it, or appropriately limited in scope, shall remain fully valid and enforceable. I agree that the venue to any legal action rising out of, concerning, or involving this Agreement will be held in Osceola County, Florida. I also understand and agree that this Agreement will remain in full force and effect forever and will apply to any and all visits at any facility now or in the future owned, operated or used by CVEC or the Company in connection with its services.



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6. I agree that should any party sue for a breach of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees and costs associated with the breach. I FURTHER AGREE THAT SHOULD ANY LEGAL ACTIONS BE FILED, ONE AGAINST THE OTHER, AT ANY TIME IN THE FUTURE, EACH PARTY HERETO AGREES TO WAIVE TRIAL BY JURY.

GUARDIAN:

PRINTED NAME: _____ RELATIONSHIP TO CHILD: _____
ADDRESS: _____ CITY / STATE / ZIP: _____
SIGNATURE: _____ DATE: _____

NAMES AND AGES OF CHILD(REN):

NAME: _____ AGE: _____
NAME: _____ AGE: _____
NAME: _____ AGE: _____