



Walker Literacy Center Enrollment Packet

Child's Name _____ Date of birth _____

Parent/Guardian Name(s) _____

Address _____

Email _____

Phone Number(s) _____

Transportation to the center:

_____ I will drop my child off _____ I need help arranging transportation to the center

Transportation home from the center:

_____ I will pick my child up at 6:30 pm. _____ will pick my child up at 6:30 pm

_____ I need help arranging transportation home from the center

EMERGENCY CONTACT/RELEASE:

Please list the persons you would like contacted if you cannot be reached in case of an emergency. The persons listed below will be contact if your child is injured or ill and we cannot reach the listed parents/guardians. By listing them you are authorizing them to pick the child up if needed and/or accompany them for the purposes of medical treatment.

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Name #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

_____ (initials) **PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that the Walker Literacy Center can use photographs, videos and audio tapes, test scores of my child for the purpose of promoting the center. They will only use children(s) first names or nick names. These may be posted on the WLC website, Twitter, Instagram, Facebook Page, and/or any promotional materials.

HEALTH INFORMATION:

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR In the event of a medical emergency:

I, _____, do hereby state that I am parent/legal guardian of _____, a minor child age _____, born on _____.

I, _____ authorize, for emergency purposes only, a Walker Literacy Center (WLC) employee/volunteer to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Michigan.

The WLC staff will use the provided phone numbers to try to contact the parent/guardian and others listed as soon as possible to inform them of the emergency.

Health Insurance Provider and Policy Number: _____

Does your child have any allergies to drugs, foods or other? ____ Yes ____ No

Please list any allergies _____

Please list any medication or other health information that may be important

Behavioral Expectations:

We want every child's experience at the WLC to be positive. We will work hard to build positive relationships and connect with your child. Please keep in mind that the WLC may not be an appropriate place for all children. We reserve the right to dismiss a child from the program permanently if he/she displays an inability to follow the rules and repeatedly engages in disruptive behavior which causes distress to other children.

Academic Information:

Does your child have an IEP Special Education, Or a 504 plan? ____yes ____no

If yes, please tell us about their challenges and what accommodations they may need to be successful.

