Saint Nicholas Bilingual Early Education Center



502 South Ponca Street, Baltimore, Maryland 21224 Telephone: 410-633-5020

Application of Enrollment

Child's Name:		
Last Name	First Name	Middle Name
Child's Nickname:	Date of Birth:	Male Female
Child's Address:		
Street Address		
City	State	Zip code
Requested date of entry:	Circle: Full Time / Pa	art Time (days: M T W TH F)
Does your child have a dietary rest	triction:	
Does your child have any allergies:	:	
	conditions that require standing m	
How did you hear about us:		_
Previously attended school/center	·(s):	

Wother 3 Name, Step Wother, Go	uardian (circle relationship):	
Address:Street Address		
City	State	Zip code
Home Phone:	Business Phone:	
Mobile Phone:	Email:	
Employer Name:	Employer Address:	
Occupation / Title:		
Father's Name/Step-Father/Guar	dian (circle relationship):	
Address:Street Address		
City	State	Zip code
Home Phone:	Business Phone:	
Mobile Phone:	Email:	
Employer Name:	Employer Address:	
Occupation / Title:		
Parent's Marital Status:MarriedSingleSepar	ratedDivorcedMother Deceased	dFather Deceased
If parents are divorced or separate copy of the court documentation Education Center for the child's fi	ted who has legal custody? must be provided to the Saint Nicholas B le.	ilingual Early
Parent / Guardian Signature:		
Parent / Guardian Signature:		

Non-refundable registration fee received: _	
Tuition deposit received:	



Saint Nicholas Bilingual Early Education Center CHECKLIST FOR ENROLLMENT PACKET

Before your child enters our care, the following forms enclosed in the enrollment packet must be completed and returned to us:

- **★** Signed Application
- **€** Emergency Form (OCC 1214)
- **★** Health Inventory (OCC 1215
- **■** Immunization Certificate (DHMH Form 896)
- **★** Medical Administration Authorization Form (OCC 1216)
- Permission to Photograph (optional)
- **★** Water Activities Consent (optional)
- **♦** Parent's Guide to Regulated Child Care (OCC 1524)
- Handbook Acknowledgment and Policies

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Permission to Photograph

The Saint Nicholas Bilingual Early Education Center would like permission to photograph your child during normal daycare hours or activities. These photographs may be given to parents whose child is photographed with your child. We may also use the photographs for promotional purposes, either in print or on the Internet.

I HEREBY GIVE PERMISSION TO THE SAINT NICHOLAS BILINGUAL EARLY EDUCATION CENTER TO USE PHOTOGRAPHS OF MYSELF AND/OR MY CHILD FOR PROMOTIONAL PURPOSES AND TO GIVE THEM TO OTHER PARENTS WHOSE CHILD US PHOTOGRAPHED WITH ME OR MY CHILD.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.

Child's Name:	Date:
Parent / Guardian Print Name:	
Parent / Guardian Signature:	

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Water Activities Consent

Dear Parents,		
During the summer months, we will have a weekly water day. Please consent.	sign below to give your	
BY SIGNING BELOW, I GIVE MY CONSENT FOR MY CHILD TO PARTICIPATE IN WATER ACTIVITIES AT THE SAINT NICHOLAS BILINGUAL EARLY EDUCATION CENTER. WATER ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO WADING POOLS, SPRINKLERS AND WATER SLIDES.		
Child's Name:	Date:	
Parent / Guardian Print Name:		

Parent / Guardian Signature: