MY MINI MANDARIN
EARLY CHILDHOOD CENTER
迷你蜜柑中英双语幼儿园

ENROLLMENT APPLICATION FORM

CHILD'S INFORMATION

CHILD'S NAME		
ADDRESS	DATE OF BIRTH	SEX ☐ M ☐ F
CITY, STATE, ZIP		

PARENT/GUARDIAN #1 INFORMATION

☐ MOTHER ☐ FATHER ☐ OTHER: _____		
NAME		
ADDRESS ☐ Check if same as child		
CITY, STATE, ZIP		
MOBILE PHONE	COMMUNICATION PREFERENCE	
HOME PHONE	☐ CALL ☐ TEXT	
EMAIL		

PARENT/GUARDIAN #2 INFORMATION

☐ MOTHER ☐ FATHER ☐ OTHER: _____		
NAME		
ADDRESS ☐ Check if same as child		
CITY, STATE, ZIP		
MOBILE PHONE	COMMUNICATION PREFERENCE	
HOME PHONE	☐ CALL ☐ TEXT	
EMAIL		

EMERGENCY CONTACT FOR CHILD IF PARENTS CAN'T BE REACHED (TWO CONTACTS REQUIRED)

NAME	RELATIONSHIP TO CHILD	
ADDRESS	CITY, STATE, ZIP	
HOME PHONE	CELL PHONE	☐ BY CHECKING I AM AUTHORIZING THIS PERSON TO PICK UP MY CHILD
NAME	RELATIONSHIP TO CHILD	
ADDRESS	CITY, STATE, ZIP	
HOME PHONE	CELL PHONE	☐ BY CHECKING I AM AUTHORIZING THIS PERSON TO PICK UP MY CHILD

EMERGENCY MEDICAL INFORMATION FOR CHILD

HOSPITAL TO BE USED FOR EMERGENCIES	
ADDRESS	PHYSICIAN'S NAME
CITY, STATE, ZIP	PHONE NUMBER

DENTIST TO BE USED FOR EMERGENCIES	
ADDRESS	DENTIST'S NAME
CITY, STATE, ZIP	PHONE

DOES YOUR CHILD HAVE ALLERGIES?	☐ YES ☐ NO	*NOTE: IF YES, AN ICCPP FORM MAY NEED TO BE COMPLETED
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?	☐ YES ☐ NO	*NOTE: IF YES, AN ICCPP FORM MAY NEED TO BE COMPLETED
DOES YOUR CHILD HAVE A SPECIAL DIET? IF YES, PLEASE DESCRIBE.	☐ YES ☐ NO	

ARRANGEMENTS

STARTING CLASSROOM	☐ INFANT ☐ TODDLER ☐ PRESCHOOL	
PREFERRED START DATE	RATE	2 WEEK DEPOSIT

PREFERRED SCHEDULE

☐ MON ☐ TUES ☐ WED ☐ THUR ☐ FRI

TYPICAL DROP OFF/PICKUP TIME_____ TO _____

A non-refundable deposit equal to 2-weeks tuition is due to hold upon enrollment. Deposit will be credited to your final two weeks in care. ***A 2-week written notice is required for withdrawal. Not giving proper notice will result in forfeiture of your deposit.***

I understand that applicants will be chosen based on availability, without discrimination to race, religion, gender, heritage, political belief, marital status, national origin, or sexual orientation. Priority is given to siblings of families currently or previously enrolled.

☐ *I HAVE RECEIVED A COPY OF THE MALREATMENT OF MINORS MANDATED REPORTER POLICY*
☐ *I HAVE RECEIVED A COPY OF THE CHILD CARE EMERGENCY PLAN*
☐ *I HAVE RECEIVED A COPY AND AGREE TO THE TERMS OF THE PAYMENT POLICIES.*
☐ ***AUTHORIZATION*** *IS HEREBY GIVEN TO MY MINI MANDARIN CHILDCARE, TO OBTAIN EMERGENCY MEDICAL CARE OR TREATMENT IN THE EVENT OF AN EMERGENCY.*
☐ I THE UNDERSIGNER HEREBY AGREE TO ABIDE BY THE ARRANGEMENTS AND AUTHORIZATIONS SO STATED ABOVE, UNLESS A CHANGE IS APPROVED BY THE CENTER DIRECTOR.

SIGNATURE OF PARENT/GUARDIAN #1	DATE
SIGNATURE OF PARENT/GUARDIAN #2	DATE

SIGNATURE OF DIRECTOR	DATE

OFFICE USE ONLY	DATE OF ACCEPTANCE	START DATE	DEPOSIT RECEIVED