



4401 Lancaster Pike - Bldg. 27  
Wilmington DE 19805  
www.ithakaelc.org

Phone: (302) 689-3832  
Fax: (888) 316-8303  
info@ithakaelc.org

## Enrollment Application

### Child Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Email \_\_\_\_\_

Preferred Form of Contact \_\_\_\_\_

### Spouse / Co-Parent Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Email \_\_\_\_\_

Preferred Form of Contact \_\_\_\_\_

---

“When you set out on your journey to Ithaka, pray that the road is long,  
full of adventure, full of knowledge.”

~C.P. Cavafy

---

### Child Legal Residence Information

Name of Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Pick-Up Information

*Valid Identification is Required Prior to Child Being Released*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Other people who have regular contact and are involved in the care of my child

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

---

“When you set out on your journey to Ithaka, pray that the road is long,  
full of adventure, full of knowledge.”

~C.P. Cavafy

---

## Orientation Checklist

**Child Name** \_\_\_\_\_

*List your Child's Favorite...*

Breakfast Food \_\_\_\_\_

Lunch Food \_\_\_\_\_

Snack Food \_\_\_\_\_

Song(s) \_\_\_\_\_

Books \_\_\_\_\_

Videos \_\_\_\_\_

Toy \_\_\_\_\_

Cartoon Character \_\_\_\_\_

Game \_\_\_\_\_

Indoor Activity \_\_\_\_\_

Outdoor Activity \_\_\_\_\_

If my child has trouble falling asleep I usually \_\_\_\_\_

My child is afraid of \_\_\_\_\_

---

“When you set out on your journey to Ithaka, pray that the road is long,  
full of adventure, full of knowledge.”

~C.P. Cavafy

---

## Emergency Contact and Medical Information for a Child

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_

Parent's / Guardian's Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Alternative Emergency Contacts

Primary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

“When you set out on your journey to Ithaka, pray that the road is long,  
full of adventure, full of knowledge.”

~C.P. Cavafy

---

## Emergency Contact and Medical Information for a Child

Hospital / Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## Allergies/Special Health Considerations

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Field Trips

I give permission for my child to go on field trips. I also release Ithaka Early Learning Center, Inc. and employees from liability in case of accident during activities related to the Center's educational activities, as long as normal safety procedures have been followed.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

---

"When you set out on your journey to Ithaka, pray that the road is long,  
full of adventure, full of knowledge."

~C.P. Cavafy

---

## Parental Right to Know

Child 1 Name \_\_\_\_\_

Under the Delaware code you are entitled to inspect the active record and any complaint files of our licensed child care/educational facility. To review our child care/educational facility record contact:

Ellen Linen  
Office of Child Care Licensing  
3411 Silverside Road  
Concord Plaza, Hagley Building  
Wilmington, DE 19810  
(302) 892-5800

You may also view substantiated complaints and compliance review histories for the past three-year by visiting

<http://www.apex01.kids.delaware.gov:7777/occl/>

I acknowledge receiving this notice as part of the application packet.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parental Permission to Watch TV/Digital Video

Children over the age of 2 years old may have an educational movie or program incorporated into their curriculum. Videos shown will be age appropriate and not exceed one hour in length.

I hereby authorize my child to watch educational videos.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

“When you set out on your journey to Ithaka, pray that the road is long,  
full of adventure, full of knowledge.”

~C.P. Cavafy

---

## Parental Permission to Play Educational Games on Computer

Children over the age of 2 years old will have the opportunity to occasionally play educational games on the computer. Children will be closely monitored to ensure that age appropriate and educational websites are being viewed while using the internet. Computer use time will not exceed one hour per day.

I hereby authorize my child to use the computer.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Receipt of Parent Handbook

I certify that i have received information regarding the center's policy on the following topics:

A typical daily schedule, positive behavior management techniques, routine and emergency health care, health exclusions, prevention of communicable diseases, food and nutrition, procedures for releasing children, reporting of accidents, injuries and critical incidents, mandatory reporting of child abuse and neglect, developmental and educational goals, compliance, and transportation if provided.

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Transportation Permission *(if applicable)*

I hereby give permission for my child to be transported by the Ithaca Transportation Program driver(s).

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any special needs or concerns which might require special attention during transportation and instructions on how to handle the special need or concern. This information will be carried with the vehicle operator(s) referenced above.

---

---

---

Parent's / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

“When you set out on your journey to Ithaca, pray that the road is long,  
full of adventure, full of knowledge.”

~C.P. Cavafy