



**ADMISSION FORM**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ALLERGIES / MEDICAL CONCERNS / IEP'S - (MUST BE APPROVED BY THE PROGRAM DIRECTOR TO MAKE SURE THAT WE HAVE THE APPROPRIATE STAFFING AND/OR THE ABILITIES TO MAKE THE NECESSARY ACCOMMODATIONS **BEFORE** THE CHILD'S START DATE):**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**FOR OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE**

*ENROLLMENT FEE RECEIVED:*

*CASH* \_\_\_\_\_ *CHARGE* \_\_\_\_\_ *CHECK* \_\_\_\_\_ # \_\_\_\_\_ *DATE:* \_\_\_\_\_

*ENROLLMENT START DATE:* \_\_\_\_\_ *ENROLLMENT END DATE:* \_\_\_\_\_



**EMERGENCY CONTACT INFORMATION**

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALLERGIES/HEALTH CONCERNS: \_\_\_\_\_

**INSTRUCTIONS TO REACH PARENT/GUARDIAN:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PEDIATRICIAN:**

**DENTIST:**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (TWO NON-PARENT/GUARDIANS):**

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**MEDICAL EMERGENCY TREATMENT**

I HEREBY GIVE *THE BALANCING ACT ENRICHMENT CENTER* PERMISSION TO ADMINISTER BASIC FIRST AID AND/OR CPR TO MY CHILD, \_\_\_\_\_, AND/OR TAKE HIM/HER TO THE HOSPITAL FOR MEDICAL TREATMENT WHEN I CANNOT BE REACHED OR WHEN DELAY WOULD BE DANGEROUS TO MY CHILD'S HEALTH.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSURANCE INFORMATION**

**COMPANY NAME:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_ **OTHER SPECIAL INSTRUCTIONS:** \_\_\_\_\_



**CHILD PICK UP/RELEASE FORM**

AS PARENT/GUARDIAN OF : \_\_\_\_\_

***I GIVE THE BALANCING ACT ENRICHMENT CENTER PERMISSION  
TO RELEASE MY CHILD ONLY TO THE FOLLOWING PEOPLE:***

**NAMERELATIONSHIP TO CHILD**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***IS THERE ANYONE WHOM WE SHOULD BE AWARE OF THAT, UNDER ANY CIRCUMSTANCES, SHOULD NOT BE PERMITTED TO PICK UP YOUR CHILD?***

**ALL PARENTS OR GUARDIANS MUST SIGN:**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**PERMISSION FORM / ACKNOWLEDGMENT OF HANDBOOK AGREEMENT**

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

As an important part of our program, we like to take our students on walking trips around the grounds. We have beautiful nature trails and wooded property just waiting to be explored! The purpose of such walks is varied and provides valuable hands-on learning experiences for our young learners. In order to allow flexibility for these natural activities, we ask permission for your child to participate in such walks throughout the school year. As the parent/guardian of the above listed child, I have checked all the applicable information:

\_\_\_\_\_ I give permission for my child to participate in nature walks for the school year.

\_\_\_\_\_ I give permission for the staff to apply sunscreen to him/her while playing outside.

\_\_\_\_\_ I give permission for the staff to apply bug spray to him/her before playing outside/going into the woods.

\_\_\_\_\_ I give permission for the staff to photograph my child for:

\_\_\_\_\_ Display in the classroom/Use in promotional materials

\_\_\_\_\_ Use on The Balancing Act's Facebook Page (No Names)

\_\_\_\_\_ I give permission for my child to participate in supervised wading pools/sprinkler for the 2023-2024 year.

\_\_\_\_\_ I have read & understood The Balancing Act Enrichment Center Handbook and agree to the policies within it.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DISCOVERY  
ADVENTURE CAMP**

**TELL US ABOUT YOUR CHILD**

WHAT LANGUAGE(S) ARE SPOKEN AT HOME?

LIST 5 WORDS THAT YOU WOULD USE TO DESCRIBE YOUR CHILD...

HAS YOUR CHILD EVER BEEN IN PRESCHOOL, CAMP OR CHILDCARE SETTING BEFORE?

PLEASE DESCRIBE HIS/HER EXPERIENCES...

TELL US ABOUT CHILD'S INTEREST/FEARS...

DOES YOUR CHILD HAVE SIBLINGS? PETS?

WHAT ARE SOME OF THE THINGS YOU ENJOY DOING TOGETHER?

WHAT ARE YOUR CHILD'S FAVORITE FOODS AND THOSE HE/SHE DISLIKES?

TELL US ABOUT YOUR CHILD'S BEHAVIOR, ENERGY LEVEL AND TEMPERAMENT...

WHEN YOUR CHILD IS UPSET, WHAT SEEMS TO COMFORT TO COMFORT HIM/HER THE MOST?

WHAT ARE YOUR HOPES & DREAMS FOR YOUR CHILD THIS YEAR?