

THE EARLY LEARNING CENTER OF WOODLAND PRESBYTERIAN CHURCH  
5824 BERKLEY DRIVE, NEW ORLEANS, LA 70131  
(504)394-8781, [alice@wcnola.org](mailto:alice@wcnola.org)

**Enrollment Packet 2023-2024**

Child's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name by which child is called: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail addresses: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Persons authorized to pick up your child (other than parents):**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Persons to be notified in case of emergency (other than parents – must list at least 1):**

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency hospital preference: \_\_\_\_\_

Allergies/medical condition: \_\_\_\_\_

\_\_\_\_\_

Siblings in home (names and ages): \_\_\_\_\_  
\_\_\_\_\_

Siblings out of home (names & ages): \_\_\_\_\_

Others living in home: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

Child’s general health condition (Include allergies and serious illnesses): \_\_\_\_\_  
\_\_\_\_\_

How does the allergy / health condition affect your child? \_\_\_\_\_  
\_\_\_\_\_

Daily medication: \_\_\_\_\_

Describe any developmental delays (speech, hearing, vision, fine or gross motor skills) your child may have and what evaluations, plans, and/or goals have been prepared for your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like us to know about your child (interests, fears, social development, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you would like your child to gain from his or her experience at the ELC?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a talent or skill you would like to share with your child’s class? \_\_\_\_\_  
\_\_\_\_\_

Receipt, Release and Medical Authorization

I, the undersigned parent and/or primary legal custodian of the child named below hereby acknowledge as follows:

- 1. **Parent Handbook Receipt.** I acknowledge that I have received, read, and understand the Parent Handbook for the Woodland Presbyterian Church Early Learning Center (the “School”) and will abide by the guidelines as set forth therein. The Parent Handbook is available online at [www.wcnola.org](http://www.wcnola.org).
- 2. **Medical/Injury Release.** I assume responsibility for all medical bills incurred on behalf of my child resulting from illness or injury during my child’s enrollment at the school and release the school and its employees and members from all claims, damages, and/or liability arising out of personal injury of any kind my child may incur. In case of an accident or serious illness, I request that the school contact me. If the School is unable to reach me, I hereby authorize the School to act as my agent to call the physician named below and follow his/her instructions. If it is impossible to contact this physician, the School, as my agent, has my permission to make whatever arrangements it deems necessary and appropriate and to follow treatment suggested and rendered by a physician licensed under the laws of the State of Louisiana, including but not limited to medication, diagnostic procedures, x-rays, anesthesia, surgery, and other procedures deemed necessary to secure and maintain the health and wellbeing of my child.
- 3. **Field Trip Release.** I grant permission for my child to participate in field trips that may be taken from time to time during the year. Advance notice of any trip will be given to me and I may choose to exclude my child’s participation from any trip.
- 4. **Photography Release.** I grant permission for the School to take and use photographs or other media portrayals of my child from time to time for School purposes.
- 5. **Student Lists.** I grant my permission for the school to release my name, address, and telephone number for school purposes only.

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Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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