

EARLY EDUCATION CENTER
GROVE CITY COLLEGE
100 CAMPUS DRIVE
GROVE CITY, PA 16127

APPLICATION FORM

_____ TUES/THURS _____ AM _____ PM (preference)

_____ MON/WED/FRI _____ AM _____ PM (preference)

CHILD'S NAME _____
(Last) (First) (Middle)

Nick Name (If preferred for classroom) _____

Date of Birth _____

Address _____

E-mail address(es) _____

GCC employee _____

Previous sibling enrolled in EEC _____

Mother (or legal guardian)

Father (or legal guardian)

Name _____

Name _____

Address _____

Address _____

Phone # (home) _____

Phone # (home) _____

(cell) _____

(cell) _____

(work) _____

(work) _____

Occupation _____

Occupation _____

Business Name _____

Business Name _____

PERSONS OTHER THAN PARENTS TO CONTACT IN CASE OF EMERGENCY

***Please list persons who could come to classroom quickly if needed**

Name _____

Name _____

Address _____

Address _____

Contact Phone # _____

Contact Phone # _____

(during class time)

(during class time)

Relationship to Child _____

Relationship to Child _____

NOTE: THE APPLICATION IS NOT CONSIDERED COMPLETE WITHOUT THE \$40.00 NON-REFUNDABLE REGISTRATION FEE.

MEDICAL INFORMATION

1. List medical/hospital insurance carrier _____

2. Name of your child's physician _____

Address _____

Phone _____

Do you want your doctor called in case of an emergency if you are unable to be reached?

Yes _____ No _____

3. List any allergies your child may have:

4. List any known problems your child has:

5. List any medications given on a regular basis:

6. Immunization Data: Bring in the most current copy of your child's immunization record.

I hereby give consent for emergency treatment and hospitalization for the child below if I am not available to give consent at the time of need. In my absence the Grove City Medical Center or other appropriate hospital is authorized to perform and arrange for any necessary treatment and hospitalization that is required including the obtaining of physician specialist, in the absence of the physician listed above, that may be necessary for treatment.

NOTE: Every effort will be made to contact the parents or other persons indicated on page 1.

- I hereby acknowledge that the registration fee is non-refundable.
- I hereby give permission for EEC personnel to include all contact information (except for emergency information) on separate class session contact sheets and email distribution lists. EEC personnel and families ONLY will use these lists to share IMPORTANT EEC information.

Signature of Parent _____ Date _____

Due to current closure of college buildings:

Please **email** completed application to: munsonjk@gcc.edu

Please **mail** check payable to GCC Early Education Center to:

Grove City College
Student Accounts Office
100 Campus Dr
Grove City, PA 16127

ORIENTATION REVIEW: (To be completed in August at orientation)

I have reviewed all information and updated any changes.

Signature of Parent _____ Date _____