



5023 Geronimo St.
College Park MD 20740
301-220-2514

zamlearningcenter@gmail.com
www.zamlearningcenter.com

Student Enrollment Form

STUDENT INFORMATION

Enrollment Date: _____ Start Date: _____

Full Name: _____ Nickname (if applicable): _____
(Last) (First) (Middle)

Child's Address: _____
Street City State Zip Code

Date of Birth: ____/____/____ Sex: _____ Home/Cell Phone: _____

Primary Care Days & Hours: _____

Siblings/ Names & Ages: _____

Primary Language Spoken at Home: _____

PARENT/GUARDIAN INFORMATION

Child Lives With: ☐ Father ☐ Mother ☐ Both ☐ Other: _____

Father/Guardian

Mother/Guardian

Name: _____

Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Employer: _____

Employer: _____

Email: _____

Email: _____

Custody: ☐ Father ☐ Mother ☐ Both ☐ Other: _____

EMERGENCY & MEDICAL INFORMATION

Pediatrician's Name: _____ Phone #: _____



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Insurance Provider: _____ Policy Number: _____

Allergies (if any): _____ Allergy Reaction/Treatment: _____

Regular Medications & Dosages: _____

EMERGENCY CONTACTS

In case of an emergency, ZAM Learning Center will contact parents/guardians first. If unreachable, the following individuals are authorized to seek medical care for the child.)

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZED PICK-UP CONTACTS

(The following individuals are authorized to pick up my child from ZAM Learning Center.)

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____

EMERGENCY MEDICAL AUTHORIZATION

In accordance with state law, ZAM Child Care Center requires written authorization from a child's legal guardian to seek medical assistance in the event of an emergency. Your signature below grants us permission to act on your behalf to ensure the safety and well-being of your child.

Our emergency policy is as follows:

1. In the event of a medical emergency, we will attempt to contact you immediately.
2. If we are unable to reach you, we will attempt to contact any designated emergency contacts listed on your child's emergency card.
3. If we cannot reach you or your designated representative(s) and the situation requires urgent medical attention, we will seek appropriate medical care in the best interest of your child.

By signing below, you authorize ZAM Child Care Center staff to seek emergency medical treatment for your child, including contacting medical professionals or emergency responders if



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necessary.

MEDIA, WEBSITE & PHOTO RELEASE

Throughout the school year, ZAM Child Care Center may capture photographs or videos of children and classroom activities for internal use and promotional purposes. These may include:

- Center-related content on social media (e.g., our Facebook page)
- The daycare website or teacher web pages
- Marketing materials such as brochures or advertisements

By signing below, you grant permission for ZAM Child Care Center to use images of your child for center-related purposes. Images will not be shared beyond the center's official platforms without additional consent.

ACKNOWLEDGEMENT OF POLICIES & PROCEDURES

By signing this form, I confirm that I have read, understood, and agree to comply with all policies and procedures established by ZAM Learning Center, including any updates communicated through the Parent Handbook, enrollment contract, or other official notifications.

I also certify that the information provided in this form is accurate and complete. I understand that it is my responsibility to inform ZAM Learning Center of any changes to this information as they arise.

Furthermore, I authorize ZAM Learning Center staff to seek emergency medical care for my child if necessary and permit the release of my child to the individuals listed as authorized contacts.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Registration: \$ _____ Deposit: \$ _____ Tuition: \$ _____ Start Date: _____ Last Day: _____

