ENROLLMENT FORM

Today's Date: _____/_____/_____

Please fill out the form in its entirety or write none or N/A.

ADMIN ONLY

Enrollment Date: _____

Disenrollment Date: _____

CHILD INFORMATION

Child's Full Name: _____

Sex: Male Female Age: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (_____) _____-_____

Allergies/Food Restrictions: _____

Living Arrangement: __ Mother __ Father ___ Both Parents __*Other*: _____

Name of Public School or Private if child attends: _____

HOURS OF CARE SCHEDULE :

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays

#1 PARENT/GUARDIAN INFORMATION

Parent/Guardian Fullname: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Primary Phone: (_____) _____ - _____ Cell or Landline

Workplace: _____

Work phone: (_____) _____-_____ **Ext.** _____

Relationship With Child: __*Mother* __*Father* __*Grandparent* __*Other:* _____

#2 PARENT/GUARDIAN INFORMATION

Parent/Guardian Fullname: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Primary Phone: (_____) _____ - _____ Cell or Landline

Workplace: _____

Work phone: (_____) _____-_____ **Ext.** _____

Relationship With Child: __*Mother* __*Father* __*Grandparent* __*Other:* _____

EMERGENCY CONTACTS/ PICK UP AUTHORIZATION INFO

Include @ least 2 contacts that do not live with the child; Please note our preschool MUST have a copy of legal custody order agreement or protection order on file to withhold a child from a parent or legal guardian. All pickup contacts must present their state ID and must be 18 years old and older!

CONTACT #1

Parent/Guardian Fullname: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Primary Phone: (_____) _____ - _____ Cell or Landline

Workplace: _____

Work phone: (_____) _____-_____ Ext. _____

Relationship With Child: _____

What does the child call this person? _____

CONTACT #2

Parent/Guardian Fullname: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Primary Phone: (_____) _____ - _____ Cell or Landline

Workplace: _____

Work phone: (_____) _____-_____ Ext. _____

Relationship With Child: _____

What does the child call this person? _____

CONTACT #3

Parent/Guardian Fullname: _____

Home Address: _____

City/State/Zip: _____

Email Address: _____

Primary Phone: (_____) _____ - _____ Cell or Landline

Workplace: _____

Work phone: (_____) _____-_____ Ext. _____

Relationship With Child: _____

What does the child call this person? _____

BACK UP CARE PROVIDER

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Phone: (_____) _____-_____

CONSENT FOR MEDICAL CARE AND TREATMENT

I give My Little School consent for the licensed provider or qualified staff to administer First Aid/CPR to my child/children.

Guardian Signature: _____
Date: _____

If I cannot be contacted in the event of an emergency, I authorize and consent to any medical care, treatment, or procedure to be performed for my child by a licensed physician, health care provider, or EMT as they deem necessary to safeguard my child(ren) health. I wave my right to informed consent for such treatment. I also give permission for my child to be transported by ambulance to an emergency medical center for treatment.

Guardian Signature: _____
Date: _____

CHILD'S MEDICAL COVERAGE

Primary Insurance Company Name: _____
Policy Holder's Name: _____
Policy Number: _____ Employer/Group Name: _____

Secondary Insurance Company Name: _____
Policy Holder's Name: _____
Policy Number: _____ Employer/Group Name: _____

CHILD'S MEDICAL CARE PROVIDERS

Primary Care Doctor: _____ Phone: (_____) _____-_____
Name of Practice: _____ Fax: _____

Dentist: _____ Phone: (_____)_____-_____
Name of Practice: _____ Fax: _____

CHILD'S HEALTH INFO

Child's Fullname: _____ **DOB:** _____

** A copy of your child's immunization record and most recent physical statement of health may also be required **

1. **How is your child's health generally?**

_____

_____

2. **Are your child's immunizations up to date?** ___ Yes ___ No ___ Exempt

3. **Does your child have any medical conditions we should be aware of?**

_____

_____

4. **Is your child on any medications we should be aware of?**

_____

_____

5. **Does your child have any physical disabilities?**

_____

_____

6. **Does your child have any issues with motor skills, balance, and coordination?**

_____

_____

7. **Does your child have any learning disabilities or issues regarding their cognitive, social, or emotional development?**

_____

_____

8. **Do you have any other concerns about your child's physical, cognitive, or emotional development?**

_____

_____

9. **Has your child been in childcare before? If so, what type?** *(Family Childcare, grandma, etc...)*

_____

10. **How does your child feel about school/daycare and being away from you?** _____

11. **What is your child's temperament generally like?** *(Shy, easy going, easily upset, etc...)*

_____

CHILD'S HEALTH INFO

12. How does your child handle disappointment? _____

13. What experiences did your child have in groups of children?

_____

14. How does your child usually nap? What Time? _____

15. Does your child have security objects such as a blanket, doll, or pacifier?

_____

16. Are there any food restrictions? _____

17. What are your child's favorite foods? _____

18. What foods your child dislikes? _____

19. Is your child potty trained? How many days without an accident? _____

20. How does your child let you know they have to use the restroom?

_____

21. What words your child use for: Bowel Movements: _____ Urination: _____

22. What languages are spoken at home? _____

23. What are your child's favorite educational TV shows?

_____

24. What are some special accommodations needed for your child?

_____

_____

_____

25. What else would you like us to know about your child or family?

_____

_____

_____

_____