

Enrollment Package

- Completed Enrollment Package Checklist
 - 1. Registration
 - 2. Emergency Contact/Authorized Release
 - 3. Parental consent for Emergency Care & Transportation
 - 4. Permission to photograph
 - 5. Child Introduction Form
 - 6. Authorization of Topical Products Form
 - 7. Activity Authorization Form
 - 8. Allergy & Food Preference Information Form
 - 9. Birth Certificate

- Physical and Immunization Records
- Meal Benefit Form
- Registration Fee
- First Week's Tuition

- Confirmed Start Date

Child Enrollment Form

Child's Name: _____ Birth Date: _____ Age of Child: _____

Days Attending: Monday Tuesday Wednesday Thursday Friday
Drop off time: _____ Pick up time: _____

Enrolling Parent/Guardian Information

Parent/Guardian

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____
Work #: _____ Extension #: _____
Email Address: _____

Parent/Guardian Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____
Work #: _____ Extension #: _____
Email Address: _____

Should the enrolling person(s) have sole guardianship of the child(ren), then copies of all necessary court orders are required to be in the child's file.

Medical & Allergy Information

Insurance Company Name: _____ Primary Insurance Holder: _____
Policy #: _____ Group #: _____
Physician's Name: _____ Physician's Address: _____
Physician's Phone #: _____

Any Physician's note regarding allergies must be on file. Please describe any allergies your child may experience:

Medication	Food	Products	Seasonal

Emergency Contact/Authorized Release

Emergency Contact

In the event of an emergency, & we are unable to contact the enrolling parents/guardians, (2) emergency contacts are required to be listed below to ensure the safety of your child.

Name: _____	Relationship to Child: _____
Home #: _____	Cell#: _____
Work#: _____	Extension#: _____
Name: _____	Relationship To Child: _____
Home#: _____	Cell#: _____
Work#: _____	Extension#: _____

Authorized Release

Please list the persons below that are authorized to pick up your child from the center other than the parents listed on the preceding page. A state issued ID must be presented at the door prior to pick up of your child. If the authorized release form changes at any time the parents/guardians are required to fill out a new form to reflect the changes:

Name: _____
Address: _____
Relationship to the child: _____
Name: _____
Address: _____
Relationship to the child: _____
Name: _____
Address: _____
Relationship to the child: _____
Child Release Policy: _____

- ❖ Send a note to your child's teacher indicating the authorized person for pick-up.
- ❖ Have authorized person show ID at the door.
- ❖ ID will be checked against the authorized child's pick up info form
- ❖ There are no exceptions to this rule.

PARENTAL CONSENT FOR EMERGENCY CARE AND TRANSPORTATION

NAME OF CHILD: _____

If at any time, due to such circumstances, as an injury or sudden illness and medical treatment is necessary, I authorize the child care staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand this may involve calling a physician or nurse and carrying out the instructions given and/or transporting my child to a hospital or nursing station, including the possible use of an emergency vehicle.

I understand that this may be done prior to contacting me and that any expense incurred for such treatment, including emergency transportation is my responsibility.

Parent's Signature

Date

Live and Learn Child

Date



Permission to Photograph

I, _____, give permission for **Live and Learn Child**
 (Parent or Guardian Name) Child Care Provider)
Development Center to photograph my child, _____, for the
 (Child's name)
 following purposes;

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current & prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand, that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

 (Parent or Guardian signature)

 (Date)

CHILD INTRODUCTION FORM

Please help us to get to know your child.

Has your child previously attended a homeschool or preschool? No Yes

(if yes, how long) _____

What was the type of school? (Please circle the one that applies) **Home** **Center**

Please provide the name of the center. _____

What are his/her:

- o Favorite breakfast food _____
- o Favorite lunch food _____
- o Favorite snack _____
- o Does he/she have difficulty taking a nap: No Yes

Please finish the following sentence: _____ If my child has difficulty falling asleep, I usually;

My child is afraid of; _____

Please tell me a little about where your child is developmentally;

Other people who have regular contact & are involved in your child's care; (i.e. grandparents, step parents, siblings, friends, etc.)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

What other information should we be aware of to care for your child as an individual? Events at home often influence a child's behavior. We are able to help your child when you inform us of situations and/or events that might influence his/her overall behavior such as;

- ◆Divorce or Death of a relative or friend
- ◆Separation from a relative or friend
- ◆Death of a relative or friend
- ◆Cries when separated from you

Please share anything additional that you would like to share about your child to help him/her feel more comfortable as they adjust to Live and Learn; _____

AUTHORIZATION FOR THE APPLICATION OF TROPICAL PRODUCTS

Child's Name: _____

I give permission for center staff to apply the following tropical products to my child whether center provided or parent provided.:

- | <u>Yes</u> | <u>No</u> | |
|------------|-----------|----------------------|
| () | () | Sunscreen |
| () | () | Insect repellent |
| () | () | Diaper rash ointment |
| () | () | Other _____ |

This one time authorization form will remain in effect until a new authorization form is signed.

Parent's Signature

Date

ACTIVITY AUTHORIZATION FORM

I _____ give my permission for my child to use all toys and participate in all activities at Live and Learn Child Development Center, and additionally, to use the children's equipment in the play area of the Park District.

Share any additional comments or concerns;

I understand that ride on toys, teeter-totters, slides swings, chairs, wading pools, sprinklers, sandboxes and other toys are used on a regular basis.

I will not hold the center responsible for injuries incurred while using equipment at Live and Learn or nearby city playgrounds , provided the child is supervised and the equipment is in good repair.

Share any additional comments or concerns;

Parent's Signature: _____

Date: _____

ALLERGY FORM

CHILD'S NAME: _____ DATE OF BIRTH _____

DOES YOUR CHILD SUFFER FROM ASTHMA? Yes () No ()

(If YES, please supply Live and Learn with medical advice.)

DOES YOUR CHILD HAVE ANY ALLERGIES? Yes () No ()

If yes, please list and indicate the type of reaction.

FOOD

REACTION

MEDICATION

REACTION

INSECTS

REACTION

Does your child suffer from any other allergies, i.e., chemical, first aid creams/lotions, plant, animals? Yes () No ()

If YES, please indicate what item & the type of reaction. _____

If your child's reaction is severe please supply Live and Learn with medical advice from your child's doctor: _____

Is there a history of allergic reactions in your family would affect your child & we should be aware of. Yes () No ()

ACKNOWLEDGEMENT OF POLICIES

I, _____ and _____,

have read and understand all Policies and Guidelines of Live and Learn Child Development Center.

We agree to abide by all policies stated in the Parent Handbook. We understand that we will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against Live and Learn Child Development Center will be made in writing and will be followed up in a timely manner.

We also understand that any breach of policies may be grounds to terminate childcare. At (2) two-week notice will be given in such circumstance unless the infraction is severe enough to warrant termination without notice.

Acknowledgement:

(Parent's Signature)

(Date)