



## Little Hands Academy/E.E.C. Group Child Care Enrollment Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Gender: **M/F** Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

\*Allergies/Special Diets: \_\_\_\_\_

### Parent/Guardian Information:

1) Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Tel #: \_\_\_\_\_ Work Hours: \_\_\_\_\_

2) Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Tel #: \_\_\_\_\_ WorkHours: \_\_\_\_\_

Additional Information: Child's Physician/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Tel # \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Special Limitations or Concerns: \_\_\_\_\_

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Emergency Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Allergies: \_\_\_\_\_

### Instructions to Reach Parents/Guardian

Parent/Guardian#1: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent/Guardian #2: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Pediatrician:** Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel #: \_\_\_\_\_

### **Emergency Contacts:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **May child be released to this person? Y N**

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **May child be released to this person? Y N**

### **Medical Emergency Treatment:**

I hereby give Little Hands Academy permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

**\*Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Authorization Release Form

**Name of Child:** \_\_\_\_\_

Persons other than parents authorized to take child from Little Hands Academy (if any):

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Photograph/Tape Recording and Video Release

I give permission for Little Hands Academy to take photographs, tape recordings and/or videos of my child for non commercial purposes.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Class List Release

I give permission for Little Hands Academy to give out my address, phone number and e-mail to the other parents in the school (i.e. Birthday Parties, Play dates, etc.)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Excursion Release

I give permission for staff at Little Hands Academy to take my child on walks and/or strolls around the school and Chiswick Park. Parents will be informed of specific field trips outside of the park in advance.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Child Drop Off/Pick Up

On a regular bases who will be picking up and dropping off my child to/from school:

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

I would like to be notified of Little Hands Academy events via e-mail:      Yes                  No

Child's Name: \_\_\_\_\_

**Sunscreen**

I give the staff at Little Hands Academy permission to apply sunscreen to my child's face, arms, legs and any other areas which are exposed to the sun.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Topic of Lotions/Ointment**

I give the staff at Little Hands Academy permission to apply lotions, creams or ointments to my child as instructed by parent (example: Destin for diaper rash).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Web Site**

[www.lhasudbury.com](http://www.lhasudbury.com)

\_\_\_\_\_ I give permission for my child's photo to appear on Little Hands Academy's web site.

\_\_\_\_\_ I **do not** give permission for my child's photo to appear on Little Hands Academy's web site.

**Facebook**

**LHA does have a Facebook Page so you are able to see what your child is doing throughout the day.  
We do not tag children or allow names to be put in posts or comments.  
(Toddlers through Preschool only, NO infants).**

\_\_\_\_\_ I give permission for my child's photo to appear on Little Hands Academy's Facebook page.

\_\_\_\_\_ I **do not** give permission for my child's photo to appear on Little Hands Academy's Facebook Page.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Review and Acceptance of Parent Handbook**

I have received, reviewed and now understand the policies and procedures set forth in the Parent Handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition and Late Pick up Policy**

I have received, reviewed and now understand Little Hands Academy's tuition and late pick up policy.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_