



Lil' Tikes Academy

An Early Learning Center

Child's Full Name _____ Nickname _____

Birthdate: _____ Date of Enrollment _____

Mailing Address _____

City _____ State _____ Zip Code _____

Mother's Full Name _____

Mother's Address _____

City

State

Zip Code

Mother's Home Phone _____ Cell Phone _____

Mother's Employer _____

Employer's address _____ City _____ State _____

Mother's Occupation _____

Hour's @ work _____ to _____ Days@Work _____

Work phone _____

Father's Full Name _____

Father's Address _____

City _____ State _____ Zip _____

Father's Employer _____

Employer's Address _____

City _____ State _____ Zip _____

(Next Section Fill out only if applicable)

Parent/Guardian with legal custody _____ Decree on File? Yes or No (circle)

Parents are: Married Divorced Separated Widowed Single

Emergency Contact's and Persons authorized to remove child from Lil' Tikes Academy

Primary Emergency Contact (Other than parents/guardian):

Name _____

Home Phone _____ Work Phone _____

Emergency Contact Address _____ City _____ State _____

Relationship to child _____

Secondary Emergency Contact (Other than parents/guardian)

Name _____

Home Phone _____ Work Phone _____

Second Emergency contact Address _____ City _____ State _____

Relationship to Child _____

Person(s) authorized to pick up my child (Besides parents/guardians or emergency contacts)

#1 _____
#2 _____
#3 _____

(with prior notice from parent/guardian and proper ID only. No child is released without notice.)

Daycare References

Has your child ever been in daycare before? _____
If so, Why did you leave? _____
Name of previous provider _____
Phone number of previous provider _____

Overview of care needs

Number of days per week child care is needed _____
Days of week care is needed (Circle) Mon Tues Wed Thurs Fri
I will bring my child to day care at _____ AM/ _____ PM
I will Pick up my child at _____ AM/ _____ PM

Cash/credit/debit cards only NO CHECKS

Comments:

Signatures Provider _____ Date _____

Parent/guardian _____ Date _____

Parent/guardian _____ Date _____

(I understand that this is a legally binding document, and I have read it and understand it).

Please mark YES or NO if we have permission to video tape or photograph your child or children to use on our website, fliers and or art projects.

Emergency Medical Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Lil' Tikes Academy Inc. Early Learning Center. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

Parent/guardian Signatures _____

Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parent/guardian Signatures _____

Date _____

Lil' Tikes Academy Early Inc. Early Learning Center will not be responsible for paying for the child's health care.

1. Child's Physician Phone _____

Name

Phone#

2. Preferred Hospital _____

Name

Phone#

3. Insurance Company _____

Policy#

4. Regular Medications_____

5. Blood Type_____

6. Medicine Allergies_____

7. Food Allergies_____

8. Other Allergies_____

9. Any Special Health Conditions_____

Lil' Tikes Academy Inc. Early Learning Center believes in catching problems early. If we find that your child has difficulties with fine or gross motor skills, speaking, hearing or any other concerns, do we have permission to refer your child to the Board of Cooperative Educational Services for further testing? (This is a free service and is at no charge to the parents.) YES or NO