Little Learners Child Care Enrollment Form

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Child's Name _____ Birth Date _____

Mother's Name _____ Phone Number _____
Address _____ Zip Code _____
E-mail Address _____
Social Security Number _____ Ethnic Origin _____
Employer _____ Phone Number _____

Father's Name _____ Phone Number _____
Address _____ Zip Code _____
E-mail Address _____
Social Security Number _____ Ethnic Origin _____
Employer _____ Phone Number _____

Children will be released only to their parent and Emergency Contacts

Emergency Contact _____ Phone Number _____
Address _____ Relationship _____
City: _____ State _____ Zip Code _____ Other _____
Employer _____ Phone Number _____

Emergency Contact _____ Phone Number _____
Address _____ Relationship _____
City: _____ State _____ Zip Code _____ Other _____
Employer _____ Phone Number _____

Emergency Contact _____ Phone Number _____
Address _____ Relationship _____
City: _____ State _____ Zip Code _____ Other _____
Employer _____ Phone Number _____

Medical Information & Release

Physician Name _____ Phone Number _____
Does your Child have any special needs or allergies? Yes No (please circle one)
If so please explain _____

By signing this form I hereby give permission to Little Learners Child Care to have my child seen and treated by my physician, any hospital personnel or any other emergency medical personnel they may deem necessary. I also understand that I am responsible for the payment of those services.

Transportation

I give / I do not give Little Learners Child Care permission to walk or transport my child on field trips. They may also walk or transport my child to their neighborhood school _____ .

Financial Terms

Full Tuition Rate _____ **Pre-Pay Tuition Rate** _____ **Co-Payment** _____

Attendance - all childcare slots are on a reserved basis. **IF YOUR CHILD IS ON THE SCHEDULE YOU WILL BE BILLED FOR THOSE DAYS.**

Return Checks: - a fee of $25 will be charged for any returned check. Notice of withdrawal - we must receive two weeks written notice prior to with drawl of your child from Little Learners Child Care. You will be charged for two weeks.

Parent's Signature _____ Date _____

Parent' s Signature _____ Date _____

Director's Signature _____ Date _____

Parent Handbook _____ Medical Form _____ Pin# _____ Shot Records _____ Start Date _____ U.S.D.A. _____