

ENROLLMENT AGREEMENT

Child's Name:

DOB:

ENROLLMENT INFORMATION

Please complete this Enrollment Agreement accurately and completely, as this information is necessary for Little Scholars Academy Academy to comply with state child care licensing regulations, as well as to understand your child and meet his or her individual needs. Completion of the Enrollment Agreement is required for enrollment at Little Scholars Academy Academy.



CHILD INFORMATION

Last Name		First Name		Middle Name		
Birth Date	Sex <input type="radio"/> Male <input type="radio"/> Female	Circle One:	IN FA NT	TODDLER	PRESCHOOL	SCHOOLAGE
Home Address			City	State	Zip	Cell Phone
Circle the day(s) of the week care is needed Write time(s) beneath the day it pertains to		<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday

PARENT/GUARDIAN INFORMATION

PRIMARY PARENT/GUARDIAN		DOB	Relationship to Child
How do you prefer to be reached	Maiden Name (if applicable)		NOTE: Personal information is used for verification of identification.
Home Address		City	State Zip
Cell Phone	E-Mail Address		
Cell Phone Provider	Employer		
Work Phone	Employer Address		

SECONDARY PARENT/GUARDIAN		DOB	Relationship to Child
How do you prefer to be reached	Maiden Name (if applicable)		NOTE: Personal information is used for verification of identification.
Home Address		City	State Zip
Cell Phone	E-mail Address		
Cell Phone Provider	Employer		
Work Phone	Employer Address		

EMERGENCY CONTACT AND RELEASE PERSONS – OTHER THAN PARENTS/GUARDIANS

Please list below the names and contact information of those persons **other than yourself** you hereby authorize to pick up your child from the school. Emergency contacts must not include people residing in your household but must be friends or other family members who do not live with you and are familiar with your child. Little Scholars Academy Academy will only release your child to adults you designate as authorized. It is our policy to ask all unfamiliar adults for photo identification. If possible, please notify the school if someone other than the primary or secondary parent/guardian will be picking up your child on a given day. A minimum of two emergency contacts are required.

Emergency Contact/Authorized Person #1	Relationship to Child	Cell Phone	Work Phone	
Home Address	City	State	Zip	E-Mail Address
Emergency Contact/Authorized Person #2	Relationship to Child	Cell Phone	Work Phone	
Home Address	City	State	Zip	E-Mail Address
Emergency Contact/Authorized Person #3	Relationship to Child	Cell Phone	Work Phone	
Home Address	City	State	Zip	E-Mail Address
Emergency Contact/Authorized Person #4	Relationship to Child	Cell Phone	Work Phone	
Home Address	City	State	Zip	E-Mail Address

YOU AGREE TO THESE TERMS FOR THE DURATION OF CARE

ENROLLMENT AGREEMENT

HEALTH AND DEVELOPMENTAL HISTORY

Child's Name:	DOB:
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GENERAL HISTORY

- Has your child had previous child care experience? If yes, please list location(s) of previous child care experience: _____
- What is your child's favorite activity/toy? _____
- How do you comfort your child? (i.e., use of pacifier, blanket, stuffed animal, physical touches such as hugs, etc.) _____
- Does your child have any special needs that the staff should be aware of? Please attach a copy of your child's IEP, if applicable.
If yes, please explain: _____

DAILY ROUTINES – INFANTS

- Does your baby cry when going to sleep?
- Does your baby need a pacifier?
- Is your baby: ☐ breast fed ☐ bottle fed What type of bottle? _____ What type of nipple? _____
- Does your baby have any special feeding requirements? If yes, please indicate: _____
- What is your child's present eating schedule? List type and amount of food:

	Solid Foods	Formula/Breast Milk/Milk
Breakfast	_____	_____
Lunch	_____	_____
Snack	_____	_____

DAILY ROUTINES – TODDLERS/PRESCHOOLERS

- What is your child's present sleeping schedule? Night time _____ to _____ AM Nap _____ to _____ PM Nap _____ to _____
- Does your child need a blanket or toy for sleeping?

TOILETING

- How frequently does your child have a bowel movement? _____
- Is your child toilet trained?
- What word does your child use for urination? _____ Bowel movement? _____
- Does your child use a potty-chair?
- Does your child frequently have a diaper rash? If yes, how is it treated? _____

Please attach additional pages to list any additional comments you may have relating to any aspects of your child's health or developmental history.

MEDICAL INFORMATION

ALLERGIES

- My child does have food or environmental allergies, asthma, or special food accommodations as determined by a physician or religious preferences.
If yes, please continue on to question 2. If no, please go on to the next section.
- My child has allergies (please check all that apply). If checked, please fill out Individual Allergy Action Plan, along with appropriate prescription and non-prescription medication release forms (Long-Term Prescription Medication Release and Authorization for Over-the-Counter Allergy Medication).
- My child has asthma. If yes, please fill out Individual Asthma Action Plan, along with appropriate prescription and non-prescription medication release forms (Long-Term Medication Release, etc.).
- My child has special diet accommodations (including allergies, food intolerance, and/or cultural/religious preferences). If yes, please complete Special Foods Needs and/or Special Diet Statement.

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MEDICAL PROVIDERS AND HEALTH INSURANCE INFORMATION

Practice/Clinic Name		Primary Care Physician (PCP) Name	
PCP Address	City	State	Zip
		PCP Phone	
Practice/Clinic Name		Dentist Name	
Address	City	State	Zip
		Phone	
I give permission to Little Scholars Academy to act on my behalf to take my child to a medical facility in case of a medical emergency if I can not be reached. I understand that I am responsible to pay for all times I am registered whether or not my child is present at the center, covering the entire term for which I enrolled in.			
Primary Parent/Guardian Signature:	Date:	Secondary Parent/Guardian Signature:	Date: