Little Learner's Exploration Academy

APPLICATION FOR ENROLLMENT

Infant/Toddler

APPLICATION DATE: _____ SCHOOL START DATE: _____
DISCHARGE DATE:

CHILD'S NAME _____

FIRST NAME: _____ M.I. _____

LAST NAME _____ SEX

CHILD'S BIRTHDATE: _____

FULL ADDRESS: _____

CITY: _____ ZIP CODE _____

HOME PHONE #_____ CELL PHONE _____

NATIVE LANGUAGE: _____

PARENT/GUARDIAN INFORMATION

FATHERS/GUARDIAN/ NAME _____ OCCUPATION _____

HOME ADDRESS _____

WORK ADDRESS _____ HOME PHONE # _____

CELL PHONE_____ EMAIL_____

MARITAL STATUS _____ LANGUAGE SPOKEN AT HOME _____

MOTHERS/GUARDIAN/ NAME_____OCCUPATION _____

HOME ADDRESS _____

WORK ADDRESS _____

PHONE #_____ CELL PHONE_____

EMAIL _____ MARITAL STATUS_____

SIBLINGS LIVING AT HOME: YES ☐ NO ☐

SIBLING NAME _____ AGE _____

_____ _____

OTHER MEMBERS LIVING IN THE HOUSEHOLD

_____ _____

_____ _____

EMERGENCY CONTACT PERSONS (2 INDIVIDUALS MUST BE LISTED)

NAME: _____ REALATIONSHIP: _____

CELL PHONE NUMBER: _____

NAME _____ REALATIONSHIP: _____

CELL PHONE NUMBER: _____

AUTHORIZED PICK-UP PERSONS

For the safety of your child, these are the ONLY people besides your emergency contacts that the preschool will release your child to. They will be asked to show photo identification

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

NAME: _____ RELATIONSHIP: _____

HEALTH INFORMATION

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

GENERAL STATE OF HEALTH: _____

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE?_____
(Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

MEDICAL INSURER_____

MEDICAL PLAN AND NUMBER _____

DOCTOR'S NAME: _____ ADDRESS: _____

PHONE # _____

Please Explain:

_____

_____

ABOUT YOUR CHILD

Has your child ever been in child care before? _____ What type? _____

Was it a positive experience? _____

Why are you looking for child care? _____

How does your child feel about daycare and being left by his/her mommy/daddy?

_____

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

_____

What is your normal method of discipline?

_____

What is your child's temperament? Are they easy going, hard to please, nervous, aggressive, etc.

Please Explain: _____

Are there any food restrictions? _____

Please Explain:

_____

_____

What are your child's favorite foods? _____

What foods does your child dislike? _____

Can your child be relied upon to indicate bathroom wishes? _____

What words does your child use for: Bowel Movements _____

Urination: _____

What time does your child usually waken up? _____

What time does your child commonly go to sleep at night? _____

Do they sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy, etc.? _____

What are your child's favorite activities, toys, books, or games?

DENTIST NAME_____ ADDRESS: _____

PHONE # _____

DENTIST MEDICAL PLAN AND NUMBER: _____

ALLERGIES: YES☐ NO☐ DETAILS: _____

Are you concerned that your child may be prone to any type of allergies? _____

Describe: _____

Does your child have any medical conditions which we should be made aware of? _____

Describe: _____

Does your child have any problems with any of these?

Mark all that apply

☐Constipation

☐Convulsions

☐Diarrhea

☐Fainting Spells

☐Frequent Colds

☐Frequent Ear Infections

☐Frequent Sore Throats

☐Lice

☐Ringworm

☐Skin Rash

☐Soiling

☐Stomach Upsets

☐Urinary Problem

☐Worms

Has your child had any of these diseases?

☐Asthma

☐Bronchitis

☐Chicken Pox

☐Diabetes

☐Heart Disease

☐Hepatitis

☐Impetigo

☐Measles

☐Mumps

☐German Measles

☐Polio

☐Scarlet Fever

☐Tuberculosis

☐Whooping Cough

Does your child have any speech, hearing or visual problems? _____

Please Explain:

_____

_____

_____

Are there be any restrictions to play or activities? _____

Are there any other comments or information you would like to let us know about?

Any specific concerns?

ENROLLMENT DAYS AND TIMES

Please check the box for the type of care you are requesting

5 DAYS A WEEK			
Full Day:	6:30am -6:00 pm	$1000	☐
3 DAYS A WEEK			
Full Day:.	6:30am -6:00pm	$800	☐
2 DAYS A WEEK			
Full Day:	6:30am -6:00 pm	$600	☐

IMPORTANT REMINDERS

1. Children will not be released to anyone not listed in the enrollment form unless advised by the parent.
2. A registration fee of $150 is required with this application. This fee is not refundable.
3. The monthly fee is due regardless of the days in a month, absenteeism due to illness or inclement weather, or school and statutory holidays.
4. If for any reason it becomes necessary to withdraw your child, a minimum notice of one month is required.
5. Please ensure that you have read the Parent Handbook carefully and you agree to follow the instructions.
6. Please fill out the enrollment and other enclosed forms carefully and return these to the school via email or in person.

PARENT SIGNATURE DATE