

Physical or emotional needs _____
Precautions for diet, medications, or activities (include allergies) _____

Child's Physician or Medical Provider _____
Address _____ Phone # _____ Chart # _____

Attendance

Will your child eat breakfast at the center? (must arrive before 8:15am) YES NO
Will your child eat lunch at the center? YES NO
Will your child eat snack at the center? YES NO

Please note that our tuition is based on a 10-hour day. Our center closes at 6:00p.m. Late fees accrue at a rate of \$1 per minute per child.

What hours will your child be attending the center? _____

What days per week? (please circle) Monday Tuesday Wednesday Thursday Friday

Required Parental Authorizations

Photography

____ I DO ____ I DON'T give permission for my child, _____,
to be photographed or videotaped at Little People's Christian Academy, Inc.
SIGNATURE _____ DATE _____

Field Trips

____ I DO ____ I DON'T give permission for my child to participate on field trips and special activities at Little People's Christian Academy, Inc. I understand that I will receive additional information before each trip or activity and will make arrangements with the center if I do not wish for my child to participate.
SIGNATURE _____ DATE _____

Emergency Medical Treatment

Little People's Christian Academy, Inc., has permission to obtain emergency medical treatment for my child at any time.
SIGNATURE _____ DATE _____

I have received a copy of the center's Parent Handbook that includes the Child Care Regulations Summary for Parents. I understand that I can access this handbook anytime online at www.littlepeoplesms.com.
SIGNATURE _____ DATE _____

Whom may we thank for referring you to our center? _____
Name of center or babysitter who previously cared for your child _____
If we may call them for a reference, please list their phone number _____

For office use only:
Date of Enrollment _____ Registration fee paid _____
Date of Acceptance _____
Date of Withdrawal _____ Reason _____