

**Enrollment Application
2016-2017 School Year**

Please provide a complete response to each item. If an item doesn't apply, please place "n/a" on the line. All blanks must be filled in for application to be accepted.

Child's Information

Name _____ Date of Birth _____
 First Middle Last
Address _____ City _____ St _____ Zip _____
Home Telephone _____ Social Security # _____

Parents' Information

Mother	Father
Name _____	Name _____
Address _____	Address _____
Social Security _____	Social Security _____
Cell phone _____	Cell phone _____
Cell phone carrier _____	Cell phone carrier _____
Email address _____	Email address _____
4-digit PIN # _____	4-digit PIN # _____

Your 4-digit PIN# allows you access into the center and enables you to clock your child in and out each day. Our security system only allows people with PIN #'s to enter the building. By providing your cell phone carrier's name, we can send you text message reminders.

Business Information

Company name _____	Company name _____
Address _____	Address _____
Work phone _____	Work phone _____

Emergency Contacts/Pick Up & Drop Off List

List at least 2 responsible relatives or friends who may be contacted in an emergency if a parent cannot be reached promptly. These people also have authority to pick up or drop off your child.

Name _____ Relationship to child _____
Phone # _____ 4-digit PIN # _____

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Phone # _____ 4-digit PIN # _____

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Phone # _____ 4-digit PIN # _____

Name _____ Relationship to child _____
Phone # _____ 4-digit PIN # _____

Medical Information

Is your child completely toilet trained? YES NO
Pertinent medical history or special medical needs _____
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 by 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 10.5-hour day. Extended Care fees will apply if your child is here more than 10.5 hours. Our center closes at 6:00p.m. Late fees accrue at a rate of \$1 per minute per child.

What hours will your child attend the center? _____ a.m. to _____ p.m.

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 _____