

Administrative Use Only  
**ALLERGY ALERT**  
 (Please check one below)

Yes  
 No



Administrative Use Only

Start Date \_\_\_\_\_  
 Program \_\_\_\_\_  
 Classroom \_\_\_\_\_

## Enrollment Application

### Child Information

Child's name		Sex	Date of birth
Name(s) of person(s) and the relationship with whom the child lives			
E-mail address		Area code	Home phone
Home street address	City	State	Zip
Parent/Guardian Marital Status:                      Married    Separated    Divorced    Widowed <i>(Please circle one)</i>			
Mother/guardian's place of employment		Business # & Cell phone #	
Father/guardian's place of employment		Business # & Cell Phone #	

Circle Days to Attend:

AM:        MON TUES WED THU FRI        Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

PM:        MON TUES WED THU FRI        Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Meals While in Care:                      Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ P.M. Snack \_\_\_\_\_

### Emergency contact Information

In case of emergency, if the parent or guardian cannot be reached, list person(s) to notify, in order of preference:

FULL NAME	Home Phone or work phone	Cell Phone

The following completed forms should be submitted with this enrollment form:

1. Child Profile
2. Immunization record
3. Signed Parent Agreement
4. Feeding Plan (for infants Only)
5. Photo Release Form

**Health record**

Child's physician or clinic			Phone
Street address	City	State	Zip

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe:

Is your child allergic to any foods, medications, etc.? If yes, please describe:

Describe any special precautions for diet, medication, or activity, if applicable:

I give permission to the child care staff to consult with health and child development professionals regarding my child's needs.

Yes  No

**Transportation**

I give permission for this child to be transported:  
to nearest medical facility, if a medical emergency occurs and I cannot be reached

Yes  No

**Pick up permission**

Persons having permission to pick up child:

Name	Phone

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

*To be completed by Little Minds 1<sup>st</sup> Academy:*

Date child entered facility: \_\_\_\_\_

Date child withdrawn: \_\_\_\_\_