

Little Explorers

Early Learning Academy
dream, grow, explore!

www.thesouthgatefamily.com/leela | 850-391-7822

ENROLLMENT APPLICATION

Entrance Date: _____

Child's Name: _____ Age: _____ Birthdate: _____

Sex: _____

Child's Name: _____ Age: _____ Birthdate: _____

Sex: _____

Child(ren)'s Address: _____ Home Phone: _____

Who does the child live with? _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

Father's Address: _____

Father's Place of Employment: _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

Mother's Address: _____

Mother's Place of Employment: _____

Marital Status: Married Separated Divorced* Other* _____

*Who has custody of the child(ren): _____

Please attach a copy of the court order.

Emergency contact and release to when parent cannot be reached:

| Name | Phone | Relationship |
|------|-------|--------------|
| | | |
| | | |
| | | |

Parental Agreement with Little Explorers Early Learning Academy

1. I agree to pay the total weekly fee of \$ _____ on Friday for the upcoming week or on Monday for the week. I understand that there are no prorated tuition rates for days Little Explorers is closed to observe holidays.
2. I agree to provide the academy with all necessary information pertaining to administering medicine to my child(ren).
3. I understand my child(ren) will be provided with snacks, and that I am responsible for providing lunch, except when I choose to pay and participate in Friday Fun Lunch.
4. I understand that I am responsible for any special diet necessary for my child.
5. If my child wears diapers, I understand that I will provide all diapers and wipes for my child.
6. If my child becomes ill during the time that he or she is in the care of Little Explorers, the academy will attempt to contact me immediately. Little Explorers will be authorized to secure medical attention and care for my child(ren) as deemed necessary, but I will be responsible for the payment. I agree to keep the academy informed about changes in telephone numbers, etc., so that I can be reached.
7. I understand that if my child is ill, including, but not limited to, a severe cough or sore throat; undetermined rash or spots; temperature over 101 degrees; stiff neck; upset stomach or diarrhea, he or she cannot enter the academy building until well. In the event my child has a communicable disease, a release form from a medical source may be required before he or she returns. Little Explorers will notify parents if a communicable disease has been present at the academy.

8. Physician or clinic to be contacted when parents cannot be reached:

Name

Address

Phone

I agree to abide by all policies and procedures of Little Explorers Early Learning Academy as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Signed _____ Date: ____/____/____
Parent or Guardian

Signed _____ Date: ____/____/____
Director/Assistant Director

Child Profile

Child's Name: _____ Birth Date: ____/____/____

1. Has your child had previous preschool experiences? Yes _____ No _____

Explain: _____

2. What would you most like for your child to experience with us? _____

3. What does your child enjoy doing most? _____

4. Do you consider your child shy or outgoing? _____

5. What are your child's favorite toys? _____

6. What things does your child express the most curiosity about? _____
-
7. Does your child play with other children? Yes _____ No _____
8. List the names of other children in your family: _____
-
9. What words are spoken in your home for toileting? _____
10. Does your child take a nap? Yes _____ For how long? _____ No _____
11. Does your child use a favorite item (such as a blanket) for nap? Yes _____ No _____
12. Does your child have a pet? Yes _____ No _____ If yes, what kind of pet? _____
- Pet's Name: _____
13. How many hours of sleep does your child usually receive at night?
14. Does your child have allergies? Yes _____ No _____ Explain: _____
-
15. Does your child have any special medical or physical needs? Yes _____ No _____
- Explain: _____
16. What is the marital status of the child's parents? _____
17. Who, besides the immediate family, resides in the home? _____
18. Does anyone else care for your children? Yes _____ No _____
- If yes, who? _____
19. What languages are spoken in your home? _____

20. Does your child have any birthmarks? _____

Parent's Signature _____ Date: ____/____/____

Permission for Food-Related Activities & Special Occasion Food Consumption

I, _____, give/decline permission for my child,
_____ to participate in food-related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ My child does not have a food allergy or dietary restrictions. He or she **MAY** participate in activities.

_____ My child does not have a food allergy or dietary restrictions, but he or she **MAY NOT** participate in activities.

_____ My child **has** a food allergy or dietary restrictions. He or she **MAY** participate in activities, but may not eat or handle the following items (please list below): _____

_____ My child **has** a food allergy or dietary restrictions. He or she **MAY NOT** participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent's Signature _____ Date: ____/____/____

Health and Emergency Permission Record

Child's Name: _____ Birth Date: ____/____/____

Child's Primary Health Physician/Clinic: _____

Phone Number: _____ Address: _____

Does your child have physical problems, mental health disorders, mental retardation, or developmental disabilities which would limit their participation in the center's program and activities? Yes _____ No _____ Explain: _____

Does your child have allergies (food, medication, insects, etc.)? Yes _____ No _____ Explain: _____

Are any special procedures required in caring for your child? Yes _____ No _____ Explain: _____

First Emergency Contact: _____ **Phone:** _____

Relationship: _____

Second Emergency Contact: _____ **Phone:** _____

Relationship: _____

Third Emergency Contact: _____ **Phone:** _____

Relationship: _____

I, _____, give my permission for Little Explorers Early Learning Academy to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Little Explorers from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., so I can be reached.

Parent's Signature _____ Date: ____/____/____

Little Explorers' emergency medical procedures are:

1. Contact parent.
2. Contact person listed as emergency contact.
3. Call emergency medical team.
4. Have emergency medical team transport child to nearest hospital.
5. Seek medical attention from North Okaloosa Medical Center.

Emergency/First Aid/Medical Information

Child's Name: _____ Birth Date: ____/____/____

Address: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

First Emergency Contact: _____ **Phone:** _____

Relationship: _____

Second Emergency Contact: _____ **Phone:** _____

Relationship: _____

Third Emergency Contact: _____ **Phone:** _____

Relationship: _____

Child's Primary Health Physician/Clinic: _____

Phone Number: _____ Address: _____

Medical Insurance Carrier: _____

Medical facility this academy uses: North Okaloosa Medical Center

Child's Weight: _____ Blood Type (if known): _____

Allergies: _____

Medications: _____

Special Medical Needs and Conditions: _____

In the event of an emergency involving my child, and if Little Explorers cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to

be fully responsible for all medical expenses incurred during the treatment of my child and to hold harmless and release Little Explorers Early Learning Academy from all liability.

Parent's Signature _____ Date: ____/____/____

Witnessed By _____ Date: ____/____/____

Photo Release Form

I understand that the staff of Little Explorers may take pictures of the children playing from time to time for use on their cubbies or for use with projects. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I realize that photos may be displayed in the rooms from time to time and could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible for that particular picture to be sent home with the other child to show their parent what they are doing.

I give my permission for Little Explorers Early Learning Academy to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's classroom, on bulletin boards, or to be used as mentioned above. I also give permission for Little Explorers to use my child's photograph for publicity purposes. These pictures may be used in brochures, advertisements, or on the Little Explorers website or Facebook page.

Child's Name: _____

Parent's Signature _____ Date: ____/____/____