

Little Hands Children's Center Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____

Special limitations or concerns? _____

Parent/Guardian Signature

Date

Developmental History and Background Information

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____

Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

- * Is your child fed held in lap? _____ High chair? _____
- * Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

- *Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____
- *Do you use: oil: _____ powder: _____ lotion: _____ other: _____
- *Are bowel movements regular? _____ How many per day? _____
- *Is there a problem with diarrhea? _____ Constipation? _____
- *Has toilet training been attempted? _____
- *Please describe any particular procedure to be used for your child at the center: _____

- *What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____
- *How does your child indicate bathroom needs (include special words): _____
- Is your child ever reluctant to use the bathroom? _____
- Does your child have accidents? _____

SLEEPING HABITS

- *Does your child sleep in a crib? _____ Bed? _____
- Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

- When does your child go to bed at night? _____ and get up in the morning? _____
- Describe any special characteristics or needs (stuffed animal, story, mood on waking etc) _____

SOCIAL RELATIONSHIPS

How would you describe your child? _____

Previous experience with other children/day care: _____

Reaction to strangers: _____ Able to play alone? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What is the method of behavior management/discipline at home? _____

What would you like your child to gain from this childcare experience? _____

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

Is there anything else we should know about your child? _____

(Parent/Guardian Signature)

(Date)

Transportation Plan and Authorization

My child will arrive at the LHCC by:

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Contract/Van
- Private Trans. arranged by Parent

- Other _____

My child will depart at the LHCC by:

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Contract/Van
- Private Trans. arranged by Parent

- Other _____

Parent /Guardian Signature _____ Date _____

Little Hands Children's Center Inc

Tuition Agreement/ Late Fees

All fees are due on or before their scheduled due date (see tuition payment schedule for due dates). Any additional hours or days shall be paid before or on the morning of additional scheduled hours and/or days.

Due to the expenses of operating Little Hands Children's Center, no deduction may be made for holidays, snow days, sick days, emergency closings, and vacations.

If you decide to withdraw your child from Little Hands Children's Center, a written notice of three weeks is required. If you withdraw, your child from LHCC before three weeks is up, tuition will still be charged for the three weeks' notice. If you would like to change your child's days and/or time schedule, three weeks notification must be given in writing to the Director and is based on availability.

My child's days are: Monday Tuesday Wednesday Thursday Friday

The hours for my child _____ are: _____ to _____.

Your child's tuition rate is \$_____ per week based on our four or five week monthly scheduled payments.

I understand there is a \$10.00 late fee per day for late tuition payments.

I understand that if my check is returned due to non-sufficient funds I have to pay the \$35.00 fee (and/or any fees that may occur) that is charged to Little Hands Children's Center.

I understand I will be charged a \$10.00 late fee for the first 15 minutes my child is late being picked up from Little Hands Children's Center and \$1.00 for every minute after that.

I understand this is a signed legal document regarding my child's enrollment and tuition fees at Little Hands Children's Center Inc. I understand that I am fully responsible for all fees stated in this agreement. Please keep a copy of this agreement for yourself.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

4 Week Tuition Payment: \$ _____

5 Week Tuition Payment: \$ _____

Little Hands Children's Center

First Aid and Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth: _____

I authorize the staff at Little Hands Children's Center who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)