



<b>For Office Use</b>
<b>Enrollment Date:</b>
<b>Registration Fee:</b>
<b>Payment Type: Check__ Cash__</b>
<b>Check Number:</b>

## 2018-2019 Little Lambs Learning Center Child Enrollment Information Form

### Child Information

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Child's Last Name	Child's First Name	Child's Nickname (if used)
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Child's Birth date	Gender	Child's Home Language	Church Affiliation	Baptized <input type="checkbox"/> yes <input type="checkbox"/> no
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Child Lives With? Is there a court-ordered custody arrangement for this child?  Yes  No (If yes, please provide a copy.)

### Class Enrolled in:

- Tues and Thu Preschool**
- Mon-Wed-Fri Pre-Kindergarten Program**

### Family Information

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<b>Parent or Guardian 1</b>	Relationship to Child	Email Address (one per family)
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Home Address	City	State	Zip Code
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Home Phone	Work Phone	Cell Phone
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Occupation	Employer
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Employer Address	City	State	Zip Code
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**Parent or Guardian 2**                      Relationship to Child      Email Address (if different from Parent 1)

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Home Address (if different from Parent 1)                      City                      State                      Zip Code

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Home Phone                      Work Phone                      Cell Phone

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Occupation                      Employer

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Employer Address                      City                      State                      Zip Code

### Siblings

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name                      age                      Birthdate                      name                      age                      Birthdate

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name                      age                      Birthdate                      name                      age                      Birthdate

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name                      age                      Birthdate                      name                      age                      Birthdate

### Contact Information

**Local contact person (e.g. friend, neighbor or relative) if parent is unavailable:**

Please prioritize contacts in order of who should be called first. At least one must be listed as an Emergency contact.

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Name                      Relation to Child      **OK to Pick-up? Yes**  **No**  **Emergency Contact? Yes**  **No**

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Phone                      Address                      City                      State                      Zip Code

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Name                      Relation to Child      **OK to Pick-up? Yes**  **No**  **Emergency Contact? Yes**  **No**

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Phone                      Address                      City                      State                      Zip Code

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Name                      Relation to Child      **OK to Pick-up? Yes**  **No**  **Emergency Contact? Yes**  **No**

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Phone                      Address                      City                      State                      Zip Code

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Name                      Relation to Child      **OK to Pick-up? Yes**  **No**  **Emergency Contact? Yes**  **No**

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Phone                      Address                      City                      State                      Zip Code

**Medical Contact Information**

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Child's Physician Practice Name Phone

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Physician's Address City State Zip Code

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Child's Dentist Practice Name Phone

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Dentist's Address City State Zip Code

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Preferred Hospital in case of emergency

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Hospital Address

**Health Insurance Coverage Information**

Health Insurance Yes  No

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Insurance Company

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Address

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Phone Number

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Policy Number

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Group Number

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**If this information changes during the school year, I agree to inform Little Lambs Learning Center of the changes.**

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Parent/Guardian Signature Date

\_\_\_\_\_ If you do not wish to provide full health insurance information, please initial here.

**Authorization for Access to Child Health Information**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ authorize the staff of Little Lambs Learning to have access to my child’s health information as provided to LLLC (State of Indiana Childcare Center Health Record form, Immunization records, Health Insurance Coverage Information, specific health concern plans). I understand that the records will be reviewed for completeness by office staff, and may be accessed other times through the school year on an individual, as needed basis. Records are considered confidential material.

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**Parent/Guardian Signature**

**Date**

**Authorization of Medical Treatment and Liability Waiver**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ agree to comply with the program rules which are established and periodically amended by board members of Redeemer Lutheran Board of Education. I give permission to have my child receive emergency medical treatment as deemed necessary by the personnel at Little Lambs Learning Center. I understand that while constant supervision of my child is provided by the staff of LLLC, there is inherent risk of injury to my child from activities in the classroom, on the playground and in the building facilities of LLLC. I accept this risk and on behalf of myself, and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release LLLC from any and all claims (excluding only willful misconduct) for injuries sustained by my child while in the LLLC program, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless and its agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release.

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**Parent or Guardian Signature**

**Date**

**Specific Health Concern**

\_\_\_\_\_  
Child's Name Date of Birth

**Allergies: Yes**  **No**  **if yes, please specify.** \_\_\_\_\_

**Restrictions: Yes**  **No**   
**if yes, please specify.** \_\_\_\_\_

**Operations/Serious Illnesses: Yes**  **No**   
**if yes, please specify.** \_\_\_\_\_

**List any behavior or other special considerations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to have my child examined by physician annually and medical information returned to LLLC for their files. (see attached State of Indiana Childcare Center Health Record form. Examines MUST be done after May 1, 2018 and turned in by October 1, 2018)

\_\_\_\_\_  
Initial

I give my permission to be listed in the LLLC Directory

\_\_\_\_\_  
Initial

I give my permission to receive e-mails concerning late starts, weather closures, reminders, newsletter, special events, and updates.

\_\_\_\_\_  
Parent/Guardian #1 initial

\_\_\_\_\_  
Parent/Guardian #2 initial

**Getting to Know Your Child**

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Childs Last name                      First name                      Nick Name                      date of birth

Has your child been in child care before? Yes  No

Is your child comfortable in group situations? Yes No

Are they potty Trained? Yes No    What words do they use to let you know they have to go? \_\_\_\_\_

What is your child's regular routine when at home?

\_\_\_\_\_

Is there anything we should know about your child's play with other children, by themselves, any concerns?

\_\_\_\_\_

\_\_\_\_\_

What kinds of activities does your child enjoy? Are there activities your child avoids?

\_\_\_\_\_

\_\_\_\_\_

How would you describe your child's temperament and personality?

\_\_\_\_\_

Does your child have any siblings?

\_\_\_\_\_

Does your family have any pets?

\_\_\_\_\_

What soothes your child?

\_\_\_\_\_

\_\_\_\_\_

What frightens your child?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any favorite songs or games that comforts them?

\_\_\_\_\_

\_\_\_\_\_

What are your expectations or hopes for your child at Little Lambs Learning Center?

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What are your expectations for the Little Lambs Learning Center staff members?

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Is there any other information you would like to share about your child?

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Is there anything regarding your family, extended family or child that you would like to share with us?

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Thank you for taking the time to help us get to know your child better!!