**CHILD' S PREADMISSION RECORD**

**This section is to be completed by the child's parent or guardian.**  This form must be kept in the child's file in the Childcare Facility (home/center).

|  |  |
| --- | --- |
| Child’s Name: | Name child is known by: |
| Child’s birthdate: | Child’s home address: |
| Name(s) of parent(s)/guardian(s): | Home telephone number: ( ) |
| Address of parent(s)/guardian(s): |  |
| Mother’s Employer: | Father’s Employer: |
| Mother’s Email Address: | Father’s Email Address: |
| Employer’s address: | Employer’s address: |
| Employer’s Telephone Number: ( ) | Employer’s Telephone Number: ( ) |
| List telephone numbers such as pager, cellular phone, etc. | Instructions regarding how parent/guardian may be reached in an emergency: |

**Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to child** | **Address** | **Telephone number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of child’s doctor:** | **Address:** | **Telephone number:**  **( )** |

**Emergency Authorization**:

**I give permission for the childcare facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (*If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Form not valid without signature of child’s parent/guardian**

***Page one of two-form not valid without second page***

***Child’s Preadmission Record (continued) - page two of two - form not valid without first page***

**Describe any special needs or instructions below:**

|  |
| --- |
|  |
|  |
|  |

**Person(s) the child may be released to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to child** | **Address** | **Telephone number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**I understand that the Department of Human Resources does not inspect activities away from the childcare facility (home or center). The licensee of the childcare facility assumes full responsibility for such activities.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

***Signature of parent/guardian Date***

**I give permission for my child to participate in:**

**(Circle yes or no and sign each line)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities away from the facility:** | **yes** | **no** | **Signature of parent/guardian** | **Date** |
| **Transportation provided by the facility:** | **yes** | **no** | **Signature of parent/guardian** | **Date** |
| **Swimming/wading activities provided by the facility:** | **yes** | **no** | **Signature of parent/guardian** | **Date** |

**Form not valid without signature of child’s parent/guardian in each space indicated above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This section is to be completed by the facility's staff.**

**Child’s first day of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s withdrawal date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A heart with a stethoscope

Description automatically generatedLil’ Angles child Development CenterA heart with a stethoscope

Description automatically generated

Children’s Medical Report

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Medical History

1. Is your child allergic to anything? Y \_\_\_\_ N \_\_\_\_

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your child have any physical disabilities? Y \_\_\_\_ N \_\_\_\_

If yes, what type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is your child on any continuous medications? Y \_\_\_\_ N \_\_\_\_

If yes, what medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1)

Statement of Policy A red book with a red bookmark

Description automatically generated

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received, and/or understand and will abide by the Lil Angels Child Development Center policy relating to my child(ren) while he/she is in their care.

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

Parent/Guardian Signature

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Statement of Payment PolicyA computer with a pen

Description automatically generated

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the policy for making regular weekly payments **(Due Every Monday Morning)** to Lil Angels Child Development Center. If I fail to do so I will be held responsible for all late charges. If my account becomes one-week delinquent, I know my child will not be able to return the following week until my account has been paid in full and the account has been updated.

***This facility operates solely on the fees due by parents; your utmost concern punctuality of your payment will be appreciated.***

(2)

A close-up of a pen

Description automatically generatedEnrollment Agreement

(Ages 6 weeks to 10 years old)

**PLEASE READ THE FOLLOWING AGREEMENT VERY CAREFULLY BEFORE SIGNING. THIS DOCUMENT IS A LEGAL CONTRACT AND COMMITS YOU TO SPECIFIC CHARGES.**

The conditions of this agreement provide protection for parents as well as the school. In essence, this agreement is a parental guarantee to the school that you will financially support the enrollment pace guarantee for your child.

I, the undersigned parent or legal guardian, hereby agree to the following enrollment conditions:

1. I agree to pay an initial, non-refundable registration fee per child at the time of enrollment, and I also agree to pay the fees according to the Rate Table.
2. I agree to pay any weekly fees due on Monday of each week and any monthly fees due on the first of each month. Should my account become more than one (1) week, a payment plan may be recommended, and a late fee will be applied to the payment for each week until you are paid in full.
3. In the event that my check is returned by the bank, I understand that my account will be charged a $35.00 returned check fee. Should more than two checks be returned then I will be required to make advance cash payment of all fees. If it is not caught up by the end of the second week, your child(ren) will be terminated from the program.
4. I agree to make full payments for all of my child’s absences, (such as holidays, vacations, illnesses, and any closings due to bad weather).
5. I agree to provide two weeks’ notice in writing to the Director, of my intentions to withdraw my child from the center, Should I not give this notice, I must pay a penalty of two weeks childcare fees.
6. In the event the center is not able to reach me immediately **LIL ANGELS CDC** has my permission to secure medical attention and care for my child as may be necessary. I shall assume all responsibility for payment.
7. I agree to pay a late pick-up fee of $1.00 per minute if my child(ren) are at the center past 6:00 pm. According to state regulations, your child should not be in the center for more than 10 hours per day.

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

Registrar Date Parent/Guardian Signature ` Child’s Name

(3)

Pick Up Permission Form

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following people listed **HAVE** permission to pick up my child(ren)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

The following people listed **DO NOT HAVE** permission to pick up my child(ren)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Phone Number

(4)

**Parent Contact Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:( \_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone Number:( \_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Phone Number:( \_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:( \_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

~Known Allergies or Medical Problems~

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

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

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

(5)