



# **Mini Learners Enrichment**

## **Enrollment Form**





# **Mini Learners**

## **Enrollment Form**

**(2025-2026)**

# Mini Learners Enrichment Enrollment Form

Please fill in the following intake form carefully. Kindly submit the completed form and return to the Mini Learners Enrichment Center.

NOTE: We are not a licensed Child Care Facility.

## General Details

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

Primary Language: \_\_\_\_\_

Gender: ☐ Boy ☐ Girl

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

Known Allergies (Food, medications, etc.): \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

## Physical Appearance

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Any Distinguishing Marks/Features: \_\_\_\_\_

## Parent/Guardian Information

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Handphone: \_\_\_\_\_

Handphone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

\*Please fill in the address/location you'll be at during enrichment hours.

## Emergency Contact List

Full Name:

---

Handphone:

---

Telephone:

---

ID/Driver's License #:

---

Relationship to Child:

---

Full Name:

---

Handphone:

---

Telephone:

---

ID/Driver's License #:

---

Relationship to Child:

---

Full Name:

---

Handphone:

---

Telephone:

---

ID/Driver's License #:

---

Relationship to Child:

---

## Additional Authorized Pickup Persons

\*Please include details of any other authorized pickup persons, **excluding** parents, guardians, or emergency contacts above.

Full Name:

---

Handphone:

---

Telephone:

---

ID/Driver's License #:

---

Relationship to Child:

---

Full Name:

---

Handphone:

---

Telephone:

---

ID/Driver's License #:

---

Relationship to Child:

---

Full Name:

---

Handphone:

---

Telephone:

---

ID/Driver's License #:

---

Relationship to Child:

---

## Toileting Habits

Type of Diapers: ☐ Cloth ☐ Disposable

Diaper Change Frequency Per Day:

---

Diaper Creams/ Lotions/Powders Used:

---

Is your child potty training? ☐ Yes ☐ No

What does your child use at home? ☐ Toilet ☐ Potty Chair ☐ Others: \_\_\_\_\_

Can your child use the toilet independently? ☐ Yes ☐ No

Does your child need reminders to use the restroom? ☐ Yes ☐ No

What kind of assistance does your child need with toileting?

---

What kind of verbal cues or signals does your child use when they need to go?

---

Other special instructions or comments related to toileting:

---

---

## Health and Medications

If applicable, please list any current conditions your child has and what regular medications are given for these conditions.

Medical Condition	Name of Medication

Does your child have any physical disabilities? ☐ Yes ☐ No

If yes, please elaborate:

---

Does your child have allergies? ☐ Yes ☐ No

If yes, please elaborate:

---

## Development History

Does your child need help with sitting or walking? ☐ Yes ☐ No

If yes, please elaborate:

---

Does your child have any speech difficulties? ☐ Yes ☐ No

If yes, please elaborate:

---

Can your child communicate needs through words, gestures, or signs? ☐ Yes ☐ No

If yes, please elaborate:

---

Does your child use a pacifier or suck their thumb? ☐ Yes ☐ No

If yes, please elaborate:

---

Any challenges with attention or learning new skills? ☐ Yes ☐ No

If yes, please elaborate:

---

Any diagnosed developmental delays or concerns? ☐ Yes ☐ No

If yes, please elaborate:

---

Favorite toys, games, or activities:

---

Preferred ways of being comforted when upset:

---

Languages spoken at home:

---

## Social Development and Relationships

Does your child enjoy group activities, or do they prefer playing alone?

---

Any fears or anxieties (e.g., loud noises, separation, new environments):

---

Primary caregivers and important people in your child's life:

---

Any tendencies toward aggression (hitting, biting, pushing) or challenges with frustration?

---

Strategies used at home to encourage positive social behavior:

---

How does your child react to strangers?

---

Any other comments related to your child's social behaviors:

---

I hereby certify that the information submitted in this enrollment form is accurate and complete to the best of my knowledge. I acknowledge that it is my responsibility to promptly inform the Mini Learners Enrichment Center (Live Laugh Learn) of any significant changes or updates concerning my child's health, development, or personal information.

---

PARENT/GUARDIAN'S SIGNATURE

---

NAME



# Mini Learners Enrichment

## Photo & Video Release

I hereby grant and authorize Mini Learners Enrichment Center to capture and use photographs and video recordings of my child, \_\_\_\_\_, taken during activities for promotional, marketing, and educational purposes. These materials may be used in, but are not limited to, the website, social media pages, newsletters, flyers, brochures, promotional videos, and other digital or print communications.

I acknowledge that I will not receive any form of compensation or royalties for the use of these photographs and video recordings.

I understand that while my child's photographs and video recordings may be used for promotional purposes, my child's full name or any other personal information will not be disclosed or shared without my additional written consent.

I acknowledge that granting this consent is entirely voluntary, and I have not been coerced or pressured into providing permission for the use of these photographs and video recordings.

*By signing below, I acknowledge that I have fully read and understood the above photo and video release agreement.*

---

Parent/Guardian Name

---

Parent/Guardian  
Signature

---

Date