



Office Use Only	Registration Date: _____	<input type="checkbox"/> NEW REGISTRATION	Program: _____	Payment \$ _____
	Requested Start Date: _____	<input type="checkbox"/> RE-REGISTRATION	Group: _____	Date: ___ / ___ / ___
	Official Start Date: _____	Received By: _____	Class Code: _____	CA/Check#: _____

Student Registration & Information Update Form

Child Last Name: _____ Child First Name: _____ Child Middle Initial: _____
 Birth Date: _____ Please Indicate: Male Female Other (Not Specified) Other (Specify) _____

Parent/Guardian Contact Information					
Relationship:	Title:	Full Name:	Home Phone (10 digit):	Cell Phone (10 digit):	Work Phone (10 digit):
Address:				Email:	
Relationship:	Title:	Full Name:	Home Phone (10 digit):	Cell Phone (10 digit):	Work Phone (10 digit):
Address:				Email:	

Additional Emergency Contact Information (other than Parents/Guardians listed above)					
Relationship:	Title:	Full Name:	Home Phone (10 digit):	Cell Phone (10 digit):	Work Phone (10 digit):

Physician's Name/Group: _____ Phone #: _____

Child's Dental Care: _____ Phone #: _____

Note any Allergies: _____

Does the Child have Emergency Medication (Epipen/Inhaler/etc) for any allergies listed above? Yes No

***Note- if emergency medication is required, additional paperwork must be completed by the child's physician and a meeting must be arranged with the Director to discuss the child's specific needs prior to start with our program.

Any medications the child is currently taking: _____

Check boxes below to indicate if your child has any special needs/services: None Early Intervention/Special Education

Occupational Therapy Speech/Language Physical Therapy Other Services _____

Additional Health Information, Conditions, Chronic Health Issues, Concerns? Yes No

Explain: _____

***Note- certain conditions may require supplemental paperwork to ensure the health & safety needs of your child; this must be discussed with the Director.

AGREEMENTS:	
I consent to emergency medical treatment for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent for my child to take part in neighborhood trips (i.e. library, park, playground) away from the program under proper supervision.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I provided information on my child's special needs to the program to assist in caring for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand the program must give parents/guardians, at the time of enrollment of a child, a written policy statement (Parent Handbook) as required by regulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to review and update this information whenever a change occurs and at least every year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE - PARENT/GUARDIAN LEGALLY RESPONSIBLE:	DATE:

Pick- Up Procedure

(only applicable to Nursery School/Preschool/School Age and Drop-Off Enrichment Programs)

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

The Lil' School of the Adirondacks puts safety at the forefront of our concerns. For this reason, any program you enroll your child in that involves the child being dropped off and the parent leaving the facility (Nursery School, Preschool, School Age Program, drop-off Enrichment Classes, etc.) follows a specific procedure. We have developed and strictly enforce a safe method for pick-up at the end of your child's day. While we understand that the process may occasionally take more time at pick-up, we know that you will agree with us that the extra minute spent during pick-up is worth the safety of each child.

It is the policy of the Program to only release children to authorized persons. Please provide a list of designated pick-up persons below.

Authorized Pick-Up Persons (other than Parents/Guardians listed on front of this form)					
Relationship:	Title:	Full Name:	Home Phone (10 digit):	Cell Phone (10 digit):	Work Phone (10 digit):

Any time someone other than the parents/guardians of the child will be picking up, the parent's guardians must inform the Program in advance. In the event that a person other than those on this approved list must pick up a child, the parent/guardian of said child must notify the teacher of the person's full legal name prior to pick up. When the alternate pick-up person arrives, he/she must produce a driver's license which matches the identity noted by the parent. In addition, the individual must also give the "pick-up password" as an added safety measure.

No child will be released to an alternate pick-up person unless all of the above requirements are met.

***Please note that until our staff gets to know your child's parents and authorized persons, even authorized persons and parents/guardians will be required to present photo ID and provide the password.

SECURITY ALERTS: Are there any individuals who may attempt to pick-up your child but are not permitted to (custody issues, etc.)? _____

Pick-Up Password

PASSWORD (one word that is memorable for your authorized persons- make sure it is not obvious to others):

DO NOT share this password with anyone other than those designated to pick-up your child.

Sign In & Sign Out:

Parents/Guardians and authorized persons may pick up the child at any time but must always sign the child in/out on the digital check-out station and/or with staff when leaving the program with the child.

I, this child's parent/guardian have read, understand and agree to the pick-up procedure above.

Parent/Guardian Signature

Date