



Office Use Only
 Age Level _____ Days _____

Little Lambs Early Childhood Center

20155 Cypresswood Drive
 Cypress, Texas 77433
 Phone: 281-373-0052 Fax: 281-256-2070
 www.littlelambsecc.org

2018-2019 Registration Form

Child's Name	Age as of Sept. 1, 2018 M _____ F _____
Child's Street Address	City and Zip code
Date of Birth	Sibling name(s) enrolled in this school
Mother's name	Father's name
Mother Employed by:	Father Employed by:
Mother's Telephone Home:	Father's Telephone Home:
Cell:	Cell:
Work:	Work:
Email Address	Returning Student? Yes No If yes, any changes to the above information? Y or N

Give name of person to call in case of an emergency if parents/guardian cannot be reached. Please be certain that the people listed are within 30 minutes of the school and would be willing and available to pick up your child in the case of illness or emergency. Little Lambs will call all parent contacts first. If we cannot reach you or do not receive a call back within 20 minutes, calls will be made to emergency contacts.

Emergency Contact Name, Phone #, and Relationship
1.
2.
3.

I hereby authorize Little Lamb's Early Childhood Center to allow my child to leave the daycare facility only with the following persons.

Name, Phone #, and Relationship
1.
2.
3.

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Hospital and Phone #:
Name of Physician, address and phone #:
I give consent for this facility to secure any and all necessary emergency medical care for my child.
** _____ Signature - Parent or Legal Guardian Date

Release and Hold Harmless Agreement

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Little Lambs Early Childhood Center. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parent(s) through any of the persons listed on the emergency form.
4. If the parent(s) or designated physician cannot be contacted, we will do any or all of the following:
 - a) call another physician or paramedic; b) call an ambulance; c) have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under #4 above will be borne by the child's family.
6. Little Lambs Early Childhood Center will not be responsible for anything that may occur as a result of false information at the time of enrollment.

I have read and agree to the policies of Little Lambs Early Childhood Center.

**Parent's Signature

Date

*******PLEASE READ ALL STATEMENTS AND SIGN:**

I UNDERSTAND THAT TUITION IS SET FOR THE YEAR AND DIVIDED INTO NINE EQUAL MONTHLY PAYMENTS, DUE THE FIRST SCHOOL DAY OF SEPTEMBER THROUGH MAY.

I UNDERSTAND THAT AN EARLY WITHDRAWAL FROM THE SCHOOL YEAR REQUIRES A TWO WEEK PREPAID NOTIFICATION. FAILURE TO DO SO WILL CAUSE THE ACCOUNT TO BE IN ARREARS AND RENDER YOU INELIGIBLE TO REGISTER FOR FUTURE YEARS UNTIL THE ACCOUNT IS BROUGHT CURRENT.

I UNDERSTAND THAT THE REGISTRATION FEE, (WHICH IS NON-REFUNDABLE) IS DUE WITH THE REGISTRATION FORM TO SECURE A PLACE FOR MY CHILD IN THE PROGRAM. I UNDERSTAND THAT THE SUPPLY FEE IS NO LONGER REFUNDABLE AFTER APRIL 15TH.

I UNDERSTAND THAT A CHILD IN THE PRESCHOOL (3+) PROGRAM MUST BE POTTY TRAINED.

ALL PARENTS MUST ADHERE TO POLICIES AND PROCEDURES STATED IN THE LITTLE LAMBS EARLY CHILDHOOD CENTER HANDBOOK.

_____YES _____NO PERMISSION IS GIVEN FOR MY CHILD TO PARTICIPATE IN WATER ACTIVITIES.

_____YES _____NO PERMISSION IS GIVEN FOR MY CHILD TO BE PHOTOGRAPHED WHILE PARTICIPATING IN ACTIVITIES AT SCHOOL. A PHOTO CD WILL BE SHARED WITH ME AND OTHER PARENTS IN MY CHILD'S CLASS. PHOTOS MAY ALSO BE USED ON THE SCHOOL WEBSITE.

_____YES _____NO PERMISSION IS GIVEN FOR MY CELL PHONE NUMBER TO BE PRINTED ON THE CLASS ROSTER IF NO HOME PHONE NUMBER IS AVAILABLE.

_____YES _____NO PERMISSION IS GIVEN TO SHARE EMAIL ADDRESS WITH OTHER PARENTS FOR EVITES.

SIGNATURE OF PARENT/GUARDIAN

DATE