

ENROLLMENT FORM

Child's Information

Child's Full Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip code: _____

Parent/Guardian Information

Mother's Full Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip code: _____
Occupation: _____ Work phone: _____
Business Address: _____ City: _____ Zip code: _____
Work hours: _____ Email: _____

Father's Full Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip code: _____
Occupation: _____ Work phone: _____
Business Address: _____ City: _____ Zip code: _____
Work hours: _____ Email #: _____

Parents are: ☐ Married ☐ Living together ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

Parent/Guardian with legal custody ☐ Mother ☐ Father ☐ Other

Visiting arrangements: _____

Are there any siblings?

Name: _____ Age: _____ Gender: _____
Name: _____ Age: _____ Gender: _____

Other household Members:

Name: _____ Age: _____ Gender: _____
Name: _____ Age: _____ Gender: _____

What languages are spoken at home? _____

Child Pick Up Information

Please list below the people who have "Permission" to pick up your child. * Note: Anyone picking up your child must have a picture ID.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Contacts

Primary Emergency contact: (other than parent or guardian)

Name: _____ Home Phone: _____

Relationship to child: _____ Work phone: _____

Address _____

Secondary Emergency contact: (other than parent or guardian)

Name: _____ Home Phone: _____

Relationship to child: _____ Work phone: _____

Address _____

Any special instructions on how to reach parents:

Emergency Information

Child Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Child's Dentist : _____ Phone: _____

Health Insurance: _____ Policy #: _____

Regular Medications: _____

Blood Type: _____ Medicine Allergic to: _____

Food allergies: _____
Any other allergies: _____
Immunization record: _____ Updated _____ Pending

Developmental History

Birth weight: _____ Height: _____

Was there anything unusual about the delivery? _____ Yes _____ No If yes, explain:

Age your child began to: Sit _____ crawl _____ Walk _____ Talk _____

Does your child dress him/herself? _____ yes _____ No

Does your child undress him/herself? _____ yes _____ No

If your child: _____ right-handed _____ left-handed

Does your child have any: _____ speech _____ hearing _____ visual problems? _____ None

If yes, explain: _____

Has your child ever been tested for the above? _____ yes _____ no If yes, when? _____

Health history

Does your child have any medical conditions which I should be made aware of?

_____ yes _____ no

If yes, explain: _____

Has your child ever had any surgeries or have any prosthetic limbs or special devices?

_____ yes _____ no, If yes, please describe: _____

Would there be any restrictions to play or activities? _____ yes _____ no If yes, explain

Child has had:

_____ Measles _____ Asthma _____ Ten-Day Measles (rubeola)

_____ Headache _____ Earaches _____ Three-day measles (Rubella)

_____ Chicken pox _____ Sore Throat _____ Mumps

☐ Stomach Aches ☐ Flu/colds ☐ Whooping cough

☐ Epilepsy ☐ other: _____

Does your child have frequent colds? ☐ yes ☐ no

How does your child behave when he/she is sick? _____

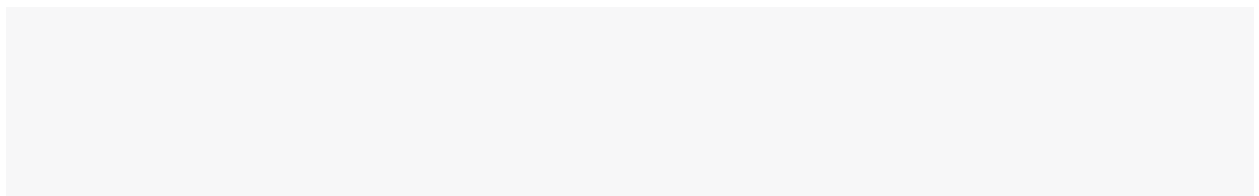
Have you made any special arrangements for child's care during illness?

☐ yes ☐ no

Child care experience

Has your child ever been in childcare before? ☐ yes ☐ no

What type? ☐ center ☐ family childcare ☐ family member/friend ☐ other _____





Child's Name: _____

I, _____ the undersigned, being the parent/legal guardian of the above-named child, hereby grant permission to LUDOKIDS LLC (Alma Virginia Figueroa Family Childcare) to use photographs or videos of my child for the purposes outlined below. I understand and agree to the following terms:

- Use of Photographs/Videos: Ludokids LLC may use photographs or videos of my child for the following purposes:
 - Displaying in the Ludokids childcare facility
 - Sharing on the Ludokids childcare website or social media platforms
 - Promotional materials, including brochures or advertisements
- Release of Liability: I understand that once the photographs or videos are shared, they may be viewed by a wider audience and could be downloaded or shared by others without the Ludokids childcare control. I release the Ludokids childcare and its staff from any liability that may arise from the use of the photographs or videos.
- Confidentiality: Ludokids childcare will make reasonable efforts to ensure that photographs or videos are used in a respectful and appropriate manner. However, I understand that Ludokids childcare cannot guarantee the privacy or confidentiality of the images once they are shared publicly.
- Withdrawal of Consent: I understand that I have the right to withdraw my consent for the use of photographs or videos of my child at any time. To do so, I will provide written notice to Ludokids childcare.
- Compensation: I acknowledge that I will not receive any financial compensation or royalties for the use of photographs or videos of my child.

I have read and understood the terms of this photo release form and voluntarily gave my consent for the use of photographs or videos of my child as described above.

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____



TRANSPORTATION FORM

I _____ hereby grant permission for my child
_____ (child's name), to leave the home child care
under the supervision of Alma Figueroa (LUDOKIDS LLC), for the sole purpose of
transportation to pick up/drop off other children at school.

Parent's signature

Date