

Requested Start Date _____ Date _____

Entire form must be fully completed.
Leave nothing blank, please.

Child's Name (first, middle, last) _____ Sex: M _____ F _____

Age (today) _____ Years _____ Months Date of birth (DD/MM/Year) ____ / ____ / ____

Home Address (street) _____

City _____ State _____ Zip _____

Father's Name _____ Mobile _____

Address same as child? Y _____ N _____ (if no, please provide below)

Address _____

City _____ State _____ Zip _____

Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____

Zip _____ Email _____

Mother's Name _____ Mobile _____

Address same as child? Y _____ N _____ (if no, please provide below)

Address _____

City _____ State _____ Zip _____

Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____

Zip _____ Email _____

Child's Living Arrangements (check one): [] Both Parents [] Father [] Mother [] Other _____

Child's Legal Guardian(s) (check one): [] Both Parents [] Father [] Mother [] Other _____

The child may be released to () Father () Mother or to the following:

Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Child's doctor or clinic name _____

Doctor/clinic phone number _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs

while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following

pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of The Little Red Schoolhouse, and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Date: _____

Director: _____

Date: _____

Parental Agreements with Child Care Facility

The Little Red Schoolhouse agrees to provide childcare for _____

on M T W Th F from 6:30 a.m. to 6:00 p.m. year round or from _____ to _____.

My child will participate in the meal plan which includes breakfast, morning snack (if applicable), and afternoon snack.

Before any medication is dispensed to my child, I will provide a written authorization, which includes date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. The medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The Little Red Schoolhouse does not participate in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available.

I have read and agree to abide by the policies and procedures for The Little Red Schoolhouse found at www.tlrs.us.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: (Parent/Guardian) _____ Date: _____

Signed: (Director) _____ Date: _____

Please complete this form and click the button to the right, or you can save and email this form to: tlrs3045@gmail.com