



Enrollment Registration Form

Date of Registration _____

Date of Termination _____

Child Information

Name of child (Last, First, and Middle Initial):

Nickname: _____ Age: _____ Sex: _____

Date of Birth _____

Child's Primary Language: _____ Parent/Guardians Primary language:

Parent/ Guardian Email Address: _____ Home Phone:

Child's Home

Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence
 Mother Father Both Guardian

Please circle days child will attend: AM Mon Tue Wed Thu Fri Arrival Time: _____

Departure Time: _____

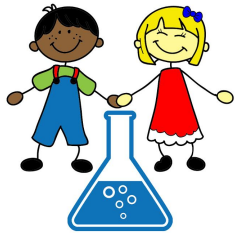
PM Mon Tue Wed Thu Fri Arrival Time: _____

Departure Time: _____

Meals While in Care: Breakfast Am Snack Lunch PM Snack

School Age Information

Does your child attend School? Yes No Elementary School Name:
_____ Grade in school _____



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Schools address: _____ School Phone: _____

School Start Time: _____ School End Time: _____

School transportation provided by: Elementary school Parent or Guardian The Learning Lab Other _____

Please circle days child will attend: AM Mon Tue Wed Thu Fri Arrival Time: _____
Departure Time: _____

PM Mon Tue Wed Thu Fri Arrival Time: _____
Departure Time: _____

Meals While in Care: Breakfast Am Snack Lunch PM Snack

1. Does your child take nap Yes No How long? _____

2. Does your child need a favorite item? (Such as a blanket) Yes No if so list item needed:

3. What words are spoken for toileting at home?

4. How does your child express anger or react to frustration?

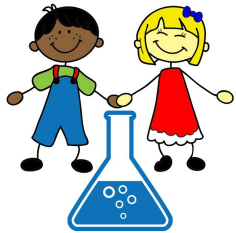
5. Does your child have any particular fears?

6. How does your child react to change (such as being left by parents)?

7. How does your child comfort him or herself?

8. What is your child's play interest (preference for creative, dramatic, or construction play)?

9. How do you discipline your child?



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10. When did your child begin to speak and what is the primary language spoken at home?

11. How would you describe your child personality characteristics?

12. What do you enjoy the most about your child?

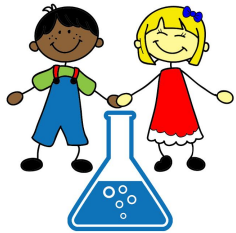
13. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

14. Has your child had previous preschool experience?

15. Do you have a special interest or hobby you would like to share with the children?

16. What family cultural traditions are important in your home?

Parent/ Guardian Signature: _____ **Date:** _____



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Primary Contact and Release Persons

Parent/Guardian #1: _____ Relationship to child:

Home Phone: _____ Cell Phone/ work phone:

Home Address: _____ Home/work Email Address:

Driver's License Number/ State: _____

Employer: _____

Employers Address: _____

Parent/Guardian #2: _____ Relationship to child:

Home Phone: _____ Cell Phone/ work phone:

Home Address: _____

Home/work Email Address: _____

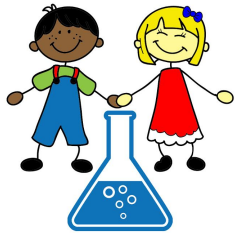
Driver's License Number/ State: _____

Employer: _____

Employers Address: _____

Medical Information

Authorization for Medical Treatment of a Minor



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In the event of a medical issue requiring a physician's care, would you like us to call your family's physician?

Yes No, if yes please provide the following information:

Physician's Name: _____ Phone Number:

Address: _____ City: _____
State/ zip code _____

I (we) _____ and _____ do hereby state that I am (we are) parent/ legal guardians of _____ a minor child age _____ born on _____ who resides with me (us) at _____ I (we) _____ authorize , for emergency purposes only, a school designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the state of _____.

Preferred hospital/clinic for Acute Care and Emergency Care:

Dentist Name: _____ Practice/ Clinic Name:

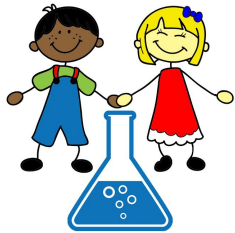
Address: _____ Phone:

Health Insurance Provider and Policy Number:

Secondary Health Insurance Provider and Policy Number:

Last Tetanus/Diphtheria Booster shot:

Allergies to drugs, food or other:



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Please list any special medication or pertinent information

Parent Guardian signature: _____

Appeared before me and produced _____ **as**
identification. Date _____

Director Signature: _____

Printed Name: _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school.

Authorization for transportation and field trips

The Learning Lab may plan carefully- arranged, supervised special trips for children away from the school that may or may not require bus/ van transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give The Learning Lab permission to take my child on these field trips.

Parent / Guardian Signature: _____ **Date:** _____

Photo Release

Please be advised that your child/ children may be photographed or videographer at school or during school events. Your child/ children's pictures may appear on the school website or face book page. These photos will become property of The Learning Lab and will not be returned.

Yes, I give permission for my child's photographs and or video to be posted on The Learning Labs website or face book page.

No my child's photograph and or video may not be posted on The Learning Lab's website or face book page.

Parent / Guardian Signature _____ **Date:** _____