



LITTLE BLUE TOTS DAYCARE

Enrollment Application

Provider: LITTLE BLUE TOTS DAYCARE

Address: _____

Phone: _____ **License Number:** _____

Parent 1: _____ **Phone:** _____

Address: _____

Email: _____ **Occupation:** _____

Employer: _____ **Work Ph:** _____

Parent 2: _____ **Phone:** _____

Address (if diff): _____ **Occupation:** _____

Email: _____

Employer: _____ **Work Ph:** _____

For the care of the following child(ren): List full name(s), date of birth, gender and current age(s).

HOW DID YOU HEAR ABOUT US? WE'D LIKE TO KNOW...(please be specific):

INTERESTED IN STARTING SOON? TELL US WHEN:

GENERAL INFORMATION:

1. Your child/children will arrive and depart according to the following schedule (Please check all that apply):

- ☐ Monday _____ a.m. _____ p.m.
- ☐ Tuesday _____ a.m. _____ p.m.
- ☐ Wednesday _____ a.m. _____ p.m.
- ☐ Thursday _____ a.m. _____ p.m.
- ☐ Friday _____ a.m. _____ p.m.

PARENT RESPONSIBILITIES

Parents are responsible for providing:

- 1) Diapers/Wipes/Special Creams or Ointments
- 2) A complete Change of Clothes (including extra socks), labeled with child's name or initials, appropriate for the weather and child's size, to be maintained in child's cubby or drop off bag.
- 3) Specialty Items such as Baby Formula, Parent-preferred Foods/Drinks/Snacks

PHOTOGRAPHY CONSENT

I, the parent of _____ give / do NOT give (*circle one*) **Little Blue Tots** permission to photograph my child during daycare hours. I understand that the photos may be used on displays within the daycare, for artwork or possibly on the daycare website and social media platforms. Children's full names will never be used on the internet.

SOCIAL MEDIA

It's our priority to engage parents in day-to-day activities and photos that allow us to share the little things about our tots. For your convenience, Little Blue Tots Daycare is online!

PARENT HANDBOOK

Parents will be provided a copy of the Parent Handbook via email upon enrollment. Parents are required to read and understand the policies contained in the Parent Handbook.

POLICIES AND PROCEDURES

Parents will also receive a copy of our Closure Policy, Illness Policy and Payment Policy. These policies require an annual acknowledgment, in the event of any changes.

By signing this application, I agree to comply with all the terms contained herein. A copy of this documents will be provided to all parties. **NOTE: Wet signature required.*

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

Provider Signature _____ Date _____