

# Little Den Early Learning Center

Formerly  
Kid Central Learning Center

## EMERGENCY INFORMATION

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Hours \_\_\_\_\_

Work Hours \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Person other than parent to be notified in as emergency situation when parents are not available:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name(s) of person(s) other than parent to whom the child may be released:

1. \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

### Child's Specific Medical Information:

Allergies: \_\_\_\_\_

Medications \_\_\_\_\_ Frequency \_\_\_\_\_

Other \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Office Hours: \_\_\_\_\_

Hospital preferred for emergency treatment \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Childs Name \_\_\_\_\_ Birthday \_\_\_\_\_

**Medical release**

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee of Little Den Early Learning Center? \_\_\_\_\_ Yes \_\_\_\_\_ No

I hereby give permission to the employed staff at Little Den Early Learning Center to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents/guardian.

**Health History**  
(Chronic or Recurring)

Ear Infections \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Heart Disease/defect \_\_\_\_\_  
Convulsion/Seizure \_\_\_\_\_  
Asthma \_\_\_\_\_  
Nosebleeds \_\_\_\_\_  
Migraines \_\_\_\_\_  
Other \_\_\_\_\_

**Allergies**

Hay Fever \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Other Drugs \_\_\_\_\_  
Animals \_\_\_\_\_  
Food \_\_\_\_\_  
Other \_\_\_\_\_

Operations or Serious Injuries \_\_\_\_\_

Current Medications \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Other Concerns \_\_\_\_\_

I understand that Payment's are due weekly and late payments will be applied to accounts past due. That I am required to give a two week notice to cancel care and will be charged for 2 weeks regardless if a 2 week notice is given. I understand that I am responsible to pay for care on the days we have signed up for even if we do not come. I also understand that I am responsible for any extra activity fees. If necessary Little Den will send to collection and all collection fees will be added to my amount due.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature                      Date

\_\_\_\_\_  
Date of Enrollment

Little Den Early Learning Center  
Child Health Status

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Past Illnesses: Check those the child has had and give approximate dates.

Chicken Pox _____	Mumps _____
Rheumatic Fever _____	Poliomyelitis _____
Diabetes _____	Rubella _____
Whooping Cough _____	Hay Fever _____
Epilepsy _____	Asthma _____
Other _____	

Comments: \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic Health Problems: \_\_\_\_\_

Describe any physical condition requiring the facility's special attention: \_\_\_\_\_

Medication(s) prescribed: \_\_\_\_\_

Allergies: \_\_\_\_\_

Prescribed routine: \_\_\_\_\_

If tuberculin test given: Date \_\_\_\_\_ Result \_\_\_\_\_

If chest x-ray taken: Date \_\_\_\_\_ Result \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Please record immunizations and dates administered on the Colorado Department of Health Certificate of Immunization and attach to this form.

Date of my most recent examination of the child: \_\_\_\_\_

\_\_\_\_\_  
Signature of licensed physician or other health care professional

\_\_\_\_\_  
Date

Please print: \_\_\_\_\_

Name of Physician/Health Care Professional

Address: \_\_\_\_\_

**\*\*A current copy of the child's immunizations on State of Colorado approved form must be attached.\*\***

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Childs Name \_\_\_\_\_ Birthdate \_\_\_\_\_

### **SUNSCREEN/BUG SPRAY PERMISSION**

The staff at Little Den will assist apply sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs and feet 15-30 minutes before outdoor activities at regular intervals throughout the day. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

In the event we have a problem with bugs Little Den staff will apply bug spray.

### **MOVIE PERMISSION**

My child may watch the following rated movies during group movie times. Movies will be on rare occasions such as a rainy day when we cannot participate in outdoor activities or for special activities.

\_\_\_ G (At movie time we will always have one movie room with a G movie)

\_\_\_ PG (Our second movie room will have G or PG)

\_\_\_ PG-13 (Older groups may have this option if the movie has been screened by staff and deemed suitable for the age Group.)

### **FIELD TRIP/TRANSPORTATION PERMISSION**

I give permission for my child to participate in Little Den field trips and transportation to and from school and before and after school activities.

All field trips will be announced ahead of time and all children will ride in Little Den vans/cars in seat belts. If your child needs a booster seat or car seat, we may ask for you to leave it for the day if we do not have enough car seats of our own.

### **Lotion's**

\_\_\_ If needed I give Little Den Staff permission to use St. Ives Lotion for dry, rough, or red skin.

\_\_\_ If needed I give Little Den staff permission to use Aquaphor for dry chapped lips. This will be applied to a cotton swap and then applied to area.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date