



5021 Pueblo St
Orlando FL 32819
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(407) 702-1203

Registration Form

Child: _____ Birth Date: __/__/__ Sex: M__ F__

Child's Address: _____

Full Name of Mother: _____ Email _____

Mother's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Full Name of Father: _____ Email _____

Father's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Emergency Contacts

Minimum 2 contacts other than parents to contact in case of emergency/authorized to pick up child:

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain: _____

Does the child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (√) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize **Little Kingdom Steppers Daycare, LLC** to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect while my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

- ☐ Yes ☐ No, I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial sprays, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.
- ☐ Yes ☐ No, I authorize use of preventative supplies, such as sun block, bug repellant, hand lotion, diaper rash cream, etc.
- ☐ Yes ☐ No, I authorize use of pain relievers such as acetaminophen or ibuprofen.
- ☐ Yes ☐ No I authorize use of children's cough syrup, strips or (cough drops as appropriate for age).
- ☐ Yes ☐ No I authorize use of children's allergy or cold medicine for runny or stuffy nose.
- ☐ Yes ☐ No, I authorize use of children's stomach ache remedies, such as children's Pepto.

NOTE: Basic medications are kept on premises in a secured area. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept secured. Prescription medications will require separate authorizations for each occurrence and must be sent to school in the original prescription bottle.

- ☐ I authorize **Little Kingdom Steppers Daycare, LLC** to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Transportation Authorization

- ☐ I authorize my child to be transported by **Little Kingdom Steppers Daycare, LLC** to and from excursions, including but not limited to, school, bus stop, store, playground, and field trips. Children will be securely fastened in a car seat and/or seatbelt appropriate for my child's age and weight. Children will not be left unattended in any vehicle.
- ☐ I do **NOT** give permission for my child to be transported. I understand that I will be responsible for child care at my own expense on days when children will be transported

Comments/Exceptions: _____

Water Play Authorization

Please be informed that water play/swimming is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinkler and wading pool. Many precautions are being taken at our facility to help keep children safe when participating in water play.

- ☐ I authorize my child to participate in ALL water/swimming activities offered.

Except: _____

- ☐ I also give permission for my child to participate in water activities away from the program including but not limited to the beach or water parks.
- ☐ I do NOT authorize my child to participate in ANY water/swimming activities.

I consider my child to be: ☐ a swimmer (swims 25+ feet without touching) ☐ non-swimmer

Please provide a US Coast Guard approved life jacket for non-swimmers and they will be required to wear it when not directly involved in swimming instruction.

Photo Authorization

Photographs and videos are taken on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

- ☐ I give permission to **Little Kingdom Stepper Daycare, LLC** to take photographs/videos of the above named child(ren). Photos used in the classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

- ☐ I give permission for photos/videos to be posted on our Facebook, Instagram or Website
 - ☐ I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

- ☐ I do **NOT** want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

(Date)

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

Referral Sources (Please circle all that apply)

ADVERTISEMENT

Drive-by Sign

Website/Facebook/Other

Flyer

Newspaper

Event

REFERRAL

Parental Referral: _____

Center Referral: _____

Friend/Neighbor: _____

Subsidy Program Referral

USDA Food Program Referral