



Little Jungle Safari Registration Form

Child's Name _____ Gender: Male Female
Nickname: _____ Age: _____ DOB: _____
Date to Begin Enrollment: _____ Attending: M T W TH F
Expected Arrival/Departure Times: _____
Primary Residence: Both Parents Mother Father Other: _____

PRIMARY CONTACTS

Parent/Guardian: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____
Email Address: _____
Employer: _____ Work Phone: _____

Parent/Guardian: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Home Address: _____
Email Address: _____
Employer: _____ Work Phone: _____

Child's Doctor's (REQUIRED)

Name: _____ Phone: _____
Address: _____
Hospital Choice: _____
Does the child have health insurance?
Yes: Company _____ ID# _____
No: We do not have health insurance.

Child's Dentist's (REQUIRED)

Name: _____ Phone: _____

Address: _____

Does the child have dental insurance?

Yes: Company _____ ID# _____

No: We do not have dental insurance.

OTHER AUTHORIZED EMERGENCY/PICK-UP INDIVIDUALS

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Are there any restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center? Yes No

If Yes,

Name: _____

Relationship to child: _____

Please provide a copy of the restraining order or termination of parental rights and a photo of the individual involved.

TRAVEL AND ACTIVITY AUTHORIZATION

I authorize *Little Jungle Safari, LLC* to take my child on a walk off the premises. Teachers will notify families through the HiMama app when leaving the premises.

YES (Initial) _____ NO (Initial) _____

PERMISSION TO PHOTOGRAPH OR VIDEOTAPE

I authorize *Little Jungle Safari, LLC* to photograph or videotape my child for the use of advertisement, training, or publicity. This includes permission to post photos of my child on the Little Jungle Safari, LLC business Facebook page.

YES (Initial) _____ NO (Initial) _____

AUTHORIZATION FOR THE APPLICATION OF TOPICAL PRODUCTS

I authorize *Little Jungle Safari, LLC* to apply the following parent provided products to my child as needed:

Diaper Ointment YES (Initial) _____ NO (Initial) _____

Sunscreen YES (Initial) _____ NO (Initial) _____

Insect Repellent YES (Initial) _____ NO (Initial) _____

I understand that the above authorization is valid for my child's entire stay at Little Jungle Safari, LLC or until otherwise indicated by parents/guardians.

Parent/Guardian (Print): _____

Parent/Guardian Signature: _____

Date: _____