

Operation Name Little Tots Learning Center		Director's Name Niyomi Guiro	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Email :	
Mother Name: _____		Father name: _____	
Employer: _____		Employer: _____	
Work number: _____		Work number: _____	
Cell number: _____		Cell number : _____	
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: Name: _____ Phone#: _____ Address: _____			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name: _____	Name: _____	Name: _____	
Phone: _____	Phone: _____	Phone: _____	

CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- consent for my child to be transported and supervised by the operation's employees:	
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in Water Activities:	
	<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play		
4. RECEIPT OF WRITTEN OPERATIONAL POLICIES			
I acknowledge receipt of the facility's operational policies, including those for:			
<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children		
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria		
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications		
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children		
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices		
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the center without securing prior approval		
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website		

