



**ENROLLMENT APPLICATION  
AND  
PARENTAL AGREEMENT**

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Home Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Father's Cell Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) Other

If other, give Name, Relationship, Address, City, State, Zip, Home Phone, Cell Phone

\_\_\_\_\_

\_\_\_\_\_

My child may be **released** to the person(s) signing this agreement and/or to the following:

1. Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

My child will not be allowed to **enter or leave** the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

### EMERGENCY CONTACT

Persons to **contact in case of emergency** when parent or guardian cannot be reached:

Name Phone #(s) \_\_\_\_\_

Name Phone #(s) \_\_\_\_\_

Name Phone #(s) \_\_\_\_\_

### ILLNESS AND INJURY AUTHORIZATION

Should my child suffer an injury or illness while in the care of Little L.A.M.B.S. Preschool and the facility is unable to contact me (parent) immediately, or the Emergency Contact listed above, I authorize the preschool to secure such **medical attention** and care for my child as may be necessary. I (parent) shall assume responsibility for payment for medical services.

Child's Physician or clinic address \_\_\_\_\_

Physician/clinic phone # \_\_\_\_\_

My child has the following **special needs**. The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

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**GENERAL MEDICATION**

Before any **medication** is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

**LONG-TERM MEDICATION**

My child is currently on **medication(s)** (list below) prescribed for **long-term, continuous use** and/or has the following **pre-existing illness, allergies, or health concerns**:

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**TRANSPORTATION – FIELDTRIPS – WATER ACTIVITIES**

Little L.A.M.B.S. Preschool agrees to obtain written authorization from me before my child participates in routine **transportation, field trips, special activities away from the facility**, and **water-related activities** occurring in water that is more than two (2) feet deep.

**PHOTOGRAPHS**

I give Little L.A.M.B.S. Preschool authorization to take photographs of my child/children during social events. Some of the photos may be of just my child and some may be group photos. On occasion, they may be published on our Facebook page or website.

I give permission \_\_\_\_\_

**I DO NOT** give permission \_\_\_\_\_

I acknowledge it is my responsibility to keep my child's **records** current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me **informed** of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

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I, the undersigned do hereby indicate by my signature that I have read, understand, agree, and will abide by all of the information included in this Enrollment Application. I further agree that I have been furnished with the Parent Handbook and other pertinent forms listed below. I have read the handbook and completed the forms. I understand, agree, and will abide by each of them.

Parent/Guardian: \_\_\_\_\_  
(print)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Facility Administrator/Person-In-Charge \_\_\_\_\_  
(print)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

As part of the enrollment process, parents will also receive the following:

- The Parent Handbook
- A Developmental Profile
- A Food Allergy Action Plan
- A Medical Information Form (to be completed by the child's Physician)
- An Infant Feeding and Care Plan\*
- A Fee Schedule
- A Yearly Calendar

\*If applicable

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**THE CHILD WILL BE CONSIDERED FORMALLY ENROLLED WHEN ALL OF THE ABOVE INFORMATION IS COMPLETE AND FEES HAVE BEEN PAID. COPIES OF ALL COMPLETED FORMS WILL BE MADE AND GIVEN TO PARENT(S).**

**SUBMIT**