

Little Blessings Daycare

Family Information

Sponsor Information (Child's Primary Residence)

Parent/Guardian _____

Address _____

Home Phone _____

Dad's Social Security _____ Mom's Social Security _____

Dad's Cell Phone _____ Mom's Cell Phone _____

Dad's Place of work _____ Work Phone _____

Mom's Place of work _____ Work Phone _____

Dad's Email _____

Mom's Email _____

Co-Sponsor Information (Secondary Residence)

Parent/Guardian _____

Address _____

Home Phone _____ Social Security _____

Place of work _____ Work Phone _____

Cell Phone _____

Email _____

Family Information

Family Doctor _____ Clinic _____ Phone Number _____

Family Dentist _____ Clinic _____ Phone Number _____

Emergency Contact

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Authorized to Pick up child(ren)

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Little Blessings Daycare

Children Information

Child #1 Information

Last Name _____ First Name _____

Girl ___ Boy ___ Date of Birth _____ Enrollment Date _____

Please note that my child is allergic to the following _____

It is also important to note that my child has the following special medical conditions

I hereby give permission for emergency medical treatment for my child, if requested by Little Blessing Daycare, who is our child care provider.

Parent Signature _____ Date _____

Child #2 Information

Last Name _____ First Name _____

Girl ___ Boy ___ Date of Birth _____ Enrollment Date _____

Please note that my child is allergic to the following _____

It is also important to note that my child has the following special medical conditions

I hereby give permission for emergency medical treatment for my child, if requested by Little Blessing Daycare, who is our child care provider.

Parent Signature _____ Date _____

Child #3 Information

Last Name _____ First Name _____

Girl ___ Boy ___ Date of Birth _____ Enrollment Date _____

Please note that my child is allergic to the following _____

It is also important to note that my child has the following special medical conditions

I hereby give permission for emergency medical treatment for my child, if requested by Little Blessing Daycare, who is our child care provider.

Parent Signature _____ Date _____

***** ATTACH EACH CHILD'S IMMUNIZATION RECORD *****

Little Blessings Daycare Contract

Parent/Daycare Contract (Please initial each item on the line)

___ Little Blessings Daycare will close to observe the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving, and Christmas Day.

___ Payment is due Monday morning preceding the week of care. If payment is not made by Tuesday at 6:00 pm, a \$10 late fee will be charged. The late fee does not change the status of your payment; it is still due by the end of the week. If payment is not made by the end of the week, your children will not be admitted until the balance is paid.

___ Each child is allowed 2 weeks of vacation per year prorated based on the number of months the child attends per year. The parent must notify the center in advance of their vacation plans.

___ Children are to be picked up by 6:00 pm. A late fee will be charged anytime your child is not picked up by 6:00 pm. The fee is \$1 for every 1 minute that you are late to pick up your child.

___ Parents must sign a dated medicine permission form for any medication to be given.

Photograph Release

I give permission for Little Blessings Daycare to photograph my child (children) for use in record keeping, class pictures, class videos, newsletter and advertisements.

Parent's Signature _____ Date _____

Attendance

My Child(ren) _____ will attend Little Blessings Daycare on the following days: M T W TH F

Approximate time of arrival: _____ Approximate time of departure: _____

The total weekly fee for my child(ren) will be: _____ (To be filled in by Office Manager).

By signing this form I (we) agree to the payment terms and all policies stated in the parent handbook and that the information listed on this application is as accurate and complete as possible.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

LDB Office Manager Signature _____ Date _____