



# Creative Kids/Little Scholars Learning Academy Enrollment Form

Center Location \_\_\_\_\_ Enrollment Date \_\_\_\_\_

## Family Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M F  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

## Emergency/Authorized Contacts [other than parents] for pick-up of child: (2 are required by DHS licensing)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

**Not authorized to pick up.** List anyone not allowed to pick up your child from Creative Kids/Little Scholars Learning Academy  
(a copy of a court order is required if a parent is not allowed to pick up the child)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Medical Information: (Both medical and dental is required to be filled out by DHS licensing.)

Child's Physician /Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Policy Holder \_\_\_\_\_ Type of Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Do we have permission to use another clinic if your child is in need of medical attention? Yes [ ] No [ ]

Family Dentist /Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Policy Holder \_\_\_\_\_ Type of Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Do we have permission to use another clinic if your child is in need of medical attention? Yes [ ] No [ ]

## Authorization to release medical information (anyone who is allowed access to your child's injury reports, medical info, medical records)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_

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## Medical Acknowledgement

I/ We understand that in the event of an emergency Creative Kids/Little Scholars Learning Academy staff will attempt to contact me immediately. I also authorize Creative Kids/Littles Scholars Learning Academy to initiate emergency care, including but not limited to, contacting the physician listed above, initiating first aid or CPR, and transporting my child via ambulance or other emergency services to a local hospital, in the event the need arises?

Parent/Guardian Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

Please initial which of the following external preparations you authorize Creative Kids/Littls Scholars Learning Academy to apply in accordance with directions for use on the original container.

\_\_\_\_\_ Soap \_\_\_\_\_ Lotion \_\_\_\_\_ Baby Wipes \_\_\_\_\_ Insect Repellent \_\_\_\_\_ Sunscreen  
\_\_\_\_\_ Teething Gel \_\_\_\_\_ Baby Oil \_\_\_\_\_ Hand Sanitizer \_\_\_\_\_ Non-Prescription ointment (ie Desitin, Vaseline)

## Field Trips/Walks

Creative Kids/Little Scholars Learning Academy has permission to take my child on field trips and outings by bus, van, or on foot. Specific information will be posted before each event requiring your permission.

Parent/Guardian Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

## Photography Release

I/we authorize Creative Kids/Little Scholars Learning Academy to use photographs of my child for the following purposes. The names of children will **not** be used when posting photos to our website or social media sites.

\_\_\_\_\_ Classroom/Center Use \_\_\_\_\_ Social Media \_\_\_\_\_ Website \_\_\_\_\_ No Photos

## Confidentiality

Enrollment information is collected to assist the license holder in providing appropriate care for your child and will be kept confidential. It is available to the child's parent or guardian, the child's legal representative, employees of the license holder, our public health nurse, and the Commissioner of the Department of Human Services.

Parent/Guardian Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

Creative Kids/Little Scholars Learning Academy has permission to recognize and celebrate our child's birthday within the center and include it within the newsletter.

Yes \_\_\_\_\_ No \_\_\_\_\_

## Handbook Policies

I have read the Creative Kids/Little Scholars Learning Academy Parent Handbook in its entirety and agree to abide by and follow all of the policies as written.

Parent/Guardian Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

## Withdrawal

A written two [2] week notice is required for the termination of childcare services from Creative Kids/ Little Scholars Academy. If a two week notice is not given, you will be responsible for paying the final two weeks of tuition and fees regardless of your child's attendance. Parent/Guardian Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

## Account responsibility and waiver of liability

I/we, on behalf of myself/ourselves and my/our minor child hereby release Creative Kids/Little Scholars it's officers, agents' and employees from all claims for injury or illness which may be sustained by my/our child while participating in daily activities.

Parent/Guardian Initials \_\_\_\_\_ Parent/Guardian Initials \_\_\_\_\_

I have read, understand, and accept all of the terms in this agreement. I will promptly update any information provided in this agreement as the information changes. I understand all permission forms [as stated above] will be kept in my child's file and will be in effect the duration of my child's enrollment at Creative Kids/ Little Scholars Learning Academy.

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

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

# Creative Kids/LittleScholars Learning Academy Enrollment Form

## **Child and Family Personal History**

The purpose in securing this information about your child is to help the child care staff better understand your child and to help you know what to expect from the child care center. Your child's care during the day is a responsibility we share. All information is kept confidential and requires your written permission if it is to be shared. Please attach another sheet of paper if you wish to elaborate more on a question. Should a question not be applicable to your child at this time please leave them blank.

## **Family's Social History**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Marital Status of Parents: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single Parent \_\_\_\_ Domestic Partners \_\_\_\_

Custody/Visiting arrangements (if any) \_\_\_\_\_

## **Siblings**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Other members of the household (pets, etc.) \_\_\_\_\_

How long have you lived in this city \_\_\_\_\_

Do you speak a language at home other than English \_\_\_\_\_

Are there any special words that would help us communicate with your child \_\_\_\_\_

Are there any cultural practices or holidays you would like us know about \_\_\_\_\_

## **Personal History**

Type of Birth: Full Term \_\_\_\_ Premature \_\_\_\_

Age he/she began: Sitting \_\_\_\_ Crawling \_\_\_\_ Walking \_\_\_\_

Is he/she a good climber \_\_\_\_ Does he/she fall easily \_\_\_\_

Does he/she have any speech problems \_\_\_\_

Any special word to describe his/her needs \_\_\_\_

## **Sleeping Habits**

What time does your child go to bed \_\_\_\_ Awaken \_\_\_\_

Does he/she have their own room \_\_\_\_ Own Bed \_\_\_\_

Does he/she walk, talk, or cry out at night \_\_\_\_

Does he/she take anything special to bed at night \_\_\_\_

What is his/her mood upon awakening \_\_\_\_

Does he/she nap \_\_\_\_ Times \_\_\_\_

## **Social Relationships**

Has your child had experience in playing with other children \_\_\_\_

Your child's nature; is he/she \_\_\_\_ friendly \_\_\_\_ aggressive \_\_\_\_ shy \_\_\_\_ withdrawn

How does your child get along with siblings \_\_\_\_

How does your child get along with other adults \_\_\_\_

How do you feel your child will react to the childcare environment \_\_\_\_

What makes your child angry or upset \_\_\_\_

How does your child show their feelings \_\_\_\_

What method of behavior control is used in your home \_\_\_\_

What is your child's usual reaction \_\_\_\_

Who does most of the disciplining \_\_\_\_

Does your child have any fears \_\_\_\_

What are your child's favorite toys and activities at home \_\_\_\_

Has your child had experience with: scissors \_\_\_\_ easel painting \_\_\_\_ blocks \_\_\_\_ water play \_\_\_\_ finger painting \_\_\_\_

# Creative Kids/Little Scholars Learning Academy Enrollment Form

## **Health History of your Child**

### **Health Concerns**

What past illnesses has your child had and at what age?

\_\_\_\_\_ Chicken pox      \_\_\_\_\_ Scarlet fever      \_\_\_\_\_ Diabetes      \_\_\_\_\_ Hepatitis A or B

\_\_\_\_\_ Mumps      \_\_\_\_\_ RSV      \_\_\_\_\_ Other: \_\_\_\_\_

Does your child get frequent colds \_\_\_\_\_ Explain \_\_\_\_\_

Does your child get sick easily \_\_\_\_\_

Does your child vomit easily \_\_\_\_\_

Does your child run high fevers easily \_\_\_\_\_

Has your child had any serious accidents \_\_\_\_\_ Explain: \_\_\_\_\_

Has your child ever been hospitalized \_\_\_\_\_ What for \_\_\_\_\_

Has your child ever been to the dentist \_\_\_\_\_

Has your child had their vision checked \_\_\_\_\_

Has your child had a hearing test \_\_\_\_\_

Does your child have any health concerns we need to be aware of \_\_\_\_\_

### **Eating**

Is your child hungry at mealtime \_\_\_\_\_

Is your child hungry between meals \_\_\_\_\_

What are your child's favorite foods \_\_\_\_\_

What foods are refused \_\_\_\_\_

What eating difficulties does the child have \_\_\_\_\_

Any food allergies \_\_\_\_\_

Is your family vegetarian \_\_\_\_\_

Any other dietary restrictions \_\_\_\_\_

### **Toilet Habits**

Can your child be relied upon to indicate his toileting wishes \_\_\_\_\_

What word is used for urination \_\_\_\_\_

What word is used for bowel movements \_\_\_\_\_

How often does your child need to use the bathroom \_\_\_\_\_

Is your child afraid of the bathroom \_\_\_\_\_

Does your child have accidents \_\_\_\_\_

Does your child need help with toileting \_\_\_\_\_

Is your child wet or dry through the night \_\_\_\_\_

Does your child wear a pull-up at nap time \_\_\_\_\_

**What are your expectations for your child at the center?**

**In what particular ways can we help your child?**