CHILD INFORMATION

First Name	Last Name	DOB

FAMILY INFORMATION

	Parent 1	Parent 2
Name		
Phone #		
Email		
Place of Employment		

Child's Primary Residence

Street Address:
City: NY Zip Code:
If applicable, who is the legal guardian of this child?
Does the non-custodial parent have visitation rights? Yes / No
Is there legal documentation? Yes / No
If yes, we require a copy of legal documentation for your child's file

Can this parent pick the child up from our facility? Yes / No

EMERGENCY CONTACTS & AUTHORIZED PICK UP

I authorize the following people listed below to be contacted in the event of an emergency if I am unable to be reached and to pick up my child in the case that I am unable to from Little Explorers Highland.

- Please contact me if any of these people attempt to pick up up my child if I have not specified prior to the Director at Little Explorers Highland

In the event that your child has to be picked up by someone else who is not on this list, please provide us with written authorization with signature and date which will be a one-time authorization for the specified date.

Name	Relation to Child	Phone #

Parent Signature: _____i_____ Date: _____

SCHEDULE & PAYMENT

My child's attendance schedule will be: Please indicate times the child will be in care (ex. 8:30-5:00)

Monday	Tuesday	Wednesday	Thursday	Friday

Payment Schedule (circle one): Weekly Monthly

I fully understand my financial obligation as described in the Parent Handbook

_____ _____
Parent's Signature Date

MEDICAL INFORMATION

Medical Background:
Any current health issues? _____
Was your child ever hospitalized? _____
Please check off from the list below the illnesses your child has had:
_____ Chicken pox _____seizures
_____ Tonsillitis _____broken bones
_____strep throat _____repeated ear infections
_____ Asthma _____pneumonia

Authorization for Emergency Medical Treatment:

I, _____ give Little Explorers, LLC staff permission to secure needed emergency treatment and authorize the administration of anesthetics and/or the performance of any type of emergency surgery in a licensed facility on behalf of (Child's Name)_____.
Child medical insurance coverage:

- X My child is medically insured
- My child *is not* medically insured

Parent's Signature: _____Date: _____
Insurance Carrier: ____
Policy #: _____ Group #: _____
Medicaid #: _____

Known Allergies/Intolerances: _____

CHILD PROFILE

Allergies/Intoleraces: _____

Eating Patterns:
Food Likes: _
Food Dislikes: _____
Child's eating habits:_____

Social Patterns:
Describe your child's temperament?
Has your child ever attended daycare before? _____
What does your child like to do? What upsets your child?
.

Additional Information you would like us to know about your child:
_____
_____
_____

_____
_____
_____
_____
_____
_____
_____
_____
_____

PERMISSIONS & RELEASES

Photo Release:

I consent to photo and/or video of my child being taken during regular operating hours during classroom activities or special events. Images and/or videos may be used in print or digital format on Little Explorers platforms and displayed in the facility.

Child's name: _____

Parent's signature:_____ Date: _____

- X Yes, I agree to the Photo Release
- No, I do not agree to the Photo Release

Parent Handbook Sign Off Sheet:

- I have read the handbook and fully understand it.
- I understand that I have to provide a *nut free* lunch and snacks
- I have provided Little Explorers, LLC with all forms necessary
- I understand that there is a $100 non-refundable Registration Fee per child
- I understand that there is a two week non refundable deposit for all programs
  I understand I can not change my child's schedule weekly unless approved by the director
  I understand all policies regarding payments and agree to them
- I understand that Little Explorers, LLC will do everything in their power to keep my child safe
- I understand that I am responsible for paying all the days that my child is signed up for, even if they do not attend or the center is closed
- I understand that a crib sheet needs to be provided in order for my child to nap at Little Explorers
- I understand that EVERYTHING needs to be labeled with my child's first and last name.
- I have provided Little Explorers, LLC with an updated medical form on the NYS Form
- I understand there is a 30 day notice if leaving the center or changing my child's schedule.

Parent's Signature: _____*Date:* _____

Sunscreen Permission Slip:

I, _____ give the staff of Little Explorers, LLC permission to apply sunscreen on my child _____ during the months needed. I have provided sunscreen labeled with my child's first and last name for the staff to use.

Parent's Signature: _____*Date:* _____

Permission for diapering/toileting/changing:

I, _____ give Little Explorers, LLC permission to change my child's clothes and/or diaper while in Little Explorers, LLC care. I also give them permission to assist my child in potty training and assist them if they need help properly wiping, etc.

Parent's Signature: _____*Date:* _____