



REGISTRATION FOR CHILD CARE

Child's Name _____ Date of Birth ____/____/____

Name by which child is most often called _____ Date of Enrollment _____

Home Address _____ City _____ Zip _____

Father/Guardian's Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Cell Phone _____ Employer Name _____

Employer Address _____ Work Phone _____

Email Address: _____

Mother / Guardian's Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Cell Phone _____ Employer Name _____

Employer Address _____ Work Phone _____

Email Address _____

Emergency Contact (If neither parent nor guardian can be reached)

Name _____ Relationship _____ Phone _____

Work Phone _____ Cell Phone _____

Name of persons authorized to pick up child from childcare/preschool

Name _____ Relationship _____ Phone _____

Address _____ City _____ Zip _____

Name _____ Relationship _____ Phone _____

Address _____ City _____ Zip _____



REGISTRATION FOR CHILD CARE

Continued

Child's Name _____ Date of Birth ____/____/____

Person(s) not permitted to pick up/sign out child

Name _____ Relationship _____

Name _____ Relationship _____

Additional information

Other children in family (please list name, age and sex) _____

Other adults in family (list relation to child) _____

Please list any / all court orders pertaining to child _____

List helpful information for your child (play habits, eating behavior, fears, etc.) _____

List any illnesses your child has had in the last month _____

What treatment was given? _____

Other notes:

Parent or Guardian Signature _____ Date _____

Annual Updates:

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____



MEDICAL INFORMATION

Child's Name _____ Date of Birth ____/____/____

Child's Physician _____ Phone _____

Address _____ City _____ Zip _____

If the physician cannot be reached, what action should be taken?

Child's Dentist _____ Phone _____

Address _____ City _____ Zip _____

Emergency Hospital _____

Allergies _____

Insurance Carrier _____ Policy Number _____

Please include a copy of insurance card and immunization records



CONSENT FOR MEDICAL CARE
Must Be Updated Annually

Child's Name _____ Date of Birth ____/____/____

I/we the undersigned parent/s of _____, a minor child, do hereby authorize Chasity DeJulio to call a physician and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed necessary for my/our child.

It is understood that a conscientious effort will be made to notify me/us before such action is taken. It is further understood that I/we release Chasity DeJulio of all liabilities connected with the transportation, diagnosis, treatment, and/or hospital care expenses necessary for the treatment of my/our child.

Parent or Guardian Signature _____ Date _____

Annual Updates:

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

FIRST AID

In the event of an emergency, I/we authorize Chasity DeJulio to provide any first aid care deemed necessary for my child (within licensing guidelines)

Parent or Guardian Signature _____ Date _____

Annual Updates:

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____



PERMISSION FOR TRIPS AND TRANSPORTATION

Must Be Updated Annually

Child's Name _____ Date of Birth ____/____/____

Permission for Trips

I give permission for my child to go on trips away from the premises of the child care facility, in the company of a responsible adult (Chasity DeJulio) whether on foot or by vehicle.

Parent or Guardian Signature _____ Date _____

Annual Updates:

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____



SUNSCREEN PERMISSION FORM

Must Be Updated Annually

Child's Name _____ Date of Birth ____/____/____

Name of sunscreen and the SPF Number _____

Little Sprouts Preschool & Childcare staff member will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 30.

Special Instructions

[] In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school Coppertone Water Babies SPF 50
(Name of sunscreen and SPF)

[] I do not want my child to use any other sunscreen other than the one he or she brings.

[] NO, For Medical Reasons, Do not apply Sunscreen to my child under any circumstances.

Parent or Guardian Signature _____ Date _____

Annual Updates:

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____



PRIVACY PERMISSION AGREEMENT

Must Be Updated Annually

Child's Name _____ Date of Birth ____/____/____

On various occasions, your child may be photographed while at Little Sprouts Preschool & Childcare. These photographs may be used by Little Sprouts Preschool & Childcare in program planning, crafts, monthly newsletters and/or public relations. They may also be used in various types of advertising; by public television, newspapers, magazines, and electronic or digital communication. For this reason, we request that each parent sign the following release:

Parent Consent:

I hereby, give, or do not give, Little Sprouts Preschool & Childcare the right and permission to copy and/or publish or use pictures of my child. These pictures may be used in conjunction with his/her own (or fictitious) name.

I give permission for my child's picture to be used under the following:
Please initial under Yes to grant permission or No to deny permission

	YES	NO
Craft Activities and Projects	_____	_____
Monthly Newsletter	_____	_____
Private group site on shutterfly.com	_____	_____
Little Sprouts' Website	_____	_____
Little Sprouts' Facebook Page	_____	_____
Little Sprouts' Printed Advertising (brochure's etc,)	_____	_____
Local Newspaper	_____	_____

Parent or Guardian Signature _____ Date _____

Annual Updates:

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____



MEDIA USE PERMISSION FORM

Must Be Updated Annually

Child's Name _____ Date of Birth ____/____/____

I understand the policy of Little Sprouts Preschool & Childcare and I give permission for my child to use or view the following:

Please initial under Yes to grant permission or No to deny permission

	YES	NO
Television Viewing	_____	_____
Movie Viewing (G or PG RATED)	_____	_____
Music	_____	_____
Computer/Ipad Use	_____	_____

My child may engage in the approved activities for **no more than 2 hours total per day**. **I understand that most days, my child will not be exposed to more than 1 hour of media.**

Regulations require that Licensed Child Care Homes have permission from parents for children to participate in the above activities. These activities **MUST NOT** contain violence, profanity, nudity, sexual or inappropriate content.

All children must be provided with an alternative developmentally appropriate activity.

Signature of Parent or Guardian _____ Date _____

Annual Updates:

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____



Policies and Parent Handbook Acknowledgment

Please sign and return to Little Sprouts Preschool & Childcare

We/I have read the *Policies and Parent Handbook* and fully understand and agree that if these guidelines are not followed care for my child can be discontinued with/without notice.

Child's Name _____ Date of Birth ____/____/____

Parent's Signature

Date

Annual Updates:

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

In addition to reviewing the *Policies and Parent Handbook*, I have received information on the following: *(please initial)*

_____ Transitions

_____ Colorado Early Learning & Development Guidelines