



**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 \_\_\_\_\_

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?

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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 \_\_\_\_\_

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**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	_____	_____
LifeCubby.me (Private Online Portfolio)	_____	_____

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	_____	_____
Video Viewing (G or PG RATED)	_____	_____
Music	_____	_____
Computer Use	_____	_____
Video Games	_____	_____

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