



Little Leap Learning Center

Enrollment Registration

Sign and Date:

Parent Updates _____
 Parent Updates _____
 Parent Updates _____
 Parent Updates _____

Date of Registration: ____ / ____ / ____

Date of Admission: ____ / ____ / ____

Date of Termination: ____ / ____ / ____

Picture

Referred by _____ Secure Access Code _____

Child Information:

Name (last, first, MI) _____

Nickname _____ Age ____ Gender _____ DOB: ____ / ____ / ____

Address _____ City _____ State _____ ZIP _____

Arrival time _____ Departure time _____ Days: MON TUES WED THURS FRI

Current schedule of attendance: Full Day Before School After School

Parent/Guardian Information:

Name _____ Relationship to child _____

Address _____ City _____ State _____ ZIP _____

Work Phone _____ Cell _____ Email _____

Driver's License Number _____ State _____

Employer _____ Job title _____

Name _____ Relationship to child _____

Address _____ City _____ State _____ ZIP _____

Work Phone _____ Cell _____ Email _____

Driver's License Number _____ State _____

Employer _____ Job title _____

My weekly tuition payment of \$ ____ . ____ will be paid on the following schedule:

To be paid: Weekly Every other week Starting date: ____ / ____ / ____

Tuition is paid through Tuition Express using your checking/savings account or credit card.

I give permission to Little Leap Learning Center, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

My child is in good health and able to participate in all activities without restrictions.

I acknowledge that I have received a copy of the *Policy and Procedure Guidelines* for Little Leap Learning Center, and I agree to abide by the policies in the handbook.

Little Leap Learning Center has my permission to apply sunscreen to my child as necessary.

I have been made aware that Little Leap Learning Center has a licensing notebook located in the reception area for parents to view at any time during regular business hours. It contains all the licensing inspection, and special investigation reports, as well as related corrective action plans. I acknowledge that licensing inspection and special investigation reports from at least the past 2 years are also available on the child care licensing website at www.michigan.gov/michildcare.

My child's immunizations are up-to-date

Little Leap Learning Center has my permission to photograph/videotape my child for advertising and curriculum purposes.

Parent Signature _____ Date: ____ / ____ / ____

Emergency Contacts and Release of Child:

Please list all individuals, including parents and legal guardians, in order of preference to be contacted in an emergency and for release of the child. For the safety of your child, we will request anyone with whom staff are not familiar to provide photo ID at the time of pickup.

name and relationship to child	cell	work/home phone
name and relationship to child	cell	work/home phone
name and relationship to child	cell	work/home phone
name and relationship to child	cell	work/home phone

Release Only: list any individuals other than those named above to whom your child may be released.

name and relationship to child	cell	work/home phone
name and relationship to child	cell	work/home phone

*If you need someone who is not listed above to pick up your child, you must notify staff in advanced. Your child **will not** be released without proper authorization and photo ID.*

*For all children’s safety, it is critical to use your secure access code to enter the center. The individual dropping off and picking up your child is responsible for signing in and out in accordance with state licensing regulations. To ensure the safety of our staff and children, **do not** share your secure access code with others.*

Medical and Health Information:

Preferred hospital/clinic for emergency care _____

Child’s primary physician/clinic _____ Phone _____

Insurance provider and policy number _____

Last tetanus/diphtheria booster: ____ / ____ / ____ Last doctor’s visit: ____ / ____ / ____

Allergies (check and list all that apply):

Medications _____ Reaction _____

Food _____ Reaction _____

Other _____ Reaction _____

Are any of these allergies life-threatening? Yes No If yes, list special instructions:

Please list special instructions concerning any other illnesses, as necessary:

Please list any medications that will be administered regularly at the center:

Please list any special dietary needs/restrictions:

The health and safety of your child is our priority at Little Leap Learning Center. In order to maintain a safe and healthy environment for all children in our care, it is imperative that you provide us with accurate health information and update any changes in the health of your child.

Parent Signature _____ Date: ____ / ____ / ____