



Little Hands

LEARNING CENTER LTD

Little Hands Learning Center Registration Form

Office Use Only

Start Date_____

End Date_____

Program – M/W am class M/W am & pm class
T/Th am class T/TH am & pm class

Child's Full Name_____

Date of Birth_____ Gender_____

1.Parent/Guardian Name_____

Relationship to child_____

Address_____ Postal code_____

City_____ Phone number(C)_____

(H)_____ Email:_____

Employer:_____ (W)_____

2. Parent/Guardian Name_____

Relationship to child_____

Address_____ Postal code_____

City_____ Phone number(C)_____

(H)_____ Email_____

Employer: _____(W)_____

Emergency Contacts & Authorization For Pickup

Children can ONLY be released to authorize people for pickup. Persons listed on this form are the only AUTHORIZED people to pick up children. In case of emergency and parents/guardians CANNOT be reached, the emergency contacts will be called immediately for pickup. Individuals WILL be asked to provide photo ID upon arrival.

1. Name:	Relationship to child:
Phone Number:	Alternate phone number:
2. Name:	Relationship to child:
Phone Number:	Alternative phone number:
3. Name:	Relationship to child:
Phone Number:	Alternative phone number
4. Name	Relationship to child:
Phone Number:	Alternative phone number

Custody Order

If there is a custody order in place for your child, please provide a copy of the order (court papers) to the daycare.

Yes____No____

People Not Allowed Access

* Please include any pertaining paperwork (court papers, custody papers etc)

1.
2.
3.

Getting To Know Your Child

What are you child's favorite activities:_____

Does your child have any fears?_____

Has your child attended preschool or preschool "type" programs
before?_____

What was the experience like?_____

Did your child have a hard time adjusting to a group setting?_____

Does your child have any behavior challenges? Any guidance techniques you would like us to be aware of? _____

Are there any special events coming up that may impact your child's behavior? _____

What are your child's likes/dislikes? _____

Culture or religious beliefs we should be aware of? _____

Is your child toilet trained? _____

If no where are you in the process? _____

Any special dietary instruction you would like us to be aware of? _____

Medical Information

Doctors Name:	Phone #:
Address:	Postal Code:
Care Card #	

Allergies:
Medical Conditions/medication/health concerns?
What past illness has your child had?
Does your child suffer from any current illness?

Immunization

Is your child Immunized?

Yes_____No_____

Emergency Consent

In the event your child becomes ill or needs medical attention the parent or guardian will be contacted immediately. If we cannot reach parent/guardian, the emergency contact on file will be notified immediately. If we are unable to reach the emergency contact, we will call an ambulance to take your child to the hospital. Please sign below so we can make sure your child receives emergency medical treatment.

I hereby give consent for my child_____if they become ill or need medical treatment to be taken by ambulance to the nearest hospital. I further agree to pay for any cost incurred for the transport.

Parent/guardian name: _____

Parent/guardian signature:_____

Date:_____

Little Hands Learning Center Ltd Sign:_____