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ENROLMENT APPLICATION FORM FOR NEW STUDENTS

Date: Month _____ Day _____ Year _____

STUDENT INFORMATION SECTION:

CHILD'S NAME First: _____ Middle _____ Last _____

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

CURRENT AGE _____ **(student must be e.g. 2 on or before September 30th, to enter appropriate grade level)**

GENDER: _____ Male / Female _____ (circle one)

NAME OF LAST SCHOOL ATTENDED _____ LEVEL _____

PARENTS' INFORMATION SECTION (FATHER)

FATHER'S FULL NAME _____

DATE OF BIRTH _____

CURRENT ADDRESS _____ HOUSE NUMBER _____

PLACE OF EMPLOYMENT _____

ADDRESS OF ESTABLISHMENT _____

WORK PHONE NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

MOTHER INFORMATION SECTION

MOTHER'S NAME _____

DATE OF BIRTH Month: _____ Day: _____ Year _____

ADDRESS: _____ HOUSE NUMBER _____

PLACE OF EMPLOYMENT _____

JOB TITLE: _____

ADDRESS OF ESTABLISHMENT _____

PHONE CONTACT _____ EXTENSION _____

CELLPHONE NUMBER _____ ALTERNATE NUMBER _____

FAMILY HISTORY INFORMATION SECTIONS

Please select one by circling the correct answer.

Family Status: Single, Married, Separated, Divorced, Widowed

Student Lives with: Both parents, Mother, Father, Guardians, Mother/Guardian, or Father/ Guardian

Does Student or family attend Church? Yes/ No

Does the family have Medical Insurance Coverage? Yes / No

If yes, what company? _____ Medical Card must be presented for coverage waived

Is there any family history of any of the following? **Listed or not listed** Yes _____ or No _____

- a. Seizures
- b. Asthma
- c. Heart conditions
- d. Attention Deficit Disorder (ADD/ADHD)
- e. Low blood
- f. High blood
- g. Sugar

CHILD'S MEDICAL SECTION/ CONFIDENTIAL INFORMATION

You will be provided with a Medical Form from our Centre, which you will take to a doctor of your choice. Once the application has been filled out by a certified physician (preferably not a family member), please return the form to your child's homeroom teacher for safe-keeping.

Does your child suffer any type of allergies? Whether to food, peanuts, or medicine? Yes ____ No ____

Please explain _____.

Please provide any medication given to the child regularly _____ Reason _____

- A. Types of food _____
- B. Insect bites Yes _____ No _____
- C. Pollens _____
- D. Animals _____
- E. Medication _____ (please note that medications are never purchased nor administered by our school on your behalf. **Medication must always be provided by the Parent/Guardian** with a labeled bottle from a pharmacist evidencing the child's name, the date the exact amount to be administered on your behalf as well as a signature on our medicine authorization form.) Medicine must be newly purchased if no prescription is needed for over the counter purchase.

Does the student suffer from any of the following? Circle the correct and true answer

Asthma ♦ No ♦ Yes

Bone/Muscle Condition ♦ No ♦ Yes

Diabetes ♦ No ♦ Yes

Chronic Ear or Throat Infections ♦ No ♦ Yes

Emotional Problems ♦ No ♦ Yes

Fainting / Sudden loss of consciousness ♦ No ♦ Yes

Frequent Headaches or Migraines ♦ No ♦ Yes

Head Injuries or Any Major Accidents ♦ No ♦ Yes

Heart, Blood Disease, or High Blood Pressure ♦ No ♦ Yes

Hearing Loss ♦ No ♦ Yes

Physical Handicap: ♦ No ♦ Yes

Seizure Disorder ♦ No ♦ Yes

Skin Problems ♦ No ♦ Yes

Urinary / Bowel Condition ♦ No ♦ Yes

Vision Problems ♦ No ♦ Yes

Hospitalizations and Operations ♦ No ♦ Yes

Are there any concerns regarding social, emotional, or behavioral issues you may like to share about your child? ___yes /no___
Additional information about any "yes" answers you would like to share?

_____.

Is your child immunization current? _____ if No please state why:

_____.

Name of Child's Doctor: _____ Business Address: _____

Business Telephone: _____ Please indicate by circling any communicable diseases the child may have/had in the past: Measles _____ Mumps _____ Chicken Pox _____ Other: _____

Please indicate if there are any health or Physical Disabilities that the child may have that may interfere with normal performance in classes or outdoors _____.

I, (We), Mr. / Mrs. _____, give Lullabies and Laughter's Day Care Center Ltd., and Staff permission to obtain medical records regarding my child/ren if the need arises to complete their files. Additionally, should the need arise (I/we) give permission, to administer, the following for minor cuts or bruises which may be obtained while playing during the day:

- ❖ Band-Aid/bandages (Latex Allergy: o Yes o No)
- ❖ Antibiotic Ointment (Neosporin, etc.)
- ❖ Wound Cleaners (alcohol/peroxide)

Is the student currently taking medications? Yes _____ No _____

If yes, please provide medication information to the school office (the reason for the medication, etc). Be sure to update this information anytime a new medication is introduced, or an existing medication has been discontinued.

PARENT ACKNOWLEDGEMENT

Completing this application on behalf of your child to attend our Centre, you desire to have (him/her) complete their early education at our Centre. It is my/our understanding that the registration fee, as well as tuition and/or any fees paid in advance to Lullabies and Laughter's Day Care Centre, are NON-REFUNDABLE even if the mind(s) has been changed. Likewise, I further understand that my child's application is not completed until I have read and signed this Parent/Pre-school Agreement Form, acknowledgment of the Parents' Handbook form, and all the necessary documents have been completed and returned to the said school.


However, I agree that if any person(s) of my family or my friends, who are found using libelous or any verbal or physical abuse towards the Administration or Staff at Lullabies and Laughter's Day Care Centre is grounds for immediate dismissal of my child from LLDCC with no refund of any payments made in full to the school.


Lastly, I, the Parent(s)/ Guardians of _____ further agrees, should there be any medical emergencies, I /we give full authorization to the Lullabies and Laughter's Day Care Center Ltd., to call the ambulance or carry my child/ren to the nearest Government Clinic or Princess Margret Hospital for emergency care, while making efforts to contact, (us/me), the parent(s) or any authorized contacts listed on this application form. As the (parent/ guardian) of _____ I fully acknowledge that it is (my/our) sole responsibility(ies) to pay for any medical or added fees for bills which may incurred in this ordeal.

PARENT PERMISSION

Upon enrolment of your child, occasionally, we will be posting photos whether on our website, flyers, or our social media pages. This is to keep, our parents and our guests updated with events and constructive activities that our Centre offers for educational purposes only. By signing below, you are giving your permission for our school to photograph your child, take your child off campus to engage in safe, fun activities with written notice with details given to you before departure. Future, you are relinquishing any rights towards receiving monetary compensation from LLDCC from any accidental events and for advertisements and so on. Moreover, you are also giving your permission to have your child(ren) participate in our field trips and any educational events with photos and videos being displayed whether on television or our social media accounts.

Lastly, thank you for considering our Centre for providing a firm foundation for your child's educational journey in the future. You and your child/ren/ (is/are) now a part of our family.

Name: _____  **Please print here**

Signature  _____

Date: _____

AUTHORIZED PICK-UP AND VISITATION LISTING

Dated this _____ of _____ 2020.

I, _____ and _____ the, **(Parents/Father/Mother/Guardian)**,
of _____ authorize the following people to pick-up or visit **(my/our)** child during the course of the day. Further, I do understand that visitation will not exceed three (3) minutes and I hereby permit Lullabies and Laughter’s Day Care Center that if my child is resting, eating or involved in-class activity, visitation will be denied during that time to a family or friend unless they are collecting my child for earlier than scheduled pick-up for that day, with **(My/Our)** permission given to the school before their arrival at least one hour in advance. Below, **(I/we)** have listed their names, numbers, and relationship to **(my/our)** child(ren) along with their addresses which can be used as one of the school’s security questions which may be asked upon arrival of our family or friend should the school not able to reach **(me/us)**.

Name	Relationship to the child	Phone Number	Address

*Please note, amendments to this list can be made by you at any time to our Center in writing instructing us of any person(s) you may wish to add or remove. For removal, a written notice with reason must be put in writing. For biological mothers and fathers (removal of a name must be presented along with a court order detailing why the parent in question is not allowed to pick up or visit the child.)

Please be reminded that children may be collected on or before 3:00 pm or early pick-up may begin at 2:00 pm. After 3:30 p.m. “aftercare” begins at an additional cost of \$10.00 up until 5:30 pm after 6:00 pm is an additional fee of \$50.00