

CHILDREN'S ENROLLMENT FORM

Page 1 of 3

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex ____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Child's Legal Guardian(s): (check one) ☐ Both Parents ☐ Mother ☐ Father ☐ Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge _____

Signature

Date: _____

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____

Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____

Parental Agreements with Child Care Facility

The _____ agrees to provide day care for
(Name of Facility)
_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of Week)
from _____ to _____
Month Month

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast
Morning Snack
Lunch
Afternoon Snack
Evening Snack
Dinner
Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The _____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

(Name of Facility)

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a bottle? Yes ☐ No ☐

Is the bottle warmed? Yes ☐ No ☐

Does the child hold own bottle? Yes ☐ No ☐

Can the child feed self? Yes ☐ No ☐

Does the child eat: (check all that apply)

Strained Foods ☐ Whole Milk ☐

Baby Foods ☐ Table Food ☐

Formula ☐ Other ☐

What type formula used, if applicable? _____

Amount and time of formula/breast milk to be given? _____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes ☐ No ☐ If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes ☐ No ☐ Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady? Yes ☐ No ☐

Opens mouth/leans forward in anticipation of food offered? Yes ☐ No ☐

Closes lips around a spoon? Yes ☐ No ☐

Transfers food from front of the tongue to the back and swallows? Yes ☐ No ☐

Instructions for the introduction of solid foods _____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula) _____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

PARENT'S SIGNATURE: _____ Date: _____

Parents or Guardian's
Notice of No Liability Insurance and
Acknowledgement

I, understand that I am being informed in writing by signing this acknowledgement that this facility, All About Kidds 2, does not carry liability insurance sufficient to protect my children in the event of an injury etc.

Parent or Guardian Signature

Date

Parent or Guardian's (Print Name)

Date

Center Director's Signature

Date



All About Kidds

Learning Center LLC

Parent Handbook Acknowledgement Form

Dear, Parents

Please familiarize yourselves with the school policies detailed in the parent Handbook posted on our website in the parent portal at www.allaboutkiddscenters.com

Should you have any questions, concerns or remarks regarding the school policies please feel free to contact us at 404-992-8823. Otherwise, please sign and return this form to the office prior to the start date,

Sincerely,

Janet Collins

Owner/All About Kidds Center.

I, _____ hereby acknowledge that I have read All About Kidd's Learning Center Parent Handbook, and agree to adhere to the policies and procedures set forth in the Handbook.

PHOTO USE RELEASE FORM

I, , hereby grant and authorize All About Kidds Learning Center the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me by All About Kidds Learning Center to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of All About Kidds Learning Center and will not be returned.

I hereby hold harmless, and release All About Kidds Learning Center from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

(Signature)

(Date)

All About Kidds Learning Center Field Trip Permission Form

Dear Parent/Guardian,

All About Kidds Learning Center is excited to offer a field trip for our students! This trip will provide a fun and educational experience outside the classroom. Please review the details below and complete the permission form to allow your child to participate.

Field Trip Details

Destination: _____

Date: _____ Time: _____

Mode of Transportation: Bus/Van/ Walking

Purpose: _____

Cost: _____ Lunch Provided Yes / No

Special Instructions: _____

Parent/Guardian Permission:

I, the undersigned, give permission for my child _____

To participate in the above-described field trip with All About Kidds Learning Center. I understand that all reasonable precautions will be taken for my child's safety. In case of an emergency, I authorize the staff to seek medical treatment for my child if I cannot be reached.

Emergency Contact Name: _____ Phone Number: _____

Allergies/Medical Concerns: _____

Parent/Guardian Name (Print) _____ Signature/Date: _____

If you have any questions, please contact us at 404-992-8823

Thank you,

All About Kidds Learning Center.