

Lil' Bloomers Daycare Center Enrollment/Registration Form

38 Bloomer Springs Road
McGaheysville, VA 22840
(540) 289-5533
Email: lilbloomersdaycare@eabreeden.com

Child's Name _____ Sex _____
Date of Birth _____ Nickname _____

Enrollment date: _____
Withdrawal date: _____

For Office Use Only Place of Birth: _____ Birth certificate Number: _____ Other Form of Proof: _____	Identity verification Birth Date: _____ Date issued: _____
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Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If mother is not listed or if guardian is not a parent, legal proof of custody must be provided)

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Email Address _____
Employer Address _____

Mother/Father/Guardian Information

(List only individuals who have legal custody of child. If mother is not listed or if guardian is not a parent, legal proof of custody must be provided)

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Email Address _____
Employer Address _____

Emergency Contact Information

Persons **authorized** to pick-up the child daily:

*Persons **unauthorized** to pick-up the child daily: _____

Persons contacted in case of illness, accident or emergency and authorized to pick-up the child from the school if the parents or guardians cannot be reached. (Need at least 2)

Name _____ Phone _____
Address _____ Relationship _____
Name _____ Phone _____
Address _____ Relationship _____

Child's Physician _____ Phone _____
Child's Dentist _____ Phone _____

List allergies and intolerance to foods, medication or other substances:

Action to be taken _____

Family

Mother's Occupation _____ Father's Occupation _____

Other family members (brothers, sisters, grandparents, etc.) living at home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health

What communicable diseases had the child had?

Measles (Big Red) _____ Measles (3 day) _____ Mumps _____ Chicken Pox _____

Whooping Cough _____ Other _____

Any chronic physical problem? _____

*Type of accommodations needed: _____

***if special accommodations are needed a current copy of the child's IEP or ISP is required**

Medications

Are there any medications given on a regular basis? (Please list medications and reasons):

Brand of Infant Formula (if applicable): _____

Please note: It is Lil' Bloomers policy to feed infants on a demand basis unless other written permission from the child's physician is provided.

Speech

Describe you child's speech: Rapid: _____ Slow _____ Moderate _____ Clear _____

Talks Constantly _____ Seldom Speaks _____ Uses Many Words _____

Uses Few Words _____

Toileting

Does your child have any special toileting needs? _____

if so please explain _____

Sleep Patterns

What time does your child go to sleep at night? _____ Awaken? _____

Does he/she walk, talk or cry out at night? _____

Does he/she take anything to bed with them? _____

Does he/she take naps? _____ Typical time of nap and duration? _____

Goals

In what ways can we help your child this year? _____

Describe your child briefly (personalities, abilities, interests): _____

Authorization for Emergency Medical Care

(Please note authorization must be NOTARIZED)

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian _____ Date _____

Subscribed and Sworn to before me this _____ day of _____

Notary Public _____ My Commission Expires _____

Comments/other Important Information

Please feel free to write any other information you would like us to know about your child.

Enrollment Days/Times Sheet

My child _____ will be attending Lil' Bloomers on the following days and times each week.*

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

*We ask parents to list the estimated and typical drop off and pick up times for teacher reference and activity planning. Please understand if a child is **enrolled for a full-day** he/she can attend anytime from 6 a.m. until 6 p.m. on the designated above enrollment days.

*I understand that I must give at least a two weeks notice before changes can be made to the above enrollment days. Changes from part-time to full-time enrollment, or full-time to part-time enrollment, can only be made if availability allows and at the directors discretion.

Parent's Signature

Date

Lil' Bloomers Daycare Policy Agreement Form

1. I understand that I am not allowed to leave my child unsupervised at Lil' Bloomers. I must walk my child into Lil Bloomers each morning, sign my child in and release my child to a Lil' Bloomers staff member before leaving.
2. I understand Lil' Bloomers must have all required forms and documentation fully completed and on file prior to my child attending Lil' Bloomers Daycare.
3. I understand that Lil' Bloomers will not release my child to anyone except parents/guardians without written permission. I understand that Lil Bloomers will release my child to either parent unless a court order indicating sole custody is provided and on file at the center. I understand I must give Lil' Bloomers a list of those persons authorized, and unauthorized to pick up my child.
4. I agree to support and reinforce Lil' Bloomers daycare policies and procedures that are stated in the parent handbook.
5. I understand the director or a Lil' Bloomers staff member will notify me whenever my child becomes ill and I agree to pick up my child or send an authorized person, to pick up my child, within one hour of receiving notice.
6. I understand my child cannot attend Lil Bloomers daycare if he/she has an illness that is contagious or threatens the health of the other children. I understand the Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever- free for at least 24 hours before returning back. I also understand prescription medication must be administered at least 24 hours before he/she can return to daycare.
7. I understand I am required to inform the center, within 24 hours or the next business day, if my child (or any other member of the immediate family/household) has developed a reportable communicable disease, as defined by the State Board of Health. Life threatening diseases must be reported immediately!
8. I authorize Lil' Bloomers Daycare to obtain immediate medical care if an emergency occurs and the parent(s)/guardian(s) cannot be located immediately**
9. I understand my daycare services with Lil' Bloomers may be terminated for any of the following reasons:
 - My child's tuition account becomes more than two weeks past due.
 - Failure to respond in a timely manner, when contacted by the center to pick up my child when he/she is sick.
 - Failure to obey the "24 hour illness recuperation period."
 - Failure to provide the center with up-to-date emergency contact information and health immunization records.
 - My child's behavior patterns threaten the health or safety of themselves, other children or staff members of the center.
 - If parental/guardian or family support is not received when a child is found to have a behavioral or learning problem.
 - Parent or guardian becomes uncooperative with Lil' Bloomers' program philosophy, and its procedures and policies, thus, showing negative actions toward the daycare center.
 - Parents, who are continuously late in picking up their child from Lil' Bloomers, will be asked to make other daycare arrangements.

I have read all the Policies listed above, and I have read and fully understand all Policies and Procedures in the Lil' Bloomers Daycare Parent Handbook.

Mother/Guardian Signature _____ Date _____
Father/Guardian Signature _____ Date _____
Director's Signature _____ Date _____

**If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) stating the objection(s) and the reason for the objection(s).

