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 Enrollment date: Withdrawal date:

| For Office Use Only Place of Birth Birth Date: Birth certificate Number: Date issued: Other Form of Proof:

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 processory must be provided) Name	Place of Birth:	Identity		
Mother/Father/Guardian Information	Birth certificate Number:		Date issued:	
(List only individuals who have legal custody of child. If mother is not listed or if guardian is not a parent, legal processory must be provided) Stame	Other Form of Proof:			
(List only individuals who have legal custody of child. If mother is not listed or if guardian is not a parent, legal processory must be provided) Stame				
Custody must be provided Custody must be provided	(List only individuals who have			
State	(List only individuals who have			ed or ii guardian is not a parent, iegai proof
State	Name			
Mother/Father/Guardian Information	Address			
Email Address Email Em	City		State	Zip
Email Address Email Em	Tome Phone	Cell Phone		Work Phone
Mother/Father/Guardian Information	Employer	E	mail 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 procustody must be provided) Name	Employer Address			
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Custody must be provided) Name Address City State Zip Home Phone Cell Phone Email Address Employer Address Employer Address Employer Address Emergency Contact Information Persons authorized to pick-up the child daily: Persons contacted in case of illness, accident or emergency and authorized to pick-up the child from the chool if the parents or guardians cannot be reached. (Need at least 2) Name Phone Address Relationship Name Phone				
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	Name			Phone
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Child's Physician Phone	OH 11 14 TO 1 1 1		t	Phone
Child's Dentist Phone	Child's Physician		ŀ	rnone
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Child's Physician Child's Dentist			
List allergies and intolerance to foods, medication or other substances:	Child's Dentist			

Mother's Occupation		amily	
			pation
Other family mem	bers (brothers, sister	rs, grandparents, et	c.) living at home:
Name	Age	Relationship	
	H	ealth	
What communicable disease			
Measles (Big Red) l	Measles (3 day)	Mumps	Chicken Pox
Whooping Cough O	Other		
Any chronic physical proble	em?		
*Type of accommodations n	needed:		
*if special accommodations are	needed a current copy	of the child's IEP or	ISP is required
		ications	
Are there any medications g	iven on a regular ba	sis? (Please list me	edications and reasons):
Brand of Infant Formula (if Please note: It is Lil' Bloomers the child's physician is provided	policy to feed infants o		ess other written permission from
	S	peech	
Describe you child's speech			Clear
Talks Constantly Seld	: Rapid: Slow	Moderate	Clear
Talks Constantly Seld Uses Few Words	: Rapid: Slow dom Speaks U	Moderate Uses Many Words	Clear
Talks Constantly Seld Uses Few Words	: Rapid: Slow dom Speaks U	Moderate Uses Many Words	Clear
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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 In	mportant 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' Bloo	mers on the foll	lowing days and time	s each week:*
Monday	to		
Tuesday	to		
Wednesday	to		
Thursday	to		
Friday	to	Transmiss Assessment	
teacher reference	and activity pla she can attend	inning. Please unders anytime from 6 a.m. ur	ff and pick up times for tand if a child is enrolled ntil 6 p.m. on the
made to the above	e enrollment da time to part-tim	ys. Changes from par e enrollment, can only	ce before changes can be t-time to full-time be made if availability
Parent's Signature)	Da	ate

Lil' Bloomers Daycare Policy Agreement Form

- 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.
- 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.
- I agree to support and reinforce Lil' Bloomers daycare policies and procedures that are stated in the parent handbook.
- 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**
- 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).

Financial Agreement

the parent of			_ (please print name),
the amount of		agi	_ (please print harne), ree to pay my child's daycare tuition ir
the amount of	each day/week (d	circle).	ing to pay my offind a daycare tullor in
Wednesday of the (part-time children) up my child by the event that my child services with Lil' Bl Bloomer's has an I understand Resupay all costs and returned check fee	current week (full-time of a later of the current week), I will be charged a later center's closing time, I will be terminated agreement with Resulubmit charges a state-lexpenses including by	children), or that cur children), or the fee of \$10.00. will incur a charg nes two weeks p ed. <u>I understan</u> bmit to electron regulated colle ut not limited to	of each week or payment is due the first rent week. If I have not paid by second working day my child attends I also understand that if I do not pick ge of \$1.00 per minute per child. In the past due, I understand my daycare dif a check is returned Lil'nically collect the check amount an extion fee of \$40.00. I also agree to o, court costs, attorney fees, mers or Resubmit, in connection with his agreement.
Parent/Guardian Si	gnature		Date
	Permission for Pictur	es on Faceboo	k and/or Website
gives the opportunity	of Lil' Bloomers Daycare to post on our Facebook y for parents to take a lo	ok at all the difference for	of our daycare and the children bur Website. By taking pictures this derent types of activities the children for our Facebook Page and or our
Website, we do not I Thank you, Lil' Bloomers Daycar Please fill out this for	re Staff		
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Website, we do not I Thank you, Lil' Bloomers Daycar Please fill out this for Facebook Page and (Circle One) Permission for Lil' Blowhile at daycare. I understand these pi	re Staff rm stating whether your our Website. I hereby give comers' Staff to photogr	child is or is not I do not give aph my child,	t allowed to be photographed for our