

Little Lambs Preschool

Enrollment Form

Child's Name: _____ Birth Date: _____

Date of Admission: _____ Today's Date: _____

Hours of pick-up and drop-off of your child: _____

Home Address: _____

Parent/Guardian Name: _____

(This parent will be called first in the event of an emergency.)

Address: _____

Home Phone: _____ Cell Phone: _____

Employed at: _____ Work Phone: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employed at: _____ Work Phone: _____

Parent the Child Resides With: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Emergency Contacts: _____ Phone: _____

(Other than parent/guardians)

_____ Phone: _____

Names and ages of other children living at home: _____

Names of Persons authorized to take child from preschool:

(Name, Address, and Telephone Number)

1. _____

2. _____

3. _____

Recent picture of your child:

Please describe your child's: Height _____ Weight _____

Eye Color _____ Hair Color _____

Birthmarks or other distinguishing physical characteristics _____

Does your child wear: Glasses: _____ If so please describe them _____

Dental Braces _____ Prosthesis _____

Special Clothing/footwear _____

Does your child have **allergies** _____ If so, Please list: _____

Please list any **special dietary** requirements: _____

Please list any **daily medications**: _____

Please list any **special family situations** that will help us to know your child (ex. New baby, divorce, etc.)

Please list previous childcare/daycare/preschools: _____

How did you hear about our preschool? _____

Phone Number of previous childcare/daycare/preschool: _____

How does your child handle separation from parents? _____

Please list activities your child especially **likes**: _____

Please list activities your child **dislikes** (cats, storms, etc.): _____

Please list ways your child displays **anger**: _____

Please list ways your child displays **fear**: _____

List **security items** (blanket, stuffed animal, etc): _____

Has your child ever had a negative experience in a childcare setting? _____

If so, please explain: _____

Toilet Trained: Yes: _____ No: _____

(Your child must be toilet trained to enter Little Lambs Preschool)

Does your child nap at home? _____ How long?: _____

Does your child sleep all night? _____

Please list anything else you think we should know about your child:

Is there anything that you would like us to know about your child that would help make his/her transition easier?

Church your family attends: _____

Permission Agreements

- _____ I give permission to authorize emergency medical care and associated transportation.
- _____ I give permission for my child to use all of the play equipment and participate in all the activities of the child care center.
- _____ I give permission for my child to participate in field trips and excursions, under proper supervision.
- _____ I give permission for my child to take walks with the preschool staff.
- _____ I give permission for my child to be included in picture taking that is **not used** on the internet.
- _____ I give permission for my child to be included in picture taking and video filming that **may or may not be used on our web site**.
- _____ I give permission for the staff to administer the sunscreen and bug spray **I have provided**.

Should there be a change in this permission agreement, I will notify Little Lambs Preschool, and I will notify the preschool staff. Little Lambs Preschool will make the changes in the file.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

* Please make sure to provide the Director with any updated copies of your child's **immunization records**. Fax: 802 879-5272

Thank you for taking the time to fill out this information. We are very excited about working with your child. If at any time questions or concerns come up, please feel free to contact us right away.

Thank you!

Cathy Krystowiak
Director/Teacher - Little Lambs Preschool (802) 878-8118, ex. 25

Little Lambs Preschool Services Contract

Child's Name: _____ Start Date: _____

Enrollment: (circle days needed)

Monday Tuesday Wednesday Thursday Friday

My child will be here: _____ full days _____ half days

A deposit in the amount of \$25.00 is required prior to enrollment. This deposit is non refundable. Full payment is expected weekly unless other arrangements have been made with the Church Administrator (Mr. Phil Ronco – 878-8118 ex. 30). Full payment is required regardless of snow days, absenteeism, illness, holidays, or in-service days. Parents agree to pay any rate changes that may occur without issuing a new contract. If the amount were to increase, Little Lambs Preschool will give a minimum of two weeks notice. A two week notice is required should you decide to leave the preschool for any reason. Little Lambs Preschool will pursue any balances left outstanding regardless of whether or not you utilized our services for those two weeks. I have read this contract and the parent handbook completely. I understand that any and all questions will be answered satisfactorily before signing this contract. I agree to abide by the policies listed above and in the parent handbook.

Parent A Date: _____

Parent B Date: _____

Little Lambs Preschool Date: _____