

# Little Einstein's Learning Lab Preschool

## Registration Form

Student's Full Name (F) \_\_\_\_\_ (M) \_\_\_\_\_ (L) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### Mother's Information

### Father's Information

Name: \_\_\_\_\_

Name \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status  Married  Divorced  Separated  Single

Which Parent or Guardian does the child reside? \_\_\_\_\_

Hours of Care Needed \_\_\_\_\_ Days needed: M\_\_ T\_\_ W\_\_ TH\_\_ F

Meals Needed: Breakfast\_\_\_\_ Lunch\_\_\_\_ PM Snack\_\_\_\_

List any special needs your child may have:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_

Medications taken Regularly (What, How Often, For What Purpose)

\_\_\_\_\_

Has your child been tested or diagnosed with any of the following: Learning Disabilities \_\_\_\_\_

Speech/Language Disabilities \_\_\_\_\_ Attention Deficit Disorder \_\_\_\_\_ Hyperactivity \_\_\_\_\_

Has medication been prescribed? \_\_\_\_\_ and is your child currently taking medication for ADD/ADHD? \_\_\_\_\_

**In case of on emergency and the PARENTS cannot be reached, contact the following**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**The following people are authorized to pick up and drop off my child.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

My child may be photographed and videotaped at the child care center \_\_\_\_\_ Yes \_\_\_\_\_ NO

My child may take approved field trips sponsored by the child care center \_\_\_\_\_ Yes \_\_\_\_\_ NO

My child may be administered medication with a complete medical authorization form \_\_\_\_\_ Yes \_\_\_\_\_ NO

The childcare center may give my child emergency medical treatment if needed \_\_\_\_\_ Yes \_\_\_\_\_ NO

My child will eat breakfast at the LELL \_\_\_\_\_ Yes \_\_\_\_\_ NO

I have been informed that LELL DOES NOT provide liability insurance for my child \_\_\_\_\_ Yes \_\_\_\_\_ NO

I have been given a copy and have read the MSDH Regulations Summary for Parents \_\_\_\_\_ Yes \_\_\_\_\_ NO

A completed 121 Immunization Compliance Form is on file in the facility for my child \_\_\_\_\_ Yes \_\_\_\_\_ NO

I have received a copy of LELL handbook \_\_\_\_\_ Yes \_\_\_\_\_ NO

My child is toilet trained \_\_\_\_\_ Yes \_\_\_\_\_ NO

If No, a consultation between the parent and the caregiver is required to be Documented prior to toilet training. Date of Consultation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I understand and agree to adhere to the policies and procedures of LELL

- The hours of operation are 7:00a.m-5:30 p.m.
- A late fee of \$1 per minute will be strictly enforced. Late fee is due upon arrive
- I acknowledge and accept my responsibility for the weekly tuition due every Monday, or by the 5<sup>th</sup> of the month
- Tuition is due for the week regardless of attendance to maintain my enrollment, even on weeks we are closed.
- My weekly/Monthly Rate is \_\_\_\_\_ Co-Payment if Required \$ \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Director's Use ONLY

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Fee Paid \_\_\_\_\_ Registration Fee Paid \_\_\_\_\_ 1<sup>st</sup> week of Tuition paid \_\_\_\_\_

Discounts if any applied: \_\_\_\_\_

Notes: \_\_\_\_\_

- Registration Fee
- 1<sup>st</sup> Week Tuition
- Supply Fee
- Immunization Form
- Start Date
- Handbook Agreement