

# LITTLE CASTLE

## CHILDREN'S ENROLLMENT FORM

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

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 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 \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of Little Castle 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:**

\_\_\_\_\_ Date: \_\_\_\_\_

**Facility Administrator/Person-In-Charge** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENTAL AGREEMENT WITH LITTLE CASTLE

Little Castle agrees to provide child care for \_\_\_\_\_  
 on (days of week) \_\_\_\_\_ from \_\_\_\_\_ AM to \_\_\_\_\_ PM  
 from (month) \_\_\_\_\_ to (month) \_\_\_\_\_. My child will participate  
 in the following meal plan (circle applicable meals and snacks): breakfast,  
 morning snack, lunch, afternoon snack.

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

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

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

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

Little Castle 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 Little Castle 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 Little Castle.

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 special needs. I understand that my participation is encouraged in facility activities.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Director/Person-In-Charge: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release Form

I, \_\_\_\_\_ of \_\_\_\_\_ being the child  
 (Parent/Caregiver) (Address)

Children's parent/caregiver hereby gives permission to

Little Castle  
 220 Baston Road. Martinez, GA 30907

To take and use photo/films of \_\_\_\_\_ age \_\_\_\_\_ for the use in  
 (Child's Name)

(Please circle the following ways we may use photo/ film of your child during the course of the school year):

- Little Castle Newsletter
- Classroom Display
- School Display
- School's Website ([www.littlecastlechildcare.com](http://www.littlecastlechildcare.com))
- Publicity, marketing and advertising for the center

I agree that the photos/ film may be combined with other images, text and graphics, cropping, altered or modified in any way in which Little Castle deems appropriate.

I understand that the child's/children's name will not be given to press or public without my consent. I also understand that I may cancel this permission in writing, and that Little Castle will take all reasonable steps to ensure that the photograph/film is withdrawn from future use. I further understand that I shall receive no remuneration for this assistance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_