

Legend's Learning Center at Little Union

ENROLLMENT FORM

Admin Date: _____

Child Information Form

Child's Name: _____ Sex: _____ Birthdate: _____

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone#		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist Phone#: _____

Individuals to contact in case of an emergency:

 _____ Phone#: _____
 _____ Phone#: _____
 _____ Phone#: _____
 _____ Phone#: _____

- | | | |
|--|-----|----|
| Does your child have any food allergies? | Yes | No |
| Does your child have any other allergies? | Yes | No |
| Does your child have any dietary restrictions? | Yes | No |
| Does your child have any special needs or health concerns? | Yes | No |

Please explain any "yes" answer here:

My child has permission to be released to the following individuals, childcare facilities or transportation services in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity.)

Name (First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

Parental Permissions

I, _____ parent/guardian of _____
Print name print child's name

Please circle "Give" or "Do not give" to indicate your preference for each item.

- (Give/Do not give) permission for photography of my child for publicity purposes.
- (Give/Do not give) permission for my child to be transported by the Center in instances of emergency situations.
- (Give/Do not give) permission for my child to leave the building for short walks to the elementary playground, to the neighborhood park, or on Center parades.
- (Give/do not give) permission for the Center staff to apply sunscreen to my child prior to outdoor play.

(Brand and strength of sunscreen to be used)

(Parent/guardian signature)

Date

HIPAA Release Form Allergy and Medical Postings

I, _____ parent/guardian of _____
(print name) (print child's name)

authorize the Center to post my child's allergy/medical alert in his/her assigned classroom, in the kitchen, and other areas as needed. I understand that this information will be posted to ensure all staff members are aware of my child's allergy/medical needs.

Parent/Guardian Signature

Date

Parental Awareness of Recordings

I am aware that Legend's Learning Center at Little Union utilizes recordings
(Name of Center)

and/or taping of my child such as digital recordings, videotaping, audio

recordings, web cam while in the center for observation/security purposes.

Parent's Signature

Date

Behavior Guidance Policy

We believe that children's misbehavior can be a teaching opportunity to help children develop self-control and to understand appropriate behaviors in different situations. We use the following steps to guide children's behavior.

- Help children know and understand limits of behavior and consistently implement limits.
- Recognize and comment on desirable behaviors.
- Teach social skills, problem-solving steps, and calm down routines as preventive measures
- Overlook minor incidents that are not dangerous or disruptive, allowing children opportunities to use the problem-solving steps.
- When a situation requires adult assistance, help the child regain control of his/her emotions (if needed). Recognize the child's feelings and comfort the child. When the child is calm, identify the inappropriate and how it is hurtful to the child, to others, and/or to the environment. Help the child think of appropriate behaviors that might have been used in that situation.
- Direct the child to a different activity, if necessary.
- Help the child calm down by briefly removing him/her from the group or activity where the inappropriate behavior occurred. Be sure the child understands why he/she is being removed. Identify the behavior that is expected when he/she returns to the group or activity. Stay nearby to monitor. When the appropriate behavior occurs, immediately recognize and comment.
- Briefly remove the child from the classroom under the supervision of a staff member, repeating the step above to teach, monitor, and recognize appropriate behavior.
- If a pattern of inappropriate behavior develops or if the child's behavior results in destruction of equipment or injury to self or others, a conference with the parents will be required. Working together, we can develop a plan of action that will provide the support and resources needed to help the child.
- There shall be no physical punishment or threat of physical punishment.
- Each child's dignity will be maintained. Incidents will be handled calmly and in a positive, supportive manner.

I have read and understand the discipline policy of the center. I give my permission for the center to use all strategies set out above.

Parent Signature _____

Date _____

Help us get to know your child and your family

Is your child looking forward to his/her attending the Center? _____

Does your child seem apprehensive about entering the Center? _____

Is the child toilet trained? Yes No

What does your child say when he/she wants to use the toilet? _____

Does your child need assistance with: dressing/undressing _____ eating _____ washing hands _____

Has your child been cared for by people other than the parents? _____ Who? _____

Favorite Game: _____

Favorite Toy: _____

Favorite Story: _____

Favorite Food: _____

Names of siblings and/or other family members that your child may talk about: _____

Does your family celebrate holidays? _____ Yes _____ No

If yes, please list below some important holidays for your family.

What are some of your goals and dreams for your child?

What are some things you hope your child to learn while in our program?

What language do you speak with your child at home? _____

Please provide additional information on the back of this form that will help us welcome your child.

_____ I have received information about LLC@LU.

Signature of parent/guardian

Date

Legend's Learning Center at Little Union
Children's File Checklist

Name _____

- ___ MasterCard/Enrollment Data
- ___ Authorization for Release of Child
- ___ Emergency/ Medical Care
- ___ Medical History
- ___ Allergy/ Medical Postings
- ___ Immunization Record
- ___ Agreement – Policies & Procedures/ Handbook
- ___ Family/ Culture
- ___ Behavior Guidance
- ___ School Pick-Up Permission
- ___ Food Program Form
- ___ Allergy/Medical Postings
- ___ Birth Certificate
- ___ Media Awareness
- ___ Registration Fee
- ___ Parental Permission
 - ___ Photography
 - ___ Transportation
 - ___ Non-Vehicular Excursion
 - ___ Medication Administration

Permission Slips

- ___ Non-vehicular excursion
- ___ Photography
- ___ Transportation – School Pick-up (Specify) _____
- ___ Transportation-Field Trip (Specify)

