

# Enrollment Registration Information Packet





# ENROLLMENT REGISTRATION INFORMATION

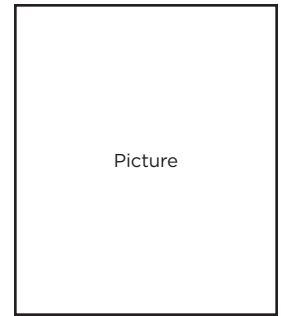
Pages 1 and 2 must be updated every January and July.

<b>Parent Updates</b>	_____	_____
	(Signature)	(Date)
<b>Parent Updates</b>	_____	_____
	(Signature)	(Date)
<b>Parent Updates</b>	_____	_____
	(Signature)	(Date)

School Code: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Date of Termination Status: \_\_\_\_\_



## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**OPTIONAL** Ethnicity (Select one):  Hispanic, Latino, or Spanish Origin  Not Hispanic, Latino, or Spanish Origin  I decline to answer

**OPTIONAL** Race (Select one or more):  American Indian or Alaskan Native  Black, African American, or Haitian  Asian  White

Native, Hawaiian, or Other Pacific Islander  I decline to answer

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence:  Mother  Father  Both  Guardian

List the family members your child lives with—include names and ages of siblings:

Circle Days to Attend: A.M. MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

P.M. MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Check Meals While in Care:  Breakfast  A.M. Snack  Lunch  P.M. Snack

## SCHOOL-AGE INFORMATION

Does your child attend school?  Yes  No Elementary School Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_

School Transportation Provided By:  Elementary School  Parent/Guardian  La Petite Academy  Other

## PRIMARY CONTACT AND RELEASE PERSONS

**Parent/Guardian #1:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

Name of Child: \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

### Mandatory:

Name #1: _____	Relationship to Child: _____
Primary Phone: _____	Secondary Phone: _____
Home Address: _____	Gov Issue Photo ID Type: _____
Employer: _____	Employer's Address: _____
Work Phone/Extension: _____	Work Hours: _____
<input type="checkbox"/> Emergency Contact and Release <input type="checkbox"/> Release Only	

### Person #2 (Optional):

Name: _____	Relationship to Child: _____
Primary Phone: _____	Secondary Phone: _____
Home Address: _____	Gov Issue Photo ID Type: _____
Employer: _____	Employer's Address: _____
Work Phone/Extension: _____	Work Hours: _____
<input type="checkbox"/> Emergency Contact and Release <input type="checkbox"/> Release Only	

### Person #3 (Optional):

Name: _____	Relationship to Child: _____
Primary Phone: _____	Secondary Phone: _____
Home Address: _____	Gov Issue Photo ID Type: _____
Employer: _____	Employer's Address: _____
Work Phone/Extension: _____	Work Hours: _____
<input type="checkbox"/> Emergency Contact and Release <input type="checkbox"/> Release Only	

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. Please see a member of management for additional information.

Name of Child: \_\_\_\_\_

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

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# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please read each section listed below, then sign and date the last page.

### SECTION 1: TUITION AND FEES

**BASIC SERVICES:** I understand that La Petite Academy, Inc. provides child care and development services for families with children 6 weeks to 12 years of age. Enrollment ages may vary by availability and location.

**REGISTRATION FEE:** I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

**TUITION AND MODIFICATIONS CONDITIONS:** \$ \_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): \_\_\_\_\_

Days (Check all that apply):  M  T  W  TH  F From \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

**PAYMENT OF TUITION:** I understand that tuition is due and payable on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid amounts may be referred to a third-party collection agency.

**AGENCY REIMBURSEMENT:** In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of 15-minute period, per child, until the child is picked up.

**ADDITIONAL FEES:** School-age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult a member of management for details.

**DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a \_\_\_\_\_% discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checking account payments which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any checking account payment returned due to non-sufficient funds, will automatically be resubmitted electronically up to three times. I further understand that once a check is processed electronically, the check is no longer negotiable and will not be returned. If more than two checking account payments are returned within a six-month period, I may be required to pay by an alternate method of payment for the next six-month period. If my school uses TeleCheck, I am authorizing the payee, or its agent, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. I am responsible for the principal amount plus all returned check fees.

### SECTION 2: DAILY PROCEDURES

**DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the *Family Handbook*.

**MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

Original—Remains in Packet    Yellow Copy—Parent

Name of Child: \_\_\_\_\_

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



# ENROLLMENT REGISTRATION INFORMATION

**PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

**WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new *Enrollment Agreement* at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

## SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

**HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. In addition, the school will be closed for in-service training on Presidents' Day, Columbus Day, and a single day in the spring that is predetermined by the school. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

**ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). I understand that I am entitled to use a reservation fee of 50% off my regular week's tuition for up to two (2) weeks. I agree to pay the reservation fee of \$\_\_\_\_\_ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

**EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

## SECTION 4: STATE LICENSING AND OUR POLICIES

**ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state child care regulations, the *Family Handbook*, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

**WAIVER OF JURY TRIAL:** If a dispute arises out of or relates in any way to our services or this agreement, we encourage you to attempt to resolve such matter in good faith directly with management. However, if the dispute cannot be resolved amicably, you agree to irrevocably and unconditionally waive, to the fullest extent permitted by applicable law, any right you may have to a trial by jury in any legal action, proceeding, cause of action or counterclaim arising out of or relating to our services or this agreement, including any exhibits, schedules, and appendices that are part of this agreement, or the transactions contemplated hereby. You acknowledge that you have considered the implications of this waiver and make this waiver knowingly and voluntarily.

**INDIVIDUALIZED CARE PLANS:** I understand that should my child have an IEP or IFSP, it should be shared with a member of management so the school can support my child's needs.

**BEHAVIOR MANAGEMENT:** I understand that positive redirection and offering choices to children are techniques used to guide children's behavior at the school. I also understand that I may refer to the *Family Handbook* for additional information on behavior management at the school.

**FAMILY HANDBOOK:** I have received a copy of the *Family Handbook*. I have read and understand its contents and policies and agree to be bound by same.

**NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from a member of management.**

**These policies have been reviewed with me by school management. I have read, understood, and agree to comply with the policies included in the *Enrollment Agreement* and *Family Handbook*, and that such policies and this Enrollment Agreement constitute the sole and entire agreement of the parties hereto with respect to the subject matter in this *Enrollment Agreement* and the *Family Handbook*, and supersede all prior agreements, representations, and warranties, both written and oral, with respect to such subject matter.**

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

Parent/Guardian Name: \_\_\_\_\_

School Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original—Remains in Packet    Yellow Copy—Parent

Name of Child: \_\_\_\_\_



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

**DUPLICATE (CARBON COPY) PAGE**

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# TRANSPORTATION AUTHORIZATION

## AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and riding in strollers, wagons, etc. I give the school permission to take my child on these field trips. I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the *Family Handbook*.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to or from his or her local school. By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Child: \_\_\_\_\_

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

# CHILD PROFILE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us? \_\_\_\_\_  
\_\_\_\_\_
2. What language is spoken in your home? (Is more than one language spoken in the home?) \_\_\_\_\_  
\_\_\_\_\_
3. What are your child's strengths or interests? \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any particular fears? \_\_\_\_\_  
\_\_\_\_\_
5. Are there any concerns that you may have in regard to your child's development? \_\_\_\_\_  
\_\_\_\_\_
6. Describe your child's morning and nighttime routine. \_\_\_\_\_  
\_\_\_\_\_
7. Does your child take naps?  Yes  No If so, for how long? \_\_\_\_\_
8. For Preschool Aged Children: Does your child need a comfort item for a nap?  Yes  No
9. Has your child ever been in a group care setting before? If so, please describe the previous experience. \_\_\_\_\_  
\_\_\_\_\_

10. Please check the appropriate boxes to describe your child's current social and emotional development. (This list is for informational purposes only, answers will not delay the enrollment process.)

Social and Emotional Development	Not Yet	With Support	Most of the Time	Always
Able to identify emotions in self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to identify emotions in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates affection and empathy toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains from aggressive behaviors toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to self-soothe when upset or overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits impulse control (e.g., uses appropriate words to show anger when a toy is taken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to resolve conflict with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in being part of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to easily transition from one place to another? (e.g., being dropped off at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with peers during play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Child: \_\_\_\_\_



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

# MEDICAL INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact (Name and Phone Number):  
\_\_\_\_\_

## Authorization for Medical Treatment of a Minor

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?  Yes  No

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_. I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

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

Health Insurance Provider \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider \_\_\_\_\_ Policy Number: \_\_\_\_\_

Has your child been immunized in accordance with the Immunization Schedule from the Centers for Disease Control and Prevention?

Yes  No Please explain: \_\_\_\_\_

Please list any special medications or additional pertinent information: \_\_\_\_\_

## Infants (Less than 12 Months):

Did the child experience any complications at or before birth or require any extended hospital stay (more than 2 days beyond birth)?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has the child experienced any respiratory issues that require medication, breathing treatments, or other special accommodation?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

***Please provide medical documentation; accommodations may require a Special Accommodations Packet to be sent to the Inclusion Team.***

Parent/Guardian Signature: \_\_\_\_\_

School Management Signature: \_\_\_\_\_

Name of Child: \_\_\_\_\_



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

# MEDICAL HISTORY

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

1. Medication that will be administered regularly at the school: \_\_\_\_\_

2. Special Dietary Needs: \_\_\_\_\_

3. Is your child able to walk?  Yes  No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_

5. Does your child have any medical or physical needs? Explain: \_\_\_\_\_

6. Does your child have any allergies? Explain: \_\_\_\_\_

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_

Allergies (please check and list all that apply)

Medications Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Food Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions:

**Per state regulations, a written statement is required for waiver of immunization requirements.**

Name of Child: \_\_\_\_\_



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



# ENROLLMENT CHECKLIST *(for use by School Management)*

Please review the entire *Enrollment Registration Information Packet* and *Family Handbook* with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

## OBTAIN SIGNED FORMS FROM FAMILY

- Completed *Enrollment Registration Information Packet* (Staple the carbon copy to the back pages of the *Family Handbook*)
  - Family Handbook Acknowledgement*
  - Child Information Card* (if applicable)
  - Other state or federal required forms (i.e. State Specific Addendum's, CACFP Forms, etc.) \_\_\_\_\_
- 

## REVIEW WITH FAMILY

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> The child's first day</li><li><input type="checkbox"/> Child guidance and classroom management (discipline policy)</li><li><input type="checkbox"/> Tuition payment schedule, amounts, and due dates</li><li><input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly</li><li><input type="checkbox"/> Process and procedures of security access</li><li><input type="checkbox"/> Authorized pick-up, late pick-up policy and emergency controls</li><li><input type="checkbox"/> Child custody documents (<i>if applicable</i>)</li><li><input type="checkbox"/> Clothing and other items to bring (<i>labeled</i>)</li><li><input type="checkbox"/> Any pick-up restrictions</li><li><input type="checkbox"/> Any field trip restrictions</li><li><input type="checkbox"/> Any photo restrictions</li><li><input type="checkbox"/> Immunization/health information</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Annual registration fee</li><li><input type="checkbox"/> Late fees</li><li><input type="checkbox"/> Vacation policy</li><li><input type="checkbox"/> Special needs (<i>Collect Accommodations Packet if applicable</i>)</li><li><input type="checkbox"/> Absenteeism policy</li><li><input type="checkbox"/> Sick policy</li><li><input type="checkbox"/> Meals</li><li><input type="checkbox"/> Allergies (<i>Collect Severe Allergy Packet if applicable</i>)</li><li><input type="checkbox"/> Security deposit (<i>if applicable</i>)</li><li><input type="checkbox"/> Medication policy</li><li><input type="checkbox"/> Relevant curriculum features for child's age group</li><li><input type="checkbox"/> Infant/Toddler Needs Services Plan (<i>if applicable</i>)</li><li><input type="checkbox"/> Review Emergency and Disaster Plans</li></ul> |
|---|--|

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of La Petite Academy's policies.

**Name of Parent/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Member of Management:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





[LaPetite.com](https://LaPetite.com)

