



Topical Ointment

I give permission for the teachers to apply the following topical ointment when needed on my child/ren.

Please select:

_____ Sunscreen

_____ Diaper ointment

Parent Signature

Date



Emergency Form

Child's Name: _____

Address: _____

Phone Number: _____

Fathers Name: _____

Address During Hours of Daycare: _____

Phone Number: _____

Mother's Name: _____

Address During Hours of Daycare: _____

Phone Number: _____

Physician or Medical Services: _____

Address: _____

Phone Number: _____

AGREEMENT

I give consent to the enrollment of the child listed above in this facility and have been advise of the policies regarding fees, transportation and the services provided by the facility and the New York State Dept. of Social Services regulations under which it operates.

I give consent for this child to take part in field trips or excursions away from the facility under proper supervision.

I agree in case of accident or injury, emergency medical care may be given in the event I or person(s) designated above cannot be reached.

I will provide special information in the reserve side if this registration to assist the facility in caring for this child (diet, habits, etc.).

Parent signature _____ Date _____

RELEASES: _____

SPECIAL INFORMATION (diet, habits, etc.):



Billing Information

July 1, 2016 – June 30, 2017

Person (s) responsible for payment:

Name: _____

Complete Address: _____

Home Phone: _____

Work Phone (mom): _____ (dad): _____

Cell Phone (mom): _____ (dad): _____

Home E-mail Address: _____

CV Employment (please select) Yes No

Please Indicate the Enrollment Options for your Child

Child's Name: _____ DOB: _____

Classroom (please select): Infant Toddler Preschool

Please Select: Full-time Part-time

What hours will your child usually be at center: Arrival Time _____ Departure Time _____

If Part-time, please specify days (please select):

Monday Tuesday Wednesday Thursday Friday

Do you want a CV breakfast provided to your child (please select): Yes No

Do you want a CV lunch provided to your child (please select): Yes No

All payments are to be made by online check banking or charge card. No cash can be accepted. A zero balance must be maintained.

There will be a \$75.00 fee for enrollment charge made during the school year.

How did you find out about Little Village _____?

Did an employee recommend us? _____ (name). Thank you for choosing Little Village.

Signature: _____ Date: _____



Emergency Contacts Form

Children's Full Name _____

Birth Date: _____

Home Address _____

City, State, ZIP _____

Home Telephone # _____

Allergies/Health Condition: _____

Emergency Contact Info

Mother's / Guardian Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Father's / Guardian Name: _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

If Parent Cannot Be Reached, Notify

Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____



Emergency Contacts Form

(Continued)

<u>Medical Contact Info</u>

Doctor Name. _____ Phone # _____

Address: _____ Insurance Plan: _____

As Parent/Guardian, I give consent to have my child receive first aid by a medical professional and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and updated this information whenever a change occurs and at least every six months.

Parent's Signature _____ Date _____



Releases

If the parents or guardians are unable to pick up their child, one of the following people is authorized to do so. This person will be required to show photo I.D.

① Name _____ Parent's Authorization _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

② Name _____ Parent's Authorization _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

③ Name _____ Parent's Authorization _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

④ Name _____ Parent's Authorization _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____



Play Date Listing

The Little Village Daycare publishes a list of contact information for parents who would like to arrange play dates for their children. Please indicate below whether or not you want your contact information (name, telephone number, and E-mail address, ages of children) included on a play date listing. This list would be distributed to Little Village Daycare parents.

I do _____ I do not _____ wish to be included on a play list.

Parent's Signature _____ Date _____