



3245 Keewahdin Road Fort Gratiot, MI Phone: (810) 385-8832
Email: littlelambsfg@aol.com web: www.LorisLittleLambs.com

Child's Name: _____

Birth Date: _____

Mother's or Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Social Security Number: _____

Father's or Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Social Security Number: _____

Child to be released to:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

How did you hear about us? _____

_____ is scheduled to begin care on _____.

I acknowledge that my fee for childcare for will be \$_____ per week for _____ days at full or part time rates. I acknowledge that my child/children have a reserved spot in the childcare center and payment is expected regardless of whether my child/children are able to attend.

If I am awaiting approval from DHS I will pay \$_____ per week until the center receives TWO payments from DHS. If we do not receive authorization to bill for childcare within 3 weeks of enrollment, I will be responsible for full tuition, including back tuition. If denied, I will be responsible for all tuition I have not paid. If I am approved, you will then be responsible for paying tuition fees left after DHS funds are received. The money you have paid will be credited to your account if the weekly amount is lower than what has been paid after DHS assistance is received. If the amount is higher then the co-pay you will owe a back balance in tuition and your co-pay will be raised.

The parents or guardians are responsible for getting paperwork and all requested items to DHS. If we do not receive authorization to bill for childcare within 3 weeks of enrollment, you will be responsible for full tuition, including back tuition. Full payment of tuition is required whether your child or children are in attendance or not. If they are enrolled, we hold a spot for them that we cannot fill otherwise. Please see the vacation policy for days off without paying tuition.

I have read the Parent Handbook and agree to the terms stated therein.

Parent(s); Signature: _____ Date _____
_____ Date _____

Checklist of Forms to be submitted by attendance date:

- _____ Front Page
- _____ Handbook Acknowledgement
- _____ Emergency Card
- _____ Permission Slip
- _____ Child Info Sheet
- _____ Statement of Health or Physical
- _____ Enrollment Fee of \$50.00
- _____ Updated Immunization Record
- _____ *After 30 days*-a Health Appraisal Form by physician
- _____ Copy of Provider Verification Form – DHS Assisted only

General Permission Slip

Child's Name: _____

Nutrition Statement

I may by choice provide meals and snacks for my children but understand I am not required to do so because Little Lambs participates in the Child and Adult Care Food Program.

Photo/Video permission

I give permission to Little Lambs to photograph and/or videotape my child while he/she is in attendance at Little Lambs or when involved in activities. I understand that these photos and videos will be used for viewing by staff, parents, or for advertising purposes. Photos and videos will NOT be sold! I understand security cameras are on location Little Lambs.

Lotion/Ointment Application Permission

I give permission to Little Lambs staff to apply sunscreen, insect repellent, diaper cream and/or other topically applied creams to my child whenever he/she requires such treatment. I understand that I must provide and label these items for my child. Diaper cream and other topically applied creams require a Medication Permission Form to be filled out and signed by a parent.

Field Trip/School Transportation Permission

My child will be offered to attend field trips taken by Little Lambs. It is understood that I will be notified of these trips in advance. My child also has permission to ride in the cars of Little Lambs staff as needed for field trips or to/from school. Documentation of current drivers' licenses, vehicle registration and insurance will be made available upon request. Children under 8 years old are required by law to have suitable child restraining device when riding in any vehicle as of July 1, 2008. I will provide one for my child to use when necessary.

Toileting Permission

Due to the conflicting views on assisting preschool and school aged children in the bathroom, we have made it our policy to have the parent provide us with specific permission to help their child.

By signing you are giving your permission for Little Lambs staff to help your child in the bathroom when asked or staff feels it is necessary.

Learning Environment

Here at Little Lambs we believe in a nurturing, positive environment. We believe when a child needs a hug, they should get one and when a child needs praise for a job well done, they should get it. We will at times sing songs or read books from a Christian perspective, knowing this is positive and encouraging to your children.

Preschool Program

At the age of 30 months I will allow my child to enter the early preschool program.

Parent's or Guardian's signature: _____

[By signing here you are giving your permission for all aforementioned items.](#)

Little Lambs
Child Information Sheet

Child's Full Name: _____

Date of Birth: _____ Date of Admission: _____

Parent's or Guardian's Name(s): _____

Date of Form: _____

The following are a few questions that will help staff get to know your child

Any nicknames for your child staff should know about? _____

Any information regarding parents that would be important to know (married, divorced, step-parents) _____

Child's approximate wake up time: _____ bedtime: _____

Does your child nap regularly and when? _____

Is your child 100% toilet trained? _____

Has your child been in another child care or preschool program in the past? _____

Child's likes/dislikes _____

Child's eating habits (likes/dislikes) _____

Any food allergies? _____

List a few of your child's favorite toys/activities

Besides English, are any languages spoken in the home? _____

Would occasional educational videos be acceptable to you? _____

Has your child experienced any life changing events in the past year? If yes, describe.

Any other information you would like to share with us regarding your child?

HEALTH STATEMENT

This statement is to verify that my school-aged child, _____, is in good health. My child is up to date on all immunizations and is free of any communicable diseases.

My child is able to be involved in typical childhood games and activities with the following restrictions: (Write None if there are no restrictions to activities)

I will contact the Director with any changes in my child's health. This includes, but is not limited to, communicable diseases and injuries that interfere with typical childhood play.

Parent's Signature: _____ Date _____