

Admission Date _____
(office use)



Lit'l Sprouts Child Care Center Admission Form

Child's Name _____ Nickname _____ Hours in Care: Full day / Part-time (circle) Hours _____

Address _____

Street _____ City _____ Zip _____
Home Phone/Cell Phone _____ Cell Phone Provider (to receive text messages from our center) _____

Birth date _____ Birthplace _____ Sex _____ Race/Ethnicity _____

Father or Guardian's Name _____ Living: Yes _____ No _____

Natural Father/Stepfather/Guardian _____ SS# _____ Who has legal custody? _____

Father or Guardian's Employment _____ Position (Faculty, Staff or Student –undergrad or grad.) _____

Telephone number at work _____ Work/School schedule _____ Email Address _____

Mother or Guardian's Name _____ Living: Yes _____ No _____

Natural Mother/Stepmother/Guardian _____ SS# _____ Who has legal custody? _____

Mother or Guardian's Employment _____ Position (Faculty, Staff or Student –undergrad or grad.) _____

Telephone number at work _____ Work/School schedule _____ Email Address _____

Child lives with: (Check one) Both parents _____ Mother _____ Father _____ Legal Guardian _____

If legal guardian, list name, address, phone number if other than above: _____

Source of Emergency Care (*both Dr & Dental source are required*):

Doctor _____ Address _____ Telephone _____

Dentist _____ Address _____ Telephone _____

In the event I cannot be reached, please call my **emergency contacts** (these individuals are also authorized to pick-up my child): ****THIS INFORMATION MUST BE COMPLETED****

Please indicate if you authorize these individuals to have access to health information about your child

Name of Emergency Contact	Relation to the Child	Address	Phone	
---------------------------	-----------------------	---------	-------	--

1. _____ Yes / No

2. _____ Yes / No

List any serious allergies (such as insect bites, food allergies, etc.) additional allergy information/ special diet statement needs to be completed by health care provider if yes

List any disabilities or special needs: additional IDP and ICCP plans must be in place for this

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION FOR (Child's Name) _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to		
Name of Licensed Physician	Address	Telephone No.
Or to (name of hospital or clinic)	Address	Telephone No.
<i>Current information regarding your child's health insurance coverage should cover all 3 categories below if you carry insurance for your child. This information may sometimes be required in non-life threatening emergencies.</i>		
Health Insurance Coverage	Insurance carrier	Policy number
I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.		
_____ Signature - Parent or Legal Guardian		_____ Date

TRANSPORTATION INFORMATION

Child will most frequently be dropped off by _____ picked up by _____

Other individuals authorized to pick up my child:

Name and Relationship to child	Name and Relationship to child
_____	_____
_____	_____

CENTER INFORMATION PACKET

This is to acknowledge that a staff member has provided me with an information packet and discussed the contents.

Parent or Guardian's Signature

Date

FIELD TRIPS

I, the parent of _____, contracted the transportation services of Lit'l Sprouts for extracurricular field trips. I fully understand that **Lit'l Sprouts** may charge extra for transportation services and that **Lit'l Sprouts** is not for accidents/injury during such activities when the children are under the supervision of other adults at other locations.

Date _____ Parent's signature _____

_____**(Please initial)** **CHANGES:** In the event any of your information changes, including phone numbers, policy coverage changes, immunization and health summary updates, it is the parents responsibility to notify us immediately, so office personnel can update records. Thank you.