



Learners to Leaders Before and After School Program
Application for Childcare

Child's Name: _____ Birth Date _____

Child's Address: _____

Child's Phone: _____

Name Child is called: _____

School Enrolled: _____

■ **Program for which you're seeking enrollment**

___ Sprouts (K-3 to K-5) ___ Tigers (1st through 3rd Grades)

___ Eagles (4th through 6th Grades)

■ *Extracurricular Activities in which your child is participating (*Additional Fees Required for Some)*

___ Piano* ___ Studio Production* ___ Spanish Dance* ___ Capoeira*

___ DIGG Young Entrepreneurs' Club ___ Young and Gifted Drama Society

___ Chorale ___ Sewing and Hand Crafts* ___ Lab Brats Science Club

___ MHEA Bowling League ___ Liturgical Dance* ___ Praise Mime*

___ Young at Art ___ Boy Scouts* ___ Girl Scouts* ___ Pioneer Scouts*

■ **Parents or Guardians**

Name: _____

Social Security Number: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Name: _____

Social Security Number: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Does your child have any special needs? _____

Physician to call if child becomes ill: _____

Address: _____ Phone: _____

Other person to notify if parent or guardian cannot be reached in an emergency

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Employer: _____ Employer: _____

Anyone **NOT** permitted to pick up the child (with copy of court order, if applicable):

■ **Additional Information**

Physical Information

Allergies: _____

Medications: _____

Does your child have any unusual eating habits? Likes? Dislikes?

Explain: _____

What's your child's usual waking time? _____

Nap time? _____ Bed time? _____

Does your child have any special problems or fears? _____

Does your child have any nervous habits? How does he/she display them? _____

Is child completely toilet trained? _____

Has your child had any previous group experience? Y / N What type? _____

What kind of play and/ or hobbies does he/she prefer?

Are there any areas that you feel require particular attention or discipline? _____

What forms of discipline do you use with your child?

Is there any further information that might be helpful in understanding your child?

Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

References

Please provide us with at least 3 references of past childcare providers and/or facilities with which you were contracted for care of your children. These references will be checked for purposes of understanding and establishing what kind of business relationship you maintained with these individuals/organizations. A negative reference does not necessarily mean you will not be allowed admission to L2L. Likewise, positive ones do not guarantee enrollment. Your signature below means that we have your permission to contact these individuals and organizations for these purposes.

Name of childcare provider/Childcare center _____
Contact person (Owner, Director, Assistant Director) _____ Title _____
Address _____
Phone Number _____
Dates of care/enrollment _____

Name of childcare provider/Childcare center _____
Contact person (Owner, Director, Assistant Director) _____ Title _____
Address _____
Phone Number _____
Dates of care/enrollment _____

Name of childcare provider/Childcare center _____
Contact person (Owner, Director, Assistant Director) _____ Title _____
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Phone Number _____
Dates of care/enrollment _____

Name of childcare provider/Childcare center _____
Contact person (Owner, Director, Assistant Director) _____ Title _____
Address _____
Phone Number _____
Dates of care/enrollment _____

Parent/Guardian Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

Emergency Medical Treatment Authorization

Child's Name: _____

Birth Date: _____

Address: _____

Phone Number: _____

Parent's Name: _____

Home Phone: _____

Work Phone: _____

Parent's Name: _____

Home Phone: _____

Work Phone: _____

I, _____, parent / guardian of the child named above, give my permission to Learners to Leaders / Bruce Institute of Higher Learning and/or members of it's staff to secure and authorize emergency care as my child might require while under their supervision. I also authorize them to administer emergency care or treatment, such as first aid, CPR, etc., as required until emergency assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

Note: Every effort will be made to notify parents IMMEDIATELY in case of emergency.

Doctor: _____

Address: _____

Phone: _____

Preferred hospital to contact: _____

Address: _____

Phone: _____

Person(s) to be contacted in an emergency if parents are unavailable:

Name	Home Phone	Work Phone	Relationship

Present medication(s): _____

Known allergies: _____

Date of last tetanus: _____

Insurance provider: _____

Insurance number: _____

Name of insured/ responsible party: _____

Parent / Guardian Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

Multimedia Permission Slip

I, _____, parent(s) of _____ give permission to school staff to photograph, videotape, audio record, etc. the above named child (ren) for documentation, media, advertisements, etc. fully understanding that no compensation to myself nor my family will be given for the use of my child's image, voice, etc., and also that my child's image, voice, etc. will not be used for purposes for which I have not given permission.

Parent's Signature: _____ **Date:** _____
School Official: _____ **Date:** _____

My signature below indicates that I have received a copy of the Department of Humans Services' licensing requirement summary for family day homes, as well as a copy of the parent handbook and policy statement of Learners to Leaders.

Parent's Signature: _____ **Date:** _____
School Official: _____ **Date:** _____