

Child Information

Child's Full Name	Birthdate:
Brothers & Sister Living at Home (and their birthdates):	
Date of Enrollment:	Pre-Enroll Visit
Attendance: Full Time () Part Time () Days Attending (please circle) M T W TH F	

Information About Child's Mother/Guardian

Court issued custody papers that clearly describe custody arrangements must be presented to Learning Zone Inc. regarding custody of a child. Any person granted custody in such papers may pick the child up and may designate other persons who are authorized to pick the child up.

Full Name:	Maiden Name:
Home Address:	Home Phone:
Date and Place of Birth	Work Phone:
Place of Employment: Work Hours:	Social Security #:
Work Address	Cell Phone:
Mother's Email Address	

Information About Child's Father/Guardian

Full Name:	Home Phone:
Home Address:	Work Phone:
Date and Place of Birth	Social Security #:
Place of Employment: Work Hours:	Cell Phone:
Work Address	
Father's Email Address	

How did you hear about us?

<input type="checkbox"/> Drove By	<input type="checkbox"/> Flyer	<input type="checkbox"/> Online: (Where?) _____
<input type="checkbox"/> Relative/Friend: _____	<input type="checkbox"/> Referral Agency: _____	<input type="checkbox"/> Other: _____

Emergency Contacts (other than parents/guardians) Required

*Please note that by listing the individuals below, you are authorizing them to provide transportation for your child

1st person to contact:	Home Phone:
Home Address:	Work Phone:
Work Address:	Cell Phone:
2nd person to contact:	Home Phone:
Home Address:	Work Phone:
Work Address:	Cell Phone:

Individuals, other than the parents, to whom LEARNING ZONE, is authorized to release the child and who are authorized to provide transportation for the child:

Name: _____

SS#/Driver's License _____

Name: _____

SS#/Driver's License _____

Child's Interests and Behaviors Information

Does your child enjoy outdoor play?

Does your child spend time with both parents?
If you are separated/divorced, how often does your child see the absent parent?

What are some of your child's favorite activities?

Sleeping/nap habits:

Eating habits:

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.);

How do you discipline your child?

Has your child attended any other pre-school or day care program? If so, please give name, address, and dates attended.

Special instructions for your child:

I (do) (do not) give permission for my child to be photographed and the photographs to be displayed.

Health Information

Please list any serious illness or hospitalization:

Can your child be relied upon to indicate his/her bathroom wishes? Yes No

What special words does your child use when wishing to use the toilet?

Has your child's immunization program been started?

Does your child have allergies? If so, please list and explain how the allergy affects him/her.

Name of your child's physician:

Phone #:

Physician's Address:

I will complete and return the following on or before my child attends Learning Zone, Inc.

_____ Child's Health History Checklist

_____ Current Immunization Record

_____ Has my permission to participate in all field trips sponsored by Learning Zone, Inc.

It is my understanding that a prior notice will be given and that transportation will be handled by a licensed driver employed by the center, I also understand that my child will ride in a vehicle which is fully insured by Learning Zone, Inc. Permission is also given for Before/After school transportation. _____

Signature of Parent or Guardian

I have read and understand the above information and agree to abide by the terms.

I hereby authorize Learning Zone, Inc to obtain emergency medical treatment for my child.

Signature: _____ Date: _____

Signature: _____ Date: _____

Accepted by: _____ Title: _____ Enrollment Date: _____

Transportation Plan

_____ will be dropped off each morning to _____
(Child's Name) (Center Name)

by _____
(Parent/Friend's Name)

_____ will be picked up each afternoon at _____
(Child's Name) (Center Name)

and taken to _____ by _____
(Home or Childcare Name) (Parent/Friend's Name)

Parent Signature: _____ Date: _____

Based upon management discretion:

I understand that no child will be released to any adult showing risky behavior.

Signature _____ Date _____

LEARNING ZONE, INC.

Acknowledgement and Receipt of Policies and Procedures

I/we have read and been informed of the policies and procedures of LEARNING ZONE, INC. and agree to their use for my/our child(ren).

I/We agree to the adherence of these policies and will pay the weekly tuition on Monday of each week. Payments received after this are subject to a 10% late fee. NSF fees are \$35.00 per offense.

I/We have received a copy of the summary of TN DHS Licensing Regulations

In the event your child is left at the Center past closing time, a late pick-up fee will be required to be paid in cash to the employee and is due immediately when you pick up your child.

In the event that a child is to be removed from enrollment, **A MANDATORY WRITTEN TWO WEEK NOTICE IS REQUIRED. THERE ARE NO EXCEPTIONS!** If a child is unprepared for group experience, Child Care Center reserves the right to dismiss.

Inappropriate behavior from any adult or child (cursing, shouting, throwing things, physical altercation, etc) in or around the center will result in dismissal.

Parent/Guardian Signature

_____ Date _____

_____ Date _____

Director's Signature _____ Date _____