

Admissions Form



| | |
|---------------------------|-----------------|
| Operation Name | Director |
| Little Einstein's Academy | Brooke Taylor |

| | | |
|------------------------------------|------------------------------|---|
| Child's Full Name | Child's Date of Birth | Child's Home Phone Number |
| | | |
| Child's Home Address | | |
| | | |
| Date of Admission | | Date of Withdrawal |
| | | |
| Parent's or Guardian's Name | | Parent's or Guardian's Address (if different from child) |
| | | |

List telephone numbers below where parent's/guardian's may be reached while child will be in care.

| | | | |
|------------------------------|-------------|------------------------------|-------------|
| Mother's Phone Number | | Father's Phone Number | |
| Work | Cell | Work | Cell |
| | | | |

Give the name, address and phone number of person to call in case of emergency if parents/guardian cannot be reached.

| | | | |
|-------------|----------------|---------------------|---------------------|
| Name | Address | Phone Number | Relationship |
| | | | |

I hereby authorize Little Einstein's Academy to allow my child to leave the operation ONLY with the following persons. Please list names and telephone numbers for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

| | | |
|-------------|---------------------|---------------------|
| Name | Phone Number | Relationship |
| | | |
| | | |
| | | |

Signature (Parent/Legal Guardian) Date

Admissions Form

CHECK ALL THE APPLY

| | | |
|----|---|---|
| 1. | <input type="checkbox"/> | Transportation I hereby ____give ____do not give consent for transportation for emergency purposes. |
| 2. | <input type="checkbox"/> | Water Activities I hereby ____give ____do not give consent for my child to participate in water activities. |
| | <input type="checkbox"/> | Water Table Play |
| | <input type="checkbox"/> | Sprinkler Play |
| | <input type="checkbox"/> | Splashing/Wading Pools |
| 3. | <input type="checkbox"/> | Receipt of Operational Policies (Parent Handbook) _____ Parent/Guardian Signature |
| 4. | I understand that the following meals will be served to my child while in care: | |
| | <input type="checkbox"/> | Morning Snack |
| | <input type="checkbox"/> | Lunch |
| | <input type="checkbox"/> | Afternoon Snack |
| 5. | My child is normally in care on the following days and times | |
| | Monday | From _____ To _____ |
| | Tuesday | From _____ To _____ |
| | Wednesday | From _____ To _____ |
| | Thursday | From _____ To _____ |
| | Friday | From _____ To _____ |

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to

| | | |
|--|----------------|---------------------|
| Name of Physician | Address | Phone Number |
| | | |
| Name of Emergency Medical Care Facility | Address | Phone Number |
| | | |

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature (Parent or Legal Guardian)

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long – term continuous use, and any other information which caregivers should be aware of

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature (Parent/Legal Guardian) _____
Date

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Name of Child _____ Date of Birth _____

IMMUNIZATION RECORDS

I have provided Little Einstein's Academy with a copy of my child's most current immunization record.

HEALTH STATEMENT

One of the following must be presented when your child (under the age of 5) is admitted to Little Einstein's Academy or within one week of admission. Check to indicate the option you select:

HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Health Care Provider's Signature _____ Date _____

A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis is indicated.

A form or written statement from a health service or clinic.

Signature (Parent/Legal Guardian)

Date