

# Little Giggles Daycare & Pre-School

## Enrollment Form

Date of Application: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
**(street) (city) (state) (zip)**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Place of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Authorized Pick up/ Emergency Contacts:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Password for Pick Up: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

I desire to enroll my child \_\_\_\_\_ at Little Giggles Daycare & Pre-School.

**Circle Schedule:**

Full Day    Half Day

Monday          Tuesday          Wednesday          Thursday          Friday

Start Date Will Be: \_\_\_\_\_

In the event a medical emergency occurs, I authorize Little Giggles Daycare & Pre-School to seek emergency medical care for my child as deemed necessary by the Director.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of the centers Health/Illness policy & the Information to Parents Statement located in the Parents Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand Little Giggles Emergency Evacuation and Lockdown Procedures.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and received the center's policy on expulsion of a child located in the Parents Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give Little Giggles Daycare & Pre-School permission to photograph my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child participate in any outdoor water activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand Little Giggles Daycare & Preschool Social Media Policy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to a \$75.00 annual registration fee, which is non-refundable. I agree that there will be no credit issued for non-attendance, vacation, illness, and or snow days. I agree to give two weeks notice when terminating service and to explain in writing or charges will be payable. I have read and understand to the best of my knowledge the Parent Handbook.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_