

**LITTLE RIVER DAY SCHOOL
ENROLLMENT APPLICATION**

Date child entered the care: _____ Date left care: _____

Child's name	Nickname	Date of Birth	Sex
Home address			Home Phone
Chronic physical problems/ Pertinent developmental information/ Special accommodations needed			
List any previous school/ program			

PARENT(S)/ GUARDIAN(S)

Father's name	Place employed	Business Phone
Home address	Cell phone	E-mail address
Mother's name	Place employed	Business Phone
Home address	Cell phone	E-mail address
Person(s) or agency having custody of child		
Home address	Home phone	
Business address	Business phone	

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc., and action to take an emergency		
Child's physician	Phone	
Contact names if parent(s) cannot be reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) authorized to pick up child		
Person(s) NOT authorized to pick up child (Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.)		

FINANCIAL AGREEMENT

I, _____ (PRINT YOUR NAME) the parent/ guardian of _____ agree to pay my child's tuition no later than Monday of the current week. If I have not paid by Wednesday of the current week, I understand that I will be charged a late fee of \$20.00. In the event that my child's tuition account becomes two weeks in past due, I understand that my child care services with LRDS will be terminated, I also agree to pay all costs and expenses including, without limitation, court costs and responsible attorney fees incurred by LRDS in connection with the collection of tuition and the enforcement of this agreement.

Signature of parent/ guardian

Date

HOLD HARMLESS AGREEMENT

I, _____, the parent/ guardian of _____ agree to release and hold harmless Little River Day School and its employees from any accident or harm that may occur should I retain the services if any LRDS employee for the care of my child outside the center. I understand that LRDS does not condone its employees to babysit for parents of enrolled children outside the center. If I retain the services of any LRDS employee in such capacity, LRDS has no responsibility and is held harmless from any incident, which may occur.

Signature of parent/ guardian

Date

AGREEMENTS:

1. Little River Day School agrees to notify the parents/ guardians whenever the child becomes ill and the parents and guardians will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parents/ guardians authorize LRDS to obtain immediate medical care if any emergency occurs when the parents/ guardians cannot be located immediately.
3. The parents/ guardians agree to inform the center within 24 hours or the next business day after the child or any family member of immediate household have developed a reportable communicable disease as explained in the Infection Control Policy.

SIGNATURE:

Parent(s)/ Guardian(s)

Date

Parent(s)/ Guardian(s)

Date

OFFICE USE ONLY FOR IDENTITY VERIFICATION

(Proof of child's identity and age may include a certified copy of child's birth certificate, birth registration card, notification of birth from hospital or physician and passport.)

Place of birth	Birth date	Birth number	certificate	Date issued
Other form of poof		Date documentation viewed	Person viewing documentation	

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____ (Date)