



Little Steps Enrollment Form

CHILD'S DETAILS

Surname: _____ First Name: _____ M F

Home Address: _____

Home Telephone #: _____ Email: _____

Date of Birth: _____ Age: _____

Language(s) spoken at home: _____

Care is required: Full-time (F/T) Part-time (P/T) Starting Date: _____

Days preferred for P/T: Mon Tues Wed Thurs Fri Any 2 Any 3

Days preferred for school age care: Mon Tues Wed Thurs Fri

Time of school age care: Full day Mornings Afternoons Days off Lunch Summer Camp

School Attending: _____ Grade: _____

PARENT/GUARDIAN DETAILS

Parent/Guardian 1

Full Name: _____

Home Address & telephone same as above

Relationship: _____

Home Telephone #: _____

Home Address: _____

Child primary address

Cell Phone #: _____

Work Phone #: _____

Occupation: _____

Work Name: _____

Work Address: _____

Work Email: _____

Personal Email: _____

Parent/Guardian 2

Full Name: _____

Home Address & telephone same as above

Relationship: _____

Home Telephone #: _____

Home Address: _____

Child primary address

Cell Phone #: _____

Work Phone #: _____

Occupation: _____

Work Name: _____

Work Address: _____

Work Email: _____

Personal Email: _____

MEDICAL DETAILS

Child's Doctor

Name: _____

Address: _____

Phone #: _____

Child's Dentist

Name: _____

Address: _____

Phone #: _____

Does your child have any known allergies or medical problems: No Yes

If yes, please specify: _____

Does your child have any special dietary needs? Ex. vegetarian, religious beliefs, etc.: No Yes

If yes, please specify: _____

Any additional information on your child: _____

Names & ages of siblings: _____

Person to be contacted if Doctor/Dentist listed cannot be reached:

Name: _____

Relation to child: _____

Day Time Phone #: _____

I, _____, give the staff at Little Steps Edu-care & Daycare permission to obtain necessary medical assistance in the event of an emergency situation.

Signature of Parent/Guardian

Date

PERSONS TO WHOM I AUTHORIZE TO COLLECT MY CHILD

Please note: Photo identification or proper ID is required.

Please list the names of person(s) authorized to sign your child in and out of care. (Only those persons listed below will be allowed to collect your child unless prior arrangements are made). A diligent attempt will be made to contact the parents or guardians before using the emergency persons.

Contact/Collect

Full Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Relation to Child: _____

Contact/Collect

Full Name: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Relation to Child: _____

Persons not authorized to pick-up or have access to my child:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Is there a custody agreement in place? No Yes (if Yes, please provide a copy)

Signature of Parent/Guardian

Date

Print Name