

Tots' Landing Learning Centers, Inc.
Enrollment Form



Child's Name _____ Date _____

Date of birth _____ Home phone _____

Address _____
street city state zip

Mother / Guardian's name _____ Father / Guardian's name _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Email _____ Email _____

Desired starting date _____ circle days for enrollment: Monday Tuesday Wednesday Thursday Friday

Siblings enrolled or on the waiting list

Name _____ Birthdate _____

Name _____ Birthdate _____

The registration fee is due upon enrollment and is non refundable.
An annual enrollment fee will be due by September 1st of each year.

Date of pre-placement visit _____

How did you hear about us? _____

Parent / Guardian's Signature _____ Date _____

OFFICE USE ONLY:
Date registration fee was paid and form received _____

Tots' Landing Learning Centers, Inc.
Child Emergency Form

OFFICE USE ONLY:

Family Registration # _____

Last updated _____



Child's name _____ Date of birth _____

Address _____ Home phone ____ (____) _____
street city zip code

Email _____

Mother / Guardian's name _____ Father / Guardian's name _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Email _____ Email _____

Address _____ Address _____
street city state zip code street city state zip code

Emergency contacts (other than parents)

Contact #1 _____ Contact #2 _____

Relation to child _____ Relation to child _____

Phone # _____ Phone # _____ Phone # _____ Phone # _____

Email _____ Email _____

Address _____ Address _____
street city state zip code street city state zip code

Persons authorized to pick up child from center NOT including emergency contacts

Please note if there is someone specifically unauthorized to pick up your child we require additional paperwork on file. Specific persons unauthorized to pick up child

Physician _____ Phone _____ Hospital Preference _____

Allergies _____ Medications _____

Special Needs _____

I have been informed of Emergency and Evacuation Procedures for Tots Landing Learning Center, Inc.

Parent / Guardian Signature _____ Date _____

Social Media: Tots' Landing is on Facebook and other Social Media outlets. At times, we post pictures of classroom activities and center wide events. We will maintain the highest security settings for this site. Please sign below allowing us to post pictures that may include your child on Facebook. I, _____ give Tots' Landing permission to post photos that may include my child on Facebook.

Parent / Guardian's Signature _____ Date _____



Tots' Landing Learning Centers, Inc.
Child Information and Developmental Health History

Child's name _____ Nickname _____ Date of birth _____

Emergency Medical Attention

I give permission for the staff of Tots' Landing Learning Centers, Inc. to seek medical attention/services for my child in the event of an emergency or if I cannot be located.

Parent/Guardian's signature _____ Date _____

Financial Obligations

I have received the parent handbook outlining the policies of Tots' Landing Learning Centers, Inc. and agree to follow its guidelines and financial responsibilities. I understand that I am financially responsible for the tuition payment as long as my child is enrolled in the center. I realize that tuition payments are due weekly and there is a late fee for payments not made on time. I also understand that I must give a two-week notice prior to withdrawing my child from the center or I will be responsible for the tuition payment for the two weeks.

Parent/Guardian's signature _____ Date _____

Licensing Requirements

Did you receive a copy of the state licensing requirements? _____ yes _____ no
Did you receive a copy of the influenza information sheet? _____ yes _____ no

Photography

I give permission to Tots' Landing personnel to use photograph(s) of my child for promotional materials (brochures, parent magazine, etc.) and for general display in the center. Photographs will be taken by authorized personnel of Tots' Landing Learning Centers, Inc.

Parent/Guardian's signature _____ Date _____

Physical Health

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Has your child had any of the following health problems? If yes, please check all that apply:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> ear infections | <input type="checkbox"/> limp | <input type="checkbox"/> bed wetting | <input type="checkbox"/> broken bones |
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> kidney infections | <input type="checkbox"/> toothaches/decay | <input type="checkbox"/> hearing problems |
| <input type="checkbox"/> seizures | <input type="checkbox"/> skin problems | <input type="checkbox"/> head or facial injury | <input type="checkbox"/> asthma |
| <input type="checkbox"/> crossed eyes/glasses | <input type="checkbox"/> other _____ | | |

Allergies

Is your child allergic to any food? If yes, to which foods? _____

What type of reaction and how severe is the reaction if the foods are eaten? _____

If your child has a diagnosed food allergy, please have your doctor complete the attached Food Allergy Action Plan.

List all medications taken on a regular basis _____

Is your child allergic to any type of medication? If yes, please list _____

What type of reaction and how severe is the reaction if the medication is taken? _____

Does your child have any allergies not listed above? If yes, please list _____

Has your child had any major accidents/injuries? If yes, explain: _____

Social Relationships/Play

How would you describe your child's personality? _____

List any behaviors your child has that you are concerned about _____

Does disciplining your child present a problem for you? If yes, please explain _____

Have there been any separations from child's caretaker? If yes, when ? _____
For how long? _____

Has there been any change in your way of life? Ex: death, divorce, change in jobs, move, etc. If yes, please explain _____

What ages are your child's most frequent playmates? _____

Is your child friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

Does your child play well alone? _____

What is your child's favorite toy? _____

Is your child frightened by any of the following? Circle all that apply

_____ animals _____ children who play rough _____ loud noises _____ the dark
_____ storms _____ other _____

Who does most of the disciplining in the household? _____

What is the best way to discipline your child, EXCLUDING physical punishment? _____

With which adults does your child have frequent contact? _____

Does your child use a special comforting item? Ex: a blanket, stuffed animal, doll, etc. _____

Please share with us any additional information you feel would assist us in meeting your child's needs. _____

If there is someone who is **NEVER** allowed to pick up your child, however, you feel may attempt to pick them up. If yes, please list their name below: _____

Parent / Guardian's Signature _____

Date _____

*Note: the content of this form is taken from "Healthy Young Children A Manual for Programs", a publication of the National Association for the Education of Young Children, and used by permission. NAEYC, 1509 16th Street, N>W>, Washington, DC 20036-1426 (202) 232-8777 (800) 424-2460 Fax (202) 328-1846

Tots' Landing Learning Centers, Inc.
Family Registration Form



Parent/Guardian Information

Registration Date: _____

Mother/ Guardian

_____ first m.l. last
Address _____ Street city state zip code Email _____
Home phone _____ Cell phone _____
Occupation _____ Work phone _____
Employer _____ Work hours _____
Work Address _____ Street city state zip code Email _____
____ Custodial parent (if married, mark both parents)
SS# _____ Driver's license # _____
Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd choice _____
Marital status _____ married _____ single _____ divorced _____ separated _____ widowed _____ other _____

Father/ Guardian

_____ first m.l. last
Address _____ Street city state zip code Email _____
Home phone _____ Cell phone _____
Occupation _____ Work phone _____
Employer _____ Work hours _____
Work Address _____ Street city state zip code Email _____
____ Custodial parent (if married, mark both parents)
SS# _____ Driver's license # _____
Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd choice _____
Marital status _____ married _____ single _____ divorced _____ separated _____ widowed _____ other _____

Child Information

1st child

_____ first m.l. last
Name child prefers to be called _____ Class _____
Child's Address _____ Street city state zip code
Gender _____ male _____ female Date of birth _____ Child's SS# _____
List any existing medical conditions, medication and/or special attention your child may require?

Allergies _____

Pediatrician's Name: _____ Phone _____

Address: _____ Street city state zip code

Photographs: May we take and maintain a photo of your child for security purposes? _____ Yes _____ No

Emergency Contacts & Authorized Pickup Persons

1st contact pick up

Name _____ Phone _____
Relationship to the child _____ PIN for check in/out (4 digits, numbers only) ____ _
____ Able to pick up all children in the family
____ Not able to pick up the following children _____

2nd contact pick up

Name _____ Phone _____
Relationship to the child _____ PIN for check in/out (4 digits, numbers only) ____ _
____ Able to pick up all children in the family
____ Not able to pick up the following children _____

3rd contact

Name _____ Phone _____
Relationship to the child _____ PIN for check in/out (4 digits, numbers only) ____ _
____ Able to pick up all children in the family
____ Not able to pick up the following children _____

4th contact pick up

Name _____ Phone _____
Relationship to the child _____ PIN for check in/out (4 digits, numbers only) ____ _
____ Able to pick up all children in the family
____ Not able to pick up the following children _____

Tuition / Payment Information:

Current Tuition Amount \$ _____ weekly _____ bi-weekly _____ monthly _____ other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Parent / Guardian's Signature: _____ Date: _____