



Application for Enrollment

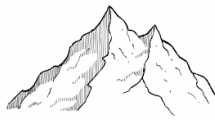
Little Organics Early Learning Center

Child Information

Date _____

1 st Child					
Last Name		First Name		MI	Nickname
Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City: _____ State: _____	
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Photos: May we take and maintain a photo of your child for security purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Primary Hours of Care FROM _____ AM / PM TO _____ AM / PM			Days of the Week in Care [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat [] Sun		
2 nd Child					
Last Name		First Name		MI	Nickname
Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Age MO / YR	Birth Date	Birth City/State City: _____ State: _____	
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Photos: May we take and maintain a photo of your child for security purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Primary Hours of Care FROM _____ AM / PM TO _____ AM / PM			Days of the Week in Care [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat [] Sun		

How did you hear about us? _____



CHILDHOOD HISTORY

Name _____

Date of Birth _____

Please help us to get to know your child better so that we may best support his/her learning by telling us a little about what you have observed regarding his/her interests, socialization patterns, dislikes and anything else you feel may help us to create the best learning environment we can for your child.

1. Describe your child at play.

2. What type of activities does your child enjoy while at home?

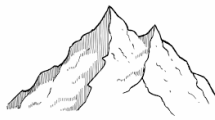
3. Describe your child's eating habits / routines.

4. Describe your child's bed/nap routines.

5. Describe your child's bathroom routine / toilet training routine / progression?

6. What is your child's experience with books?

7. Does your child enjoy creating things? What type and with what medium?



Medical Information/Authorization

Child's name:	
Health Card #:	Expiration Date:
Physician's Name:	
Physician's Address:	
Height of child:	Weight of child:
In the event that I cannot be reached in a time of illness or accident concerning my child, you are authorized to contact the physician listed below. <i>If the named physician cannot be reached, permission is granted to authorize any doctor to give necessary medical emergency care.</i>	
Doctor:	
Address:	
Telephone:	

I further consent to my child being transport by a staff member in case of sudden illness or emergency to a private physician or hospital.

- a) I understand that if my child appears ill at the center, my child will be isolated from the other children and given staff supervision until arrangements can be made to pick up my sick child.
- b) I further understand that after my child has been absent from the day care with a serious disease or illness, a signed paper, stating that my child is well enough to return to the center, is required before my child will be readmitted to the center.
- c) I understand that the center staff shall administer medication and special medical procedures only with a written, dated and signed request from my physician. Medication shall be in its original container.
- d) I understand that my child will not be admitted to the center until a completed medical form is on file. If my child appears to be ill, he/she will not be admitted to the center. I shall notify the director of the center if the illness is contagious.

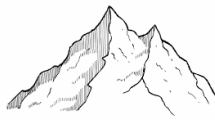
Record of past communicable diseases

Allergies or other important information:

Has your child had any of the following: whooping cough _____ chicken pox _____ measles _____ mumps _____

Permission to administer Fever Reducer or Tylenol in the event of a temperature: Above: _____ Dosage: _____

Little Organics Early Learning Center
112 Park Street
Dover-Foxcroft, Maine,04426
207-717-0994
littleorganicsELC@gmail.com

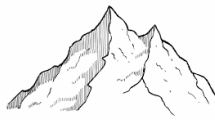


Primary Guardian Information

Names(s) of person(s) with whom child is living

1 st Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
2 nd Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
Which guardian should be called first?			
Home Resident Street Address	Home Phone	Preferred language for written communication	
Home Resident Street Address	Apt#	City	Zip Code
Mailing Address (if different than above)	Apt#	City	Zip Code

Additional Comment:



Secondary Guardian Information

Non-primary custodial parent

1 st Non-primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

2 nd Non-primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

Which guardian should be called first?	Home Phone	Preferred language for written communication	
Home Resident Street Address	Apt#	City	Zip Code
Mailing Address (if different than above)	Apt#	City	Zip Code

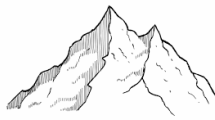
Additional Comment:



Emergency Contacts and Authorized Pickups

1 st Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:
2 nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:
3 rd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:

PASSWORD _____



Medical and Excursion Form

Children in attendance at Little Organics Early Learning Center will, on occasion, be accompanied off the premises to participate in various trips, short walks, etc. These events will support the learning the children engage in while at the center, and are in themselves, learning experiences.

As a requirement, the consent form below must be filled out in completion and signed by a parent, or guardian when enrolling at Little Organics Early Learning Center.

I, _____ parent/guardian of _____
Enrolled at Little Organics Early Learning Center, on the _____ day of _____
20_____, give my consent for the above-named child to leave the premises of the above-named center. I understand that at all time, the child will be supervised and accompanied by members of the staff.

In consideration of services provided to me by Little Organics Early Learning Center, I hereby agree that I shall not make any claims against the said center for damages resulting from personal injury (including death), losses or expenses of any kind arising from my child's participation in the center programs, routines, activities, and specifically as it relates to my child's participation in walks and program activities **unless** such damage results from the **negligence** of the said center or its staff.

I release Little Organics Early Learning Center for any responsibilities due to accident or illness while my child in on an out of center trip and I appoint the director, Ashley Cookson, to act as my agent, to use her discretion, in authorizing any immediate medical attention which may be required for my child until I may physically relieve her.

This release and waiver shall be binding upon me and my heirs, executioners and administrators

I, _____ agree and consent to the above.

Parent/Guardian Signature _____ Date: _____



AGGRESSION POLICY

It is our philosophy that any child attending Little Organics Early Learning Center is permitted to bring personal items to assist him/her in being more comfortable with the transition from home to the learning environment. Sometimes choices are of a nature that indirectly encourages aggression. We have decided to work towards an aggression-free environment by restricting aggressive items from being brought to school. This includes any items whether they be stuffed toys, models, dolls, pillows, blankets, collectible cards, and/or books that represent violent characters. Essentially if the character or item encourages **fighting**, whether in a preventative or aggressive way, we discourage it from coming to school. It is difficult to shield our children from daily aggressive messages, and we do not condone types of characters, but it is our responsibility at Little Organics Early Learning Center to limit amount of exposure our students receive. Super hero and characters such as Ninja Turtles or Power Rangers still promote fighting. Please try to be aware of the type of message your student may be bringing to the learning environment.

With this policy, we hope to see more pro-social behavior among young children. In turn, we hope to foster respect for each other's feelings and creations. We thank you for your awareness.

I/We, _____, have read and commit to be aware of the aggression free philosophy if the learning center.

Parent/Guardian Signature _____ Date _____

FILLED BY CENTER

Required Forms

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Tuition Information

Your tuition will be:	Required Deposit
WEEK/MONTH	

Signature

I hereby certify that all information in this application is true and correct to the best of my knowledge. I understand that should the above information be proved false, it may result in the rejection of my child's application and enrollment in Little Organics Early Learning Center.

Parent/Guardian Signature _____ Date _____

Little Organics Early Learning Center Director _____ Date _____