

# LITTLE FOLKS DAYCARE & PRESCHOOL

9022 Long Point Road Houston TX 77055

713.682.0955

## Child Information

Registration Date \_\_\_\_\_

Last Name		First Name		M.I.	
Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	City:		Zip code
			State:		

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?  Yes  No

Name(s) of person(s) with whom child is living:

Mother Information					
Last	First	M.	Relationship to		
Email		Work		Cell	
Occupation	Employer	Work Address			
Father Information					
Last	First	M.	Relationship to		
Email		Work		Cell	
Occupation	Employer	Work Address			
		Home		Preferred language	
Home Resident Street		Apt	City		Zip
Mailing Address (if different)		Apt	City		Zip

Additional Comments & Information:

## Emergency Contacts and Authorized Pickups

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

### Additional Comments and Information

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

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\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

## PARENT AGREEMENT

### GENERAL INFORMATION

I am the parent and/or legal guardian of \_\_\_\_\_

I hereby enter this agreement to enroll my child in Little Folks Child Care Center.

I understand that everything will be done to see that my child receives the best of care while enrolled here. Any problems or occurrences affecting my child will be brought to my attention. Parent conferences are available at any time upon request. I also understand that my child is considered an individual and will not be discriminated against because of race, color, national origin, sex, age, disability, religion, or political belief.

When bringing my child to the center, I will make sure that he/she is left in the presence of a staff member. If for any reason, I should fail to call for my child by the time the center closes, and attempts to reach me fail, I empower the staff to make provisions for my child in whatever manner they deem necessary and agree to pay an overtime charge upon picking up my child. (Please see the Director for amount of charge.)

I plan to leave my child at the center between the hours of \_\_\_\_\_ A.M. & \_\_\_\_\_ P.M. In return for the services I receive, I agree to pay tuition in advance per week. All returned checks will be redeposited once, after that we expect them to be picked up by cashier's check or money order. There will be a service charge on all returned checks.

### AUTHORIZATIONS

I authorize the school to provide transportation for my child for all off-campus school activities. I understand that be informed of these trips before my child leaves the center. We provide transportation to and from some public schools in the SBISD.

My child attends \_\_\_\_\_ school. My child is in \_\_\_\_\_ grade and teacher's name is \_\_\_\_\_.

I authorize pictures of my child involved in daycare activities to be taken, posted as center communication for parents.

I authorize the use of mosquito repellant and/or sunscreen as weather and activities deem necessary.

I agree for my child to take part in the well supervised water activities.

I hereby authorize the staff to give emergency aid and treatment in case of injury or illness until either my family physician or I can be reached.

I have read the attached forms and filled them out to the best of my ability. I have also read and understand the Parent Agreement. I received a copy of the operational policies.

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

\_\_\_\_\_  
Director Signature