

**Little Eagles Learning Center
Infant Application for Enrollment
2017-2018**

Standard 2.7b

Place recent student
photo here.

(Type or print in ink and complete ALL questions)

Date: _____

Student Information: Name: Last: _____ First: _____ Middle: _____

Date of Birth: --/--/---- Gender: M F

Address: Street or Box: _____

City: _____ State: _____ Zip: _____

Home Phone Number: () _____

Ethnic Origin: Caucasian African American American Indian Asian Hispanic Arabic Semitic Other

Program Desiring to Enter: (Circle One) Infant program Two-Year Old Program Three-Year Old Program Four Year-Old Program

_____ Two Days (Tues. & Thurs.) _____ Three Days (Mon., Wed., & Fri.) _____ Five Day

**Family/Guardian Information
Please Print**

Father: Last Name: _____ First Name: _____ M.I. _____ Employer Name: _____

Home Phone: () _____ Bus. Address: _____

Home Address: _____

Cell Phone or Pager: () _____ Business Phone: () _____

E-mail address: _____

Mother: Last Name: _____ First Name: _____ M.I. _____ Employer Name: _____

Home Phone: () _____ Bus. Address: _____

Home Address: _____

Cell Phone or Pager: _____ Business Phone: () _____

E-mail address _____

Marital Status of Parent(s): Married Widowed Divorced Separated Single

Infant is currently living with: Father & Mother Father Mother Other(*)

(*) If other, please state name and relationship to student, and who has legal custody/guardianship.

Name: _____ Relationship: _____

Who has legal custody or guardianship of student? _____

Infant's Brothers and Sisters:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Emergency Contact Person:

In the event of any emergency, if a parent cannot be reached, contact the following person(s).

Name: _____ Name: _____

Relationship to student: _____ Relationship to student: _____

Phone: () _____ Phone: () _____

Primary Language Information:

What is the primary language spoken in the home? _____ English _____ Other If other, please list. _____

Church Attendance Information:

Home Church: _____ Name of Pastor: _____

Mailing Address: _____ Phone: () _____

Denomination: _____

Referral Information

Were you referred to Eagle Ridge by a family with children at the school ? No Yes (If yes, please list the name of the family on the line below.)

Liability Release/Authorization For Emergency Medical Care

In consideration for being accepted by Little Eagles Learning Center for participation in school sponsored, special activities, recreation, work, and school work activities; I do hereby release, forever discharge and agree to hold harmless Little Eagles Learning Center and Eagle Ridge Christian School, Rock of Cape, Inc. and the directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participants that occur while said person is participating in the above-described activity including recreation and work activities. The undersigned further agrees to hold harmless and indemnify said Rock of Cape, Inc., its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Signed this _____ day of _____, _____.

The undersigned further consents to the administration of first aid and /or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees, and agents from any acts of misfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Student Signature: _____ Parent/Guardian Signature: _____

Insurance Co. Name: _____ Policyholder: _____

Policy Number: _____ Hospital Preference: _____

Family Physician: _____ Phone Number: _____

Rules, Regulations, and Standards of Conduct

I understand and agree that if admitted, my child(ren) , the student herein, will be subject to any and all rules, regulations, and standards of conduct of Little Eagles Learning Center. Consideration is established upon payment of the registration fee and acceptance of my child as a student.

(Parent/Guardian Signature)

(Date)

Transportation To And From School

Little Eagles Learning Center does not transport. Parents are responsible for transporting child to and from school.

Acknowledgements

A). The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior and individual needs.

B). When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care.

Parent/Guardian Signature

Date

PARENTS SPECIALIZED INSTRUCTIONS FOR INFANTS AND TODDLERS

CHILD'S NAME _____ D.O.B. _____

DATE ENROLLED _____

Instructions for parents:

- Please complete for child who is less than 24 months of age
- Update diet information as needed until child is on complete table food. Use a new form or initial/date changes on this form.

FEEDING METHOD: check all that apply

SPOON CUP BOTTLE WARM BOTTLE HOLDS OWN BOTTLE

FEEDS SELF FEEDING TABLE OR CHAIR

ARRANGEMENTS FOR SLEEP: Infant will be placed in a crib, on their back, to sleep.

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Formula or breast milk			
Whole milk			
Infant food			
Junior food			
Table food			

Time child usually naps	Usual length of nap
Special needs/instructions related to sleeping	

My child is 12 months or older, and I give permission for my child to sleep on a cot.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

DIAPERING INSTRUCTIONS

List any lotions and/or ointments, etc. that you have provided and give permission for caregivers to use on your child

_____ to be used for ___ wet ___ bowel movement
___ rash ___ other

___ I DO NOT want caregivers to use any lotions, powders, ointments or similar items on my child.

I will furnish the following baby supplies for my child clearly labeled with my child's name

___ Changes of clothing	___ Bottles (to be returned daily washed and sterilized)
___ Blanket	___ Formula /Breast milk
___ Diapers	___ Infant food
___ wet wipes	___ Junior food
___ Pacifier (if needed)	

SPECIAL INSTRUCTIONS FOR CARE (restrictions, allergies etc.)

PARENT/LEGAL GUARDIAN SIGNATURE	DATE
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