LITTLE GENIUS ACADEMY CONTRACT

I__________________ parent/guardian to ___________________have read, understood, and received the policies and procedures handbook and will abide by all policies and procedures stated in the parents handbook.

Signature________________________ Date ________________

I understand that I must give one full month notice as stated in the parent handbook. This notice must be given by the last day of the month prior to the child's last day. i.e., If your last day is October 31st, you must give notice before September 30th

Signature ________________________ Date _________________

I give permission for my child to have their photograph taken by the staff. Pictures will be used in the center for decoration or daycare projects

Yes____ No ____

Signature ________________________ Date _________________

I authorize the staff from Little Genius Academy to call a physician, take my child to the nearest emergency center or summon an ambulance for emergency medical aid should the person(s) in attendance feel such services are required and I cannot be reached by phone. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

Signature ________________________ Date _________________

I give permission for the educators to use baby wipes for hygiene purposes, diaper cream and to apply sunscreen provided by myself.

Signature ________________________ Date _________________

I have provided at least 2 emergency contacts that will be able to pick up my child if my child is sick or in the case of an emergency in which I cannot pick up my child personally.

Signature ________________________ Date _________________

I give my Little Genius Academy permission to take my child to parks no more than 500 meters a away from the premises.

Signature ________________________ Date _________________

CHILD CARE REGISTRATION FORM
(Include a photo of child)

FACILITY

NAME OF FACILITY ______________________ DATE OF ENROLLMENT YYYY/MM/DD

CHILD

NAME OF CHILD ______________________

SURNAME GIVEN MIDDLE NAME

NAME CHILD RESPONDS TO ______________ SEX: M ☐ F ☐

ADDRESS ______________________ .

DATE OF BIRTH YYYY/MM/DD. FIRST DAY OF ATTENDANCE YYYY/MM/DD END DATE YYYY/MM/DD.

PARENT/GUARDIAN

NAME ______________________

PLACE OF WORK ______ PHONE ______ LOCAL ______

HOME ADDRESS ______ PHONE ______ HOURS OF WORK ______

EMAIL ______________________

PLACE OF WORK ______ PHONE ______ LOCAL ______

HOME ADDRESS ______ PHONE ______ HOURS OF WORK ______

EMAIL ______________________

MEDICAL INFORMATION

FAMILY DOCTOR ______ PHONE ______

MEDICAL INSURANCE PLAN NUMBER ______ DATE EFFECTIVE YYYY/MM/DD.

ALTERNATE PERSON TO CALL/PICK-UP CHILD IN CASE OF EMERGENCY

NAME ____________________ RELATIONSHIP __________ PHONE __________

NAME ____________________ RELATIONSHIP __________ PHONE __________

PERSONS (OTHER THAN PARENT/GUARDIAN AND EMERGENCY CONTACTS) AUTHORIZED TO PICK UP

NAME ____________________ RELATIONSHIP __________ PHONE __________

NAME ____________________ RELATIONSHIP __________ PHONE __________

PERSONS NOT PERMITTED ACCESS TO CHILD (PLEASE SUPPLY PHOTO)

NAME ______________________ PHONE ______________

NAME ______________________ PHONE ______________

ARE THERE CUSTODY ORDERS? ☐ YES. ☐ NO IF YES, ATTACH DOCUMENTATION

NAMES OF OTHER CHILDREN LIVING AT HOME

NAME ____ DATE OF BIRTH. YYYY/MM/DD.
NAME ____ DATE OF BIRTH. YYYY/MM/DD.

HAS CHILD HAD PREVIOUS EXPERIENCE AWAY FROM HOME? (DAYCARE, PRESCHOOL, SUNDAY SCHOL ETC) ☐ YES ☐ NO

IF YES, EXPLAIN: ____
WHERE?______________________________ DATES OF ATTENDANCE______________________

DO YOU THINK YOUR CHILD FEELS COMFORTABLE LEAVING PARENTES? ☐ YES. ☐ NO

EXPLAIN:
____
____

DOES THIS CHILD HAVE ANY KNOWN HEALTH PROBLEMS/MEDICAL DISABILITIES?

☐ YES. ☐ NO

IF YES, ATTACH DOCUMENTATION

LIST ANY COMMUNICABLE DISEASES CHILD HAS HAD:

HAS HE/SHE HAD ANY RECENT ILLNESS? ☐ YES. NO. ☐ IF YES, EXPLAIN:
____
____

ANY ALLERGIES? ☐ YES. ☐ NO IF YES, PLEASE LIST: ____________________________

IF YES, ATTACH SPECIAL INSTRUCTIONS TO FOLLOW IN THE EVENT OF AN ALLERGIC REACTION

WHAT IS THE CHILD´S EATING HABIT? ____

FAVORITE FOODS: ____

STRONG DISLIKES: ____

BASIC SCHEDULE AND RECORD OF IMMUNIZATON AS SUBMITTED BY PARENT/GUARDIAN
(ATTACH IMMUNIZATION RECORD-OR RECORD THE DATES)

Firs Visit- two months of age: YYYY/MM/DD	Fourth Visit – 12 months of age: YYYY/MM/DD
___ Diphtheria	___ Measles
___ Pertussis	___ Mumps
___ Tetanus	___ Rubella
___ Polio	___ Meningococcal C Conjugate
___ Haemophilus Influenza Type b (hib)	___ Varicella (chicken pox)
___ Hepatitis B	
___ Pneumococcal Conjugate	Fifth Visit – 12 months after third visit: YYYY/MM/DD
___ Meningococcal C Conjugate	___ Diphtheria
	___ Pertussis
Second Visit- Two months after fist visit: YYYY/MM/DD	___ Tetanus
___ Diphtheria	___ Polio
___ Pertussis	___ Haemophiluus Influenza Type b (hib)
___ Tetanus	___ Measles, Mumps, Rubella
___ Polio	___ Pneumococcal Conjugate
___ Haemophilus Influenza Type b (hib)	
___ Hepatitis B	4 to 6 years of age: YYYY/MM/DD
___ Pneumococcal Conjugate	___ Diphtheria
	___ Pertussis
Third Visit – two months after second visit: YYYY/MM/DD	___ Tetanus
___ Diphtheria	___ Polio
___ Pertussis	___ Varicella (chicken pox)
___ Tetanus	
___ Polio	Other Immunizations
___ Haemophilus Influenza Type b (hib)	YYYY/MM/DD
___ Hepatitis B	YYYY/MM/DD
___ Pneumococcal Conjugate	YYYY/MM/DD

BY MY SIGNATURE BELOW I ACKNOWLEDGE THE FOLLOWING:

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS, IF I CANNOT IMMEDIATELY BE REACHED

PARENT/GUARDIAN SIGNATURE. ____
DATE ____
CAREGIVER SIGNATURE ____
DATE ____

CHILD INFO SHEET

Child´s Name: ____

Parent´s Names: ____

Days Attending Daycare: ____________________________________

Allergies:

____
____

Eating Habits:

____
____
____

Sleep Routine:

____
____
____
____

Diapering/Toileting Routine:

____
____
____
____

Good-Bye Routine:

____
____
____

Additional Info:

____
____
____

Please attach child´s Photo to this form

EMERGENCY – PERMISSION CARD

Child´s Name: ______________________________ D.O.B ______________________
SURNAME, FIRST Year, Month, Day

Address: ____

Home Phone: ___________________

Mother´s Name: ____________________________ Work Phone:_____________________

Father´s Name:____________________________ Work Phone:_____________________

Emergency Contact: _________________________ Phone:____________________

Date of Most Recent Tetanus Shot: ____

Child´s Doctor: ____________________________ Phone:____________________

Medical Number: ____

Allergies/ Medications: ____

Child´s Dentist:______________________________ Phone:____________________

Please attach child´s Photo to this form

EMERGENCY – PERMISSION CARD

Child´s Name: ______________________________ D.O.B ______________________
SURNAME, FIRST Year, Month, Day

Address: ____

Home Phone: ___________________

Mother´s Name: ____________________________ Work Phone:_____________________

Father´s Name:____________________________ Work Phone:_____________________

Emergency Contact: _________________________ Phone:____________________

Date of Most Recent Tetanus Shot: ____

Child´s Doctor: ____________________________ Phone:____________________

Medical Number: ____

Allergies/ Medications: ____

Child´s Dentist:______________________________ Phone:____________________

Little Genius Academy

PERMISSION FORM

1. It is the facility's police to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.

2. I hereby authorize the staff at ______________________ child care facility to call a medical practitioner or ambulance for my child, ___________________________, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

__________________________ __________________________

Date Signature of Parent/Guardian

Little Genius Academy

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__________________________ __________________________

Date Signature of Parent/Guardian