



# APPLICATION FOR REGISTRATION

## CHILD'S INFORMATION:

PLEASE PRINT ALL INFORMATION!

LAST NAME:	FIRST NAME:	MIDDLE NAME:
<input type="text"/>	<input type="text"/>	<input type="text"/>

ENROLLMENT DATE:	BIRTHDATE:	GIRL:	BOY:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### RACE: CHECK ONE

BLACK     WHITE     BI-RACIAL     HISPANIC     ASIAN     OTHER

## MOTHER'S INFORMATION:

PLEASE PRINT ALL INFORMATION!

LAST NAME:	FIRST NAME:
<input type="text"/>	<input type="text"/>

STREET ADDRESS (NO P.O. BOX): INCLUDE APT. #

CITY:	STATE:	ZIP CODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>

HOME PHONE:	CELLULAR:	PAGER:
<input type="text"/>	<input type="text"/>	<input type="text"/>

WORK PHONE:	WORK PLACE
<input type="text"/>	<input type="text"/>

OFFICE PERSONNEL SIGNATURE: \_\_\_\_\_

# FATHER'S INFORMATION:

PLEASE PRINT ALL INFORMATION!

LAST NAME:

FIRST NAME:

STREET ADDRESS (NO P.O. BOX):

INCLUDE APT. #

CITY:

STATE:

ZIP CODE:

HOME PHONE:

CELLULAR:

PAGER:

WORK PHONE:

WORK PLACE

MARITAL STATUS OF PARENTS:

CIRCLE ONE

MARRIED

SINGLE

DIVORCED

WIDOWED

**EMERGENCY CONTACTS:** These are the people you would like for us to contact if we are unable to reach the mother or father.

LAST NAME:

FIRST NAME:

PHONE NUMBER(S):

LAST NAME:

FIRST NAME:

PHONE NUMBER(S):

LAST NAME:

FIRST NAME:

PHONE NUMBER(S):

HOW DID YOU HEAR ABOUT US?

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**PEDIATRICIAN:**

**PHONE NUMBER:**

**CHILD'S DENTIST:**

**PHONE NUMBER:**

**FAMILY HOSPITAL:**

**PHONE NUMBER:**

DOES YOUR CHILD WEAR: **CIRCLE ONE**

DIAPERS

PULL-UPS

UNDERWEAR

**CHECK THE APPROPRIATE PROGRAM YOU ARE REGISTERING FOR:  
(NOTIFY THE RECEPTIONIST IF ANY CHANGES ARE EVER MADE)**

**CHECK ONE:**

**COPY OF DRIVER'S LICENSE**

- Full Time (Mon. - Fri.)
- Before School Care Only
- After School Care Only
- Before and After School Care
- Summer Camp (Year: \_\_\_\_\_)

I hereby authorize Toddler Academy, Inc. to care for my child during the time he/she is in the facility and in accordance with the provisions of La. Civil Code Art. 2997(7). I further authorize the Director of Toddler Academy, Inc. or his/her designee, to obtain emergency medical treatment for my child while under Toddler Academy, Inc. care, in the event that the Director or his/her designee is unable to contact me.

DATE \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

# RELEASE FORM

CHILD'S  
NAME: \_\_\_\_\_

Please complete the list of authorized people below, including yourself and the other parent. We are only capable of issuing 10 codes per family. Your child will only be released to the persons listed on this release form. **NO EXCEPTIONS!** The Status Level will let us know how much information you want each person to know about your account with us. Name must appear same as on Picture Identification

TOP LEVEL - PARENT  
 MED LEVEL - OTHER RELATIVE  
 LOW LEVEL \* - FAMILY FRIEND / BABYSITTER

I.D. CODE	STATUS LEVEL	AUTHORIZED PERSON*	PHONE NUMBER
Office use only	Top/Med/Low	FIRST & LAST NAME	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	HM# <input style="width: 100%;" type="text"/> WK# <input style="width: 100%;" type="text"/>

\* A Picture I.D. may be required if we cannot comfortably identify the person who is picking up your child, whether they know the I.D. code or not!

## ADDITIONAL RELEASE AUTHORIZATIONS:

If you need to authorize more than 10 people to pick up your child you may do so here. We do not recommend more than 10 people, but if it is necessary for you to list more, please do so. List them by last name first, first name last. Be sure everyone listed understands that they will need to show a picture I.D. In order for us to release the child. **NO EXCEPTIONS!**

Last Name, First Name

Relationship to child

## SPECIAL NEEDS RELEASE FORM:

If there is someone your child should not leave with for any reason or a special situation we need to know about, please write the name(s) and details below. In addition, let the Director know about this situation verbally so that we can get the information to the teachers(s) and staff. (Ex. Divorce - I will need a copy of the custody papers, Separation, Grandpa doesn't have a driver's license, etc.)

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date



Classroom	—
Birthdate	—

**PERMISSION FORM**

FOR OFFICE USE ONLY!

PLEASE PRINT ALL INFORMATION!

I, \_\_\_\_\_, give Toddler Academy permission to use the following products I provide on my child. Please specify the brand or "Any".

**CHILD'S NAME:** \_\_\_\_\_

Please check the following items that you give Toddler Academy permission to use.

		BRAND NAME OR "ANY":
<input type="checkbox"/>	Baby Lotion	
<input type="checkbox"/>	Baby Powder	
<input type="checkbox"/>	Baby Oil	
<input type="checkbox"/>	Wet Wipes	
<input type="checkbox"/>	Diaper Rash Cream	

Diaper rash cream **MUST** be brought to school in its actual box and a **MEDICATION FORM** **MUST** be filled out, every three months, with the dosage.

Please check the following items that you allow us to use, if needed, on your child (all provided by the center):

<input type="checkbox"/>	Bandages (any brand Band-Aids, gauze, etc.)
<input type="checkbox"/>	Anti-Biotic cream (any brand)
<input type="checkbox"/>	Hydrogen Peroxide (any brand)

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

# INFORMATION ABOUT YOUR CHILD

Complete the following that apply to your child. Please put N/A if it doesn't apply.

Have you had another child attend our day care? Yes / No (circle one)

If so, what is the child's first & last name: \_\_\_\_\_

Has your child previously attended a day care center? Yes / No (circle one)

If so, what center? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Does your child use the restroom independently?

Does your child need help dressing or undressing?

Does your child take a nap?

Does your child dislike any particular foods?

Is any language other than English used in the home?

If yes, what language? \_\_\_\_\_

Does your child require any special medical care?

If yes, please describe: \_\_\_\_\_

Does your child take any regular medication? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Has your child had any serious accidents or operations?

If yes, please describe: \_\_\_\_\_

Has your child had any allergies? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does your child have a history of physical impairment?

\_\_\_\_\_ visual impairment

\_\_\_\_\_ speech problem

\_\_\_\_\_ hearing impairment

If yes, please describe: \_\_\_\_\_

What is your child's favorite pastime? \_\_\_\_\_

How is your child's ability to play with other children? \_\_\_\_\_

Does your child have a biting problem?

Does your child accept correction easily?

What is the method of behavior control used in your home?

Do you have any concerns of any aspect of your child's development? (If yes, please describe)



# TERMS, PERMISSION AND ACCEPTANCE

- ♡ I hereby grant permission for my child to use all of the play equipment and participate in all activities at Toddler Academy.
- ♡ I hereby grant permission for my child to be included in evaluations and pictures connected with the Academy's program. I authorize Toddler Academy to use and reproduce photographs taken of my child and to circulate them for advertising and publicity purposes of every description.
- ♡ I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:
  1. Attempt to contact a parent or guardian.
  2. Attempt to contact the child's physician.
  3. Attempt to contact the parent through any of the persons listed on the emergency information sheet you completed for the Academy's records .
  4. If we can not contact you or the child's physician, we will do any or all of the following:
    - A. Call another physician.
    - B. Call an ambulance.
    - C. Have the child taken to the emergency room at the hospital in the company of a staff member.
  5. Any expenses incurred under #4 above, will be the responsibility of the person who signed the "Financial Agreement".
- ♡ The Academy will not be responsible for anything that may happen as a result of false information given at the time of enrollment. Any changes of information after the time of enrollment. Any changes of information after the time of enrollment must be given to the Director of the facility - in writing - at the time of the revision.
- ♡ Toddler Academy will not be responsible for a child who has not been checked in or recognized as having arrived; each child shall be escorted inside the building and signed in.
- ♡ For services listed in this Handbook, and in accordance with the terms listed thereof, I agree to pay the weekly or monthly tuition and all fees listed herein.
- ♡ I agree to cooperate with the general policies as outlined in the Handbook and to perform the obligations as parents or guardians set forth herein. My signature below indicated that I have received and read the terms listed in this handbook in it's entirety, and have had all of my questions answered.

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Name of Child

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Child's Birthday

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Parent or Guardian

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Parent or Guardian

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Representative for Toddler Academy