

little Learning Academy

INTAKE FORMS

**ABOUT YOUR FAMILY, PICK UP/MEDICAL/EMERGENCY AUTHORIZATION, PERMISSIONS,
ALLERGY/MEDICAL/DIETARY CONCERNS**

We want to get to know you and your child! Some details help our staff to better understand your child and to help you know what to expect from our care. Your child's care during the day is a responsibility we share. All information is kept confidential.

FAMILY AND SOCIAL HISTORY

Child's Name: _____ DOB: _____

Parent: _____ Parent: _____

Marital Status: _____ (If a custody order is applicable, LLA must retain a copy.)

Sibling: _____ Age: _____ Sibling: _____ Age: _____

Sibling: _____ Age: _____ Sibling: _____ Age: _____

Other Members of Household: _____ Relation: _____

Languages spoken at home:

Cultural practices or holiday celebrations:

Childcare History (care by relatives, child care centers, etc.):

LIKES AND DISLIKES

3 special things your child loves:

Anything your child dislikes or of which they are fearful?

Favorite toys or activities:

Does your child have experience with (please circle): clay scissors painting blocks water /sand play group play

Please describe your child's overall health, personality, abilities, nicknames, special pets, etc.:

TOILET HABITS

Can your child indicate toileting needs? _____ Words used for urination and bowel movements:

Does your child need to go more frequently than others? Frightened of the bathroom? Have reactions to accidents?

Does your child wear a pull up at naptime and/or bed? _____

HEALTH, LEARNING AND PHYSICAL ACTIVITY

Please describe your child's overall health:

Has your child visited the dentist? _____ Had vision tested? _____ Had hearing tested? _____

Does your child have frequent colds, high fevers, frequent ear infections or other history of illness?

Does your child have any physical limitations?

Past serious illnesses, accidents or surgeries:

Has your child been tested for a learning disability, developmental delay, sensory, emotional or behavioral challenges?

LET'S WORK TOGETHER

What are your expectations for your child at our school? In what ways can we help your child and you to have a successful experience?

PICK UP, MEDICAL AND EMERGENCY INFORMATION/AUTHORIZATION

PRIMARY CONTACT DETAILS

Child's Name: _____ DOB: _____

Address: _____

Parent 1 Name: _____ Primary Phone: _____

Employer: _____ Work Phone: _____

Parent 2 Name: _____ Primary Phone: _____

Employer: _____ Work Phone: _____

Best Number(s) To Call When Your Child Is In Our School: _____

PICK UP AUTHORIZATION and EMERGENCY CONTACTS: We must have on file a list of people who are authorized to pick up each and to be contacted in case of emergency. All parties must have identification and/or can choose a fingerprint check in. Please also circle if these parties are authorized to be contacted in case of emergency if you cannot be reached. At least two emergency contacts must be indicated.

Name: _____ Relation: _____ Phone: _____ Pick Up _____ Emergency _____

Name: _____ Relation: _____ Phone: _____ Pick Up _____ Emergency _____

Name: _____ Relation: _____ Phone: _____ Pick Up _____ Emergency _____

Name: _____ Relation: _____ Phone: _____ Pick Up _____ Emergency _____

Physician and Dentist Information

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

The following people are NOT authorized to pick up my child. A copy of any court decision must be provided for LLA to NOT to release a child to his/her noncustodial parent.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

I give permission for Little Learning Academy staff to release my child to parties as indicated, and to use whatever emergency measure necessary for the care and protection of my child while under their care, including taking any steps necessary to obtain emergency medical care if warranted. These steps may include but are not limited to: attempt to/contact a parent/guardian; attempt to/contact physician and/or dentist, attempt to/contact persons shown as emergency contacts as listed above. If LLA cannot achieve contact, another physician and/or 911 will be reached OR child will be transported to an emergency medical center in the care of staff. It is understood that in some medical situations, staff may contact local emergency resources before me/a parent, physician and/or other acting adult on parent's behalf. Any expenses incurred will be solely my responsibility.

Signature: _____ Date: _____

PERMISSIONS AND AUTHORIZATIONS

Child's Name: _____ DOB: _____

BLANKET PERMISSION FOR WALKING TRIPS (LLA DRIVEWAY, PLAYGROUND AND LAWN AREA)

I do do not (circle one) give permission for my child to participate in walking trips in the neighborhood around little Learning Academy. I understand that the walking route includes no safety hazards and that the walks will not involve entrance into any facility other than little Learning Academy's driveway, playground, and lawn areas. Details and a separate permission slip for trips to any other destinations will be provided in advance of any such trip being planned.

BLANKET PERMISSION FOR TOPICAL APPLICATION (ANY TOPICAL OR OVER THE COUNTER RELIEF)

Parents must authorize any application of topical creams, lotions, etc. including but not limited to sunblock, hydrocortisone, diaper ointment, antibiotic ointment and insect repellent.

I do do not (circle one) give permission for LLA staff to apply the following topical relief to my child, as needed, for the reasons listed below.

Topical Relief	Reason for Application

WEBSITE PHOTO AUTHORIZATION

LLA is proud of what we do and how our students thrive. On occasion, photos of events or classroom activities are shared on our website. No additional information or personal identifying details are included with photos. Please see our Policy on Social Media and Photos as included in your Parent Handbook.

I do do not (circle one) give permission for LLA staff to post photos including my child to the website www.littlelearningacademy.com.

Please indicate you have read and noted your preferences for Permission For Walking Trips, Topical Applications and Website Photo Authorization.

PARENT/GUARDIAN: _____

Signature: _____ Date: _____

ALLERGY/MEDICAL/DIETARY CONCERNS

This form provides us with information regarding your child's medical issues, allergies and dietary concerns. Please circle YES or NO to the questions below. If you circle YES, please provide a detailed list and/or description on the lines provided. PLEASE NOTE: for any required medication, including but not limited to epinephrine, nebulizer, prescriptions or over the counter medications, a Medication Permission Slip must be completed. Please refer to the Policy on Administering Medication as included in your parent handbook for details.

Child's Name: _____

Allergies? Yes No

Medical Concerns? Yes No

Dietary Concerns or Restrictions? Yes No

If yes to above: Little Learning Academy provides snacks throughout the week. Below is a list of the items offered on a regular basis. Please circle the snacks that your child IS ABLE to have (ingredients for each are available for you to read if you wish). "Special Snack" days and classroom birthdays are listed on the monthly calendars. Feel free to check with your child's teacher to see what we are having on those special days.

Crispy Oats Cereal	Honey Wheat Pretzel Twists
Cheese Baked Crackers	Fresh Apples
Multi-Grain Tortilla Chips	Apple Sauce
Mandarin Oranges (canned)	Bananas
Cheese Sticks	Carrots

Parent/Guardian: _____

Signature: _____ Date: _____