**\*FILL THESE FORMS OUT COMPLETELY T**racy’s **L**earning **C**enter

(865)690-4954

ENROLLMENT

Tour Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Information:**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does this child live with? \_\_\_\_\_ Mom only (regularly) \_\_\_\_ dad only (regularly) \_\_\_\_\_ both parents together

**Mother’s Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dad’s Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information: (THIS PERSON CAN NOT BE A PARENT OR GUARDIAN OF THE CHILD.)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*A CERTIFICATE OF IMMUNIZATION FORM FOR THE STATE OF TENNESSEE MUST BE SUBMITTED BEFORE ENROLLMENT AND MUST BE KEPT CURRENT ON ALL CHILDREN. CHILDREN LESS THAN 30 MONTHS OF AGE MUST HAVE DOCUMENTED PROOF OF A PHYSICAL ON THE TOP OF THIS FORM, WITHIN THE LAST 3 MOTNHS OF ENROLLMENT DATE.

**Background Information:**

* Enrollment is conditional upon a 90-day trial period, during which both applicant and caregiver will ascertain if the Center and the child are compatible. Care for child may be discontinued during this time period by parent or caregiver without penalty. Any child who cannot be cared for in our center may seek another caregiver through the 1-800-462-8261 Referral Hot Line. \_\_\_\_\_ (initials)
* No intoxicated person may pick up any child from our Center. In the event this circumstance should occur, your emergency contact person will be called. If necessary, law enforcement may be contacted. \_\_\_\_\_ (initials)
* Any parent or Custodian must be prevented by Court Order from picking up a child before consent can be denied. A copy of this Court Order must be on file at the Center. \_\_\_\_\_ (initials)
* Sawyer Enterprises, Inc. d/b/a Tracy’s Learning Center has my permission to release my records to other agencies at their requests. \_\_\_\_\_\_ (initials)

**Financial Information Sheet:**

DUE TO THE HIGH VOLUME OF UNPAID ACCOUNTS, THE FOLLOWING MUST BE FILLED OUT WITH ACKNOWLEDGEMENT THAT THE FOLLOWING PERSON IS RESPONSIBLE FOR THIS ACCOUNT IN FULL. IF ACCOUNT GOES TO COLLECTION AGENCY FOR 1ST OR 2ND STAGE, THERE WILL BE A $25.00 CHARGE ADDED TO YOUR ACCOUNT. THIS COULD INCLUDE CURRENT CLIENTS IF BALANCE IF MORE THAN 3 WEEKS BEHIND. IF ACCOUNT GOES INTO 3RD STAGE COLLECTION, THERE WILL BE A 50% INCREASE APPLIED TO ACCOUNT THAT YOU WILL BE RESPONSIBLE FOR.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON WE HAVE PERMISSON TO CONTACT TO LOCATE YOU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Tracy’s Learning Center permission to contact the person listed above to receive current information on where I live and work, and sign agreeing to the responsibility of this account.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Inclement Weather Agreement and Information:**

Some inclement weather can affect the hours and operation of our school. If Knox Count y Schools close or open on a delay, it is a red flag that you need to contact TLC via Facebook or phone to verify whether or not there is a change in the daily operation of TLC. KNOX COUNTY CLOSING DOES NOT MEAN WE WILL CLOSE! We usually are still open most of the day. We contact our clients via facebook, text, or email. If you would like to be notified of changes, please list below a name, contact #, and/or email and sign consent.

\*\*\*For facebook updates, all you need to do is go to the Tracy’s Learning Center page, and click LIKE.

For text messages: NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent for TLC staff to notify me via the means listed above for any changes or announcements:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Fee Agreement:**

* A non-refundable $50.00 per family enrollment fee is required to enroll in the program. There is an annual registration fee of $50.000 per family due no later than January 1st. If the child was enrolled after June 1st of the previous year, you will not be charged the January fee the following year if an enrollment fee was paid at enrollment.
* A two week written notice is required to withdraw from the program. Failure to do so will result in a charge of the two weeks of fees. **All fees prepaid are non-refundable.**
* Tracy’s Learning Center opens at 6:30am and closes at 6:30pm. Children must be picked up no later than this time. A $1/minute late fee is charged to families arriving after this time, and must be paid AT PICK UP OR BEFORE CHILD CAN BE DROPPED OFF THE NEXT SCHOOL DAY.
* If a check is returned by your bank for any reason you will be charged a $35.00 fee no matter what the amount of the check. Returned checks and fees must be paid for in cash within 2 working days of notification.
* Full payment is required even when your child does not attend the center. This includes holiday weeks, inclement weather, and sick weeks. A child missing a full week of care due to illness (doctor’s note required for week) may request a 50% reduction in fees that week (2 week max. per calendar year.)
* Our Holidays are: New Year’s Day, Memorial Day, 4th of July, Labor Day, Thanksgiving and the Day After, Christmas Eve, and Christmas Day.
* If your child is sponsored partially by CAC, you are totally responsible for all fees that they elect not to cover. We do not appeal their decisions and frequently we do not know any sooner than you do.
* Parents that are no longer married must fully understand that Tracy’s Learning Center will not mediate payment responsibility between the two parents.

BY SIGNING THIS AGREEMENT, PARENTS STATE THEY HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL THE POLICIES REGARDING THE FEES OF TRACY’S LEARNING CENTER.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Classroom/age Rate Schedule:**

* NURSERY ( age 6 weeks-15 months): $175/week
* TODDLER (age 16-24 months): $145/week
* TWOS (age 25-36 months): $140/week
* THREES (**NOT** fully potty trained): $135/week
* THREES (fully potty trained): $130/week
* FOURS: $125/week
* AFTERSCHOOL (Karns Only) $75.00
* AFTERSCHOOL PICK UP BY 4:00 p.m. every day. (Must be approved by Director) $45.00
* CHILD CARE ASSISTANT CERTIFICATE CLIENTS WILL PAY $20/WEEK IF OVER 3, $30/WEEK IF UNDER 3 IN ADDITION TO ANY PARENT FEE DESIGNATED BY DHS ON YOUR CERTIFICATE.

**Rate Agreement:**

* A registration fee of $50.00 per family is due upon enrollment. There will be an annual registration fee of $50/family due on January 1st.
* All fees are due regardless of Attendance. See policy for details.
* **After 1 full year of enrollment, one vacation week will be awarded to each family whose account is current**. This vacation week requires a two week notice, and the child must be absent the entire week.
* PAYMENT IS DUE IN ADVANCE MONDAY BY 12 NOON. Payment received after Monday will be charged a $10.00 late fee. These fees are automatically added to the account and should be included with payment when paid. Accounts that are one week overdue will require special approval from the Director before admittance into the school the following Monday morning.

REGISTRATION FEE: \_\_\_$50\_\_\_

CAC PORTION: \_\_\_\_\_\_\_\_\_ (IF APPLICABLE)

PARENT FEE: \_\_\_\_\_\_\_\_\_

1ST WEEK TOTOAL: \_\_\_\_\_\_\_\_\_

WEEKLY FEE: \_\_\_\_\_\_\_\_\_

IT IS UNDERSTOOD THIS IS MY CHILD’S WEEKLY RATE AND IT IS DUE IN ADVANCE ON MONDAYS.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclosure:**

I have received a copy of the summary of licensing requirements for the state of TN. (Can be found on web page [www.tracyslearningcenter.com](http://www.tracyslearningcenter.com) if not included in packet.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Care Authorization:**

* I give Tracy’s Learning Center’s administrators and staff authorization to act on my behalf in the event that my child needs emergency transportation by medical providers and/or emergency medical services by emergency room services at the hospital.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I give Tracy’s Learning Center administrators and staff permission to perform first aid for my child until ambulance and emergency medical professionals or a parent arrives at the center. In the event of minor injuries, I understand I will be notified of accidents and injuries that occur to my child while at the center.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I give Tracy’s Learning Center administrators and staff permission to perform lifesaving CPR should my child be in need of those lifesaving skills while under the care of Tracy’s Learning Center until ambulance and emergency medical professionals arrive at the center

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Tracy’s Learning Center consistently maintains a 100% staff trained in child CPR and first aid practices. However, no less than one staff member will always be in attendance whenever and wherever children are in our care.

**Photography Release:**

\*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Tracy’s Learning Center to reproduce and use any photos taken of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name), at the center. I realize these photos may be placed in newsletters or possibly other media. These photos will not be used for profit, but may be used for advertisement purposes.

BY SIGNING THIS DOCUMENT, I AM RELEASING PHOTOS OF ABOVE NAMED CHILD TO TRACY’S LEARNING CETNER:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dismissal Policy:**

**\*Children are admitted to our Center on a trial basis and are evaluated over the first 90 days. If a child cannot adjust to a group setting or if behavior problems prevent smooth classroom maintenance, we reserve the right to request** **that your child be placed elsewhere**. We will work diligently to provide appropriate care for all children in our program and will keep you aware of any problems. The following is a list of some of the reasons a child may be dismissed from our program immediately:

* Immunizations not kept up to date
* Accounts not kept current
* Violent or abusive behavior
* Continued disrespectful and profane language
* Repeated actions by children which place the others in harm’s way
* Frequent temper tantrums and violent outbursts.

There are, of course, other situations which arise. These issues will be dealt with on an individual basis, hopefully finding an appropriate resolution.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous School Information:**

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been dismissed from a program? \_\_\_\_\_\_\_\_\_\_\_\_Explain if needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Child’s Health History:**

The answers to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the appropriate answer below. We will go over the checklist when you enroll.

PREGNANCY AND BIRTH:

1. Were there any problems with pregnancy or your child’s birth? YES or NO
2. Was Baby’s weight under 5.5 pounds? YES or NO
3. Did the baby have any problems in the hospital? YES or NO

MEDICAL PROBLEMS:

1. Has your child ever been in the hospital overnight? YES or NO
2. Is your child taking any medications? YES or NO
3. Does your child have any allergies or reactions to medicine, DTP or other shots or insects? YES or NO
4. Has your child had asthmas or wheezing? YES or NO
5. Does child have speech or hearing problems? YES or NO
6. Has child had more than two ear infections in a year? YES or NO
7. Has child had tonsillitis? YES or NO
8. Does child have trouble with eyes or seeing? YES or NO
9. Has child had a bladder or kidney infection? YES or NO
10. Does child have burning when urinating? YES or NO
11. Does child have seizures? YES or NO
12. Does child have heart murmur? YES or NO
13. Can child play as long as other children without difficultly? YES or NO
14. Has child had any reaction to a TB test? YES or NO
15. Is child a hemophiliac (free bleeder)? YES or NO
16. Is your child on a heart monitor? YES or NO
17. Does child have tubes in ears? YES or NO

GENERAL DEVELOPMENT:

1. Is child in special ED classes in school? YES or NO
2. Does child get along well with other children? YES or NO
3. Does our child have any special not indicated above? YES or NO

PLEASE COMMENT BELOW ON ANY QUESETIONS FROM ABOVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician Information:**

Doctor office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of doctor you child sees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Afterschool Immunization Info: (School Age children only)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (school), has \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child), ‘s current health record, including immunizations, on record at public school. The records are up to date and complete.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff Babysitting Policy:**

\*By signing below, I am stating that I understand if I decide to use any staff member of T.L.C. to baby sit my child or perform any other outside job, I assume full responsibility. T.L.C. does not endorse any staff member for outside jobs.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICK-UP LIST:**

TO INSURE THE SAFETY OF YOUR CHILD, please list any other adults, over 18, with phone #s whom may be released or who are authorized to provide transportation for you child:

*
*
*
*
*

By signing below, I understand that it is my responsibility to fill out this form correctly to the best of my knowledge:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_