



CHILD REGISTRATION APPLICATION

Name of Child: _____ Birthdate: __/__/__

Sex: M__ F__

Address _____ Apt# _____

City _____ State _____ Zip _____

Mother' Name: _____ Cell Phone _____

Father Name: _____ Cell Phone _____

Emergency Contacts:

Name: _____ Relationship to child _____
Tel _____
Name: _____ Relationship to child _____
Tel _____

Medical Information:

Child's Immunizations up to date ?

Any medical problems? _____

Allergies? _____

Medications? _____

Pick up information:

Name: _____ Relationship to child _____ Tel _____

Name: _____ Relationship to child _____ Tel _____

Name: _____ Relationship to child _____ Tel _____

Name: _____ Relationship to child _____ Tel _____



By Signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of retainer.

Father/Guardian's Signature_____

Date_____

Mother/Guardian's

Signature_____Date_____

POLICIES AND PROCEDURES

Checklist for parent's obligations with Little Berries Inc.

Please put initials next to each line.

_____Payments are due in advance, on Friday but no later than Monday morning. \$10.00 late fees will be charged if the payment dates are missed, for each day.

_____Late picking up the child between 6:00PM- 6:15PM, I will be charged \$10.00 and after 6:16PM I will be charged \$1.00 per minute thereafter, also due on the spot.

_____Child with fever or diarrhea must stay home until after 24 hours, and return to school with a doctor's note. Credit of maximum two days can go towards the next week's payment- with a doctor's note only.

_____There is no reduction of fees for absences or vacations. The school must be informed of any absences and the reason for it

_____No food, drinks, toys or personal objects to be brought in. Little Berries is not responsible for lost/broken items that are brought in toys and food will be confiscated.

_____No flip-flops or open-toe shoes to be worn in Little Berries.



_____Clean sheets & blankets must be brought in every Monday for child's use.

_____Two changes of clothes are to be kept in school for emergencies.

_____Medicals will be kept up to date.

_____All injuries that happen at home must be reported when dropping child off.

I _____, the parent of _____, hereby acknowledge that I am aware of all the rules and regulations to be followed at Little Berries. My initials next to each line indicate that I have read, understand and intend to follow every single one of them.

_____ Signed _____ Dated _____

PARENT CONSENT

Medical Care Consent:

I, _____ Hereby authorize Little Berries Inc. to seek medical attention for my child _____ in case of emergency.
Parent Signature: _____
Date: _____

Permission Slip



I, _____ give my
child _____ Permission to go on neighborhood
trips with staff at Little Berries Inc. while he/she are in attendance. Such trips
include but are not limited to the library, post office, super market, etc.

Parent Signature _____
Date: _____

Picture release form

I, _____ authorize Little Berries Inc. to take
and publish pictures of my child _____ while
at care for promotional and decorative use of the center.

Parent Signature _____
Date: _____