



Suzy's Little Peanuts Day School, LLC Enrollment Form

Your Director/Point of Contact is: _____

Completion of this form is required for enrollment. This form will enable us to better understand your child and meet his/her needs. The majority of the information requested is a requirement of the State of Vermont, and mandatory to meet licensing regulations.

Demographic Information:

Child's Name (*Last, First, Middle*): _____

Child's Nickname (if any): _____

Child DOB: _____ Gender (*circle one*): M F

Child/Family Primary Spoken Language: _____ Ethnicity: _____

Residential Address (*street number, city, state, zip code*):

Mailing Address if different from above: _____

Cell Phone/Home Phone Number _____ Work Phone: _____

Family Information:

#1 Parent/Guardian Name (*Last, First*): _____ Relationship: _____

Cell Phone/Home Phone Number _____ Work Phone: _____

Email Address: _____

Employer: _____

Home Address (*if different*): _____

#2 Parent/Guardian Name (*Last, First*): _____ Relationship: _____

Cell Phone/Home Phone Number _____ Work Phone: _____

Email Address: _____

Employer: _____

Home Address (*if different*): _____

Are there any family members, friends, or pets in your household that your child may mention? Y N

If yes, list below:

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Child Emergency Contact and Release (do not include parent/guardians listed above):

Please notify staff if an Emergency Release Contact will pick up your child on a given day. Please note this communication should be in writing, or sent from the parent/guardian's email on file.

#1: _____ Relationship: _____
Cell Phone/Home Phone Number _____ Work Phone: _____
Able to pick up? Y N

#2: _____ Relationship: _____
Cell Phone/Home Phone Number _____ Work Phone: _____
Able to pick up? Y N

#3: _____ Relationship: _____
Cell Phone/Home Phone Number _____ Work Phone: _____
Able to pick up? Y N

Legal Information:

Have you attached a copy of your child's birth certificate?: Y N

Are your child's immunizations current? Y N

We need a copy of immunizations and a well child visit document within 45 days of your start date.

Is your child on a current Individual Education Plan (IEP) Y N

Does your child speak a second language at home?: Y N Language: _____

Are there any legal constraints (custody rights/agreements): Y N

If yes, we are required to have a copy per the state of Vermont. Is it attached: Y N

Medical Information:

Who is your child's Primary Care Physician (Practice, PCP Name, Address):

Who is your child's Dentist (Practice & Address):

Does your child have any medical conditions (hearing loss, vision impairment asthma, diabetes, etc): Y N

Explain: _____

Does your child have a chronic illness?: Y N Explain: _____

Does your child take any medications?: Y N Explain: _____

Does your child have a condition that would prevent them from participating in daily activities?: Y N

Explain: _____

Does your child have any special equipment? (crutches, wheel chair, glasses, hearing aid, braces, etc): Y N

Explain: _____

Does your child have a history of illness/hospitalizations?:

Y N Explain: _____

Does your child have any allergies?: Y N Explain: _____

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Acknowledgments:

By signing below I agree to EACH of the following:

- I. Prior to enrollment I must provide the center with updated medical immunizations and well child visit documentation for my child. This information will be kept current and updated in accordance with state child care regulations.
- II. I agree to provide a copy of my child's birth certificate prior to enrollment.
- III. I agree to provide information to the daycare regarding any medical conditions, illnesses, allergies or other needs.
- IV. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.
- V. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible (no longer than 2 hours after contact). If I cannot be reached, individuals listed on the Child Emergency Contact and Release I completed above.
- VI. In case of an emergency, the staff will attempt to contact me, and those listed on the Child Emergency Contact and Release, and last my child's physician.
- VII. In case of an emergency, I agree that my child can receive first aid and/or CPR.
- VIII. In case of a medical emergency, I permit the transportation of my child by paramedics or other emergency personnel to a local hospital or other urgent care facility.
- IX. In case of a medical emergency, I will be responsible for the emergency medical expenses.
- X. In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

Parent/Guardian Signature: _____

Date: _____

Permissions:

Initial

- I give permission to child care center staff to apply sunscreen and bug spray that I provide: _____
- I understand I must supply my own sunscreen and bug spray, or none will be applied prior to outdoor play. _____
- I understand sunscreen/bug spray must have a visible & valid expiration date. _____
- I give permission to child care center staff to administer prescription or non-prescription medications. _____
- I understand any medications must have all prescriber information, instructions, and a medication administration form must be completed. Medications must be sent home at the end of each day. _____

Enrollment Approval:

I certify that I have read, understand, and accept all of the terms and conditions described on this Enrollment Form, my Enrollment Contract, and the Suzy's Little Peanuts Day School LLC Family Handbook. This Enrollment Form is valid until my contract ends with Suzy's Little Peanuts Day School LLC. At that time, I will receive a new contract. To alter any information on this form, it is my personal responsibility to complete a new form.

Parent/Guardian Signature: _____

Date: _____

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Preferred Schedule:

We may not be able to immediately accommodate your preferred schedule, but can add your desired slot to the waitlist. Your Director will take this into account, and propose a schedule best for you and us!

Monday	Tuesday	Wednesday	Thursday	Friday
Drop off:	Drop off:	Drop off:	Drop off:	Drop off:
Pick Up:	Pick Up:	Pick Up:	Pick Up:	Pick Up:

Administration/Parent Checklist:

This must be completed with a member of SLP administration

Enrollment Form is completed in its entirety:	_____	_____
Enrollment Contract is completed in its entirety:	_____	_____
Parent/Guardian has provided immunization records and a well child visit document:	_____	_____
Parent/Guardian has provided a copy of the child's birth certificate:	_____	_____
Family has read and understands the SLP handbook:	_____	_____
Custody agreement/legal documents have been provided (<i>if applicable</i>):	_____	_____
Family understands they must provide two weeks notice if terminating this agreement:	_____	_____
Family understands SLP must provide two weeks notice if terminating this agreement:	_____	_____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____