

**His Little Lambs Child Care Center**  
437 Border Rd. Kearneysville, WV 25430  
304-724-9335  
**Student Enrollment Application**  
(Please complete all blanks in full)

OFFICE USE ONLY

Date of Enrollment: \_\_\_\_\_ Private Pay or Mountain Heart  
Date of Termination or Withdrawal: \_\_\_\_\_ Non-Refundable Registration Fee: \_\_\_\_\_

**Child's Information**

Child's First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name Child wishes to be called: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
Child's Physical Address: \_\_\_\_\_  
Child's Mailing Address: \_\_\_\_\_

**Family Information**

Mother/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mother's Physical Address: \_\_\_\_\_  
Mother's Mailing Address: \_\_\_\_\_  
Employer/School Name: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Father/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Father's Physical Address: \_\_\_\_\_  
Father's Mailing Address: \_\_\_\_\_  
Employer/School Name: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Who is primarily responsible for the child's enrollment? \_\_\_\_\_

**Emergency Contact Information:** Names, complete physical address (Not PO Box), and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

Full Name	Physical Address (Not PO Box)	Telephone
1. _____	_____	_____
2. _____	_____	_____

**Child Pick-Up Information:** Names, complete physical address (Not PO Box), and telephone numbers of individuals allowed to pick child up from center (Persons not listed cannot pick up child without written or verbal permission from parent)

Full Name	Physical Address (Not PO Box)	Telephone
1. _____	_____	_____
2. _____	_____	_____

**Special Instructions:** Biological/Custodial parents must be given access to their children unless there is a Court Order preventing contact. Individuals with court orders against them preventing child pick up:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other restrictions on child pick up: \_\_\_\_\_

### His Little Lambs Child Care Center Days and Hours of Care Needed

Please mark the necessary days and hours you will need care for your child. It is understood that days and times may vary in the event of an emergency.

Full Days M T W T F Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Before School M T W T F Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

After School M T W T F Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Before & After School M T W T F Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Summer M T W T F Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Does your child attend Public School? Yes or No Grade Level Attending: \_\_\_\_\_

If yes, name of School \_\_\_\_\_ School Phone Number: \_\_\_\_\_

### Health Information

Does your child have any allergies, illnesses, regular medications? Yes or No

If yes, please explain: \_\_\_\_\_

# His Little Lambs Child Care Center

## Medical Authorization Form

Medical Authorization for: \_\_\_\_\_

(Name of Child)

The undersigned, who are the parent(s) or guardian(s) having legal custody of the above-named minor, hereby authorize the above-named child development care center, into whose care the above-named minor has been entrusted, to consent for transport to and from a medical care facility, to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or to consent for transport to and from a dental facility, to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and dental or hospital care to be rendered to said minor under the provisions of the Dental Practice Act.

The undersigned further authorize the above-named child care center to have the above-named minor released into the custody of its representative should hospital care no longer be required.

This form is to be used ONLY in an extreme EMERGENCY, when said parent(s) or guardian(s) cannot be or are unavailable to be contacted.

\_\_\_\_\_  
Mother's/Guardian's Printed Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Guardian's Printed Name & Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, give my permission to His Little Lambs Child Care Center to consent for \_\_\_\_\_ to receive emergency medical, dental or surgical treatment if I cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Physical Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

Dentist's Physical Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

Preferred Hospital for Emergency Care: \_\_\_\_\_

**His Little Lambs Child Care Center**

**Video, Audio, and Photo Permission Form**

During special occasions (field trips, parties, holidays, etc.) and to also include daily videotape surveillance and security, your child may be videotaped, audio taped, or photographed. These videos/audio tapes, photographs may be used for meetings with parents, arts and crafts projects, presents, bulletin board displays, examples of daily activities during parties or graduation ceremonies.

\_\_\_\_ I give my permission for my child to be videotaped, audio taped or photographed for the above stated purposes.

\_\_\_\_ I do not give my permission for my child to be videotaped, audio taped or photographed for the above stated purposes.

**Type I Water Play**

\_\_\_\_ I give my permission for my child to participate in water play consisting of 18" of water or less. (Water pool or sand/water table).

\_\_\_\_ I do not give my permission for my child to participate in water play consisting of 18" of water or less. (Water pool or sand/water table).

**His Little Lambs Child Care Center**

**Emergency Transportation Permission Form**

Please read and mark the appropriate selection:

\_\_\_\_ I give the above-named child center permission to transport my child by emergency services, such as ambulance, police, or school bus for medical or other emergency situations such as fire, flood, bomb threat, earthquake, tornado, or any other condition, which the staff deems as an emergency.

\_\_\_\_ I do not give the above-named child center permission to transport my child by emergency services, such as ambulance, police, or school bus for medical or other emergency situations such as fire, flood, bomb threat, earthquake, tornado, or any other condition, which the staff deems as an emergency.

**Child's Name (Please Print):** \_\_\_\_\_

**Child's Name (Please Print):** \_\_\_\_\_

\_\_\_\_\_  
**Mother's/Guardian Printed Name & Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's/Guardian Printed Name & Signature**

\_\_\_\_\_  
**Date**