

Child's Application Form

Child's Name _____ Sex: _____ Birthdate: _____

	Mother	Father
Name		
Address		
Employer		
Home Phone Number		
Work Phone Number		
Cell Phone Number		
E-mail Address		

Person the child lives with: _____

Child's Doctor: _____ Doctor's Phone Number: _____

Child's Dentist: _____ Dentist's Phone Number: _____

Does your child have any...	Check Which Applies
Food allergies?	Yes or No
Other allergies?	Yes or No
Dietary restrictions?	Yes or No
Special needs or health concerns?	Yes or No

If any Yes, explain here:

Emergency Contacts

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity.)

First and Last Name	Phone Number	Relationship to Child

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

A Little Touch of Love, LLC



*209 West Pershing Street
New Iberia, LA 70560
P (337) 365-2252 / F (337) 365-2224*

Enrollment Contract

Please initial, circle what applies, sign and date below agreeing to the policies and procedures set forth by A Little Touch of Love, LLC.

_____ I have received, reviewed, and will abide by the policies and procedures set forth in the Parent Handbook.

_____ I agree to give A Little Touch of Love permission to secure emergency medical treatment for my child.

_____ I give my permission for my child to be released to a third party listed on the master card.

_____ My child will arrive before 9:00 a.m. and leave the center before 5:01 p.m. If my child will be absent, I will notify the center by 9:00 a.m.

_____ I agree to pay A Little Touch of Love the appropriate monthly tuition in full or bimonthly (1st and 15th of the month).

_____ Upon withdrawal of my child, I will provide written notice of 2 weeks and pay the amount of remaining balance.

_____ **I give / I do not give** my permission to use and post my child's name and photo to hang on the doors and walls for the children to be able to see.

_____ **I give / I do not give** my permission for my child to participate in recordings or videos for the center use or to share with my family and me.

_____ **I give / I do not give** my permission for my child to participate in on-site or off-site water activities.

_____ I give my permission for my child to participate in off-site activities when the children are walking and accompanied by staff of A Little Touch of Love.

_____ I agree to abide by the policies and procedures of A Little Touch of Love.

PARENT / GUARDIAN SIGNATURE

DATE

DIRECTOR/DESIGNEE SIGNATURE

DATE

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GUARANTOR LETTER

Date _____

I, _____ promise to pay A Little Touch of Love, LLC owner Michelle R Walker for childcare services rendered to my child(ren).

_____ Payments will be made in advance weekly or biweekly.

_____ Child(ren) will not be allowed at daycare if financial obligations are not met.

_____ If the parent withdraws their child(ren) from the Center and there is a balance on the account, we will report the family to the CCAP office and take the parent to civil court to obtain the money owed including late and legal fees.

Name _____

Address _____

Phone _____

Employer Name _____

Employer Address _____

Driver's License # _____

Last 4 digits of Social Security Number _____

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CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

(e.g. educational, public service, or health awareness purposes)

Student Name: _____ School: A Little Touch of Love Daycare

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by **A Little Touch of Love Daycare**.

I also grant to **A Little Touch of Love Daycare** the right to edit, use, and reuse said products for non-profit purposes including use in print (e.g. the yearbook), on the internet, and all other forms of media. I also hereby release **A Little Touch of Love** and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____ Date: _____

Address of Parent/Guardian: _____