

OFFICE USE ONLY
 Health Record Form: _____
 Review of Licensure: _____
 \$ 25 Non-Refundable Registration
 Fee: _____



Pre-Enrollment Visit: _____
 Enrollment Date: _____
 Tuition Rate: _____
 100 enrollment fee: _____

**Little Learning Lab
 Application Form
 Please fill out completely – no blanks**

Child's Name: _____ Birth Date: _____ Sex: **M** **F**
 Circle one

Name to be Called: _____ Date you would like to enroll _____

Language Spoken in Home: _____ Guardianship papers must accompany this application

Child resides with: Mother () Father () Both () Other: _____

Mother's Name: _____ Address: _____ _____ Home Phone: _____ Cell Phone: _____ Employer: <input type="checkbox"/> UT Battelle (ORNL) <input type="checkbox"/> DOE ORNL Site Office <input type="checkbox"/> Other _____ Employer Address: _____ _____ Work Phone: _____ Typical Work Schedule: _____	Father's Name: _____ Address: (If different) _____ _____ Home Phone: _____ Cell Phone: _____ Employer: <input type="checkbox"/> UT Battelle (ORNL) <input type="checkbox"/> DOE ORNL Site Office <input type="checkbox"/> Other _____ Employer Address: _____ _____ Work Phone: _____ Typical Work Schedule: _____
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Email Address(es): LLL has gone "green"! In efforts to conserve, we will email your child's classroom lesson plans, newsletters and menus to you as well as other important information that we need to relay, snow day closings, photos that we want to share, etc. Please provide the email address(es) where you prefer to receive these messages:

_____@_____@_____

Drop Off and Pick Up Times

Time child will typically be dropped off in the morning (between 6:30 and 9:00): _____

Time child will typically be picked up in the afternoon/evening (by 6:00): _____

Please do not deviate from these times without letting us know ahead of time so we can ensure proper staffing levels. The drop off deadline is 9:00 A.M. unless we are informed in advance that a child will be late due to doctor's appointment.

Statement of Understanding and Agreement

The Little Learning Lab is a program of the Emory Valley Center, a non-profit agency serving children 6 weeks to age five. Our primary purpose is to assist children of all ability levels to reach their maximum potential by offering an interactive, structured, play and language based natural environment where children of all ability levels learn to grow and play together.

Other Members of the Household

Name	DOB	Sex	Relationship to child	School /occupation

Any person that may pick up your child from the Little Learning Lab should be listed below. If this person is not familiar to the staff, they will be required to show photo ID before being released from our care.

Please list at least one responsible person to be contacted in case of an emergency in which the parents cannot be contacted promptly. This person should live or work in the surrounding area.

Emergency Contacts

1. _____

Name/Relationship to Child	Home Address	Home Phone
Place of Employment/School	Work/School Address	Work Phone

2. _____

Name/Relationship to Child	Home Address	Home Phone
Place of Employment/School	Work/School Address	Work Phone

Transportation Release

Please list the people (other than parents/guardians) who have permission to pick up your child:

1. _____

Name/Relationship to Child	Phone numbers
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2. _____

Name/Relationship to Child	Phone numbers
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3. _____

Name/Relationship to Child	Phone numbers
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4. _____

Name/Relationship to Child	Phone numbers
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Medical Information and Emergency Treatment

In the event of an emergency, the information below is required.

Child's Physician: _____ Phone Number: _____

Physician's Address: _____

Insurance Provider: _____ Policy/Group #: _____

By signing below, I give my permission in the event my child should require emergency medical attention and I cannot be reached, for my child to be transported by ambulance to _____
_____.

Please note that EMS may deem it necessary to transport your child to the nearest hospital.

Permission/Signature: _____ Date: _____

Health History

1. Does your child have any allergies? (food, medications, insect, latex, airbourne, skin) _____
2. If so, please list all allergies _____
3. Is your child currently enrolled in the Tennessee Early Intervention Systems (TEIS) _____
4. Does your child have a developmental delay or a diagnosed condition? _____
5. Please describe any special needs or medical conditions: _____

(If your child has special needs that a nurse attends to, we will require to speak with your medical professional.)

6. Were there any complications with pregnancy or child's birth? _____
7. Was your child born prematurely? _____
8. Was your child hospitalized after birth? _____
9. Please provide any additional information about your child's birth that we should know. _____

10. Is your child on any medication on a daily basis? _____
11. If so, please list medications. _____
12. Does your child have asthma? _____
13. When did your child last see a doctor? Month _____ Year _____
14. Other pertinent information or instructions relating to your child's health or health history: _____

15. Does your child get along with other children? _____
16. Has your child been in childcare previously? _____
17. Do you have any concerns or overall instructions regarding your child's physical and social/emotional development? _____

My signature below reflects that I agree to the following statements and policies of the LLL.

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- I have received a copy of the LLL Parent Handbook which includes policies, procedures, confidentiality practices, phone numbers, overview, health and safety procedures, expulsion policy, medication policy, child's health policy, visitation policy.
 - I have received and reviewed a summary of the Department of Human Services licensure regulations for the Little Learning Lab (See attached pages following this form. Please keep for your reference.) I agree to communicate and cooperate with the program staff and follow through with the requirements of the center-based program in efforts to maximize the benefits of the program for my child.
 - To the best of my knowledge I have informed the program staff of any pertinent information as related to my child that could affect his / her safety and well-being while attending the program.
 - I understand that my child must have an annual physical and keep immunizations current each year in order to maintain enrollment in the program and will provide copies of each to program staff.
 - I understand that occasionally the center may be closed for in-service, training days, holidays, inclement weather or other unforeseen circumstances including illness and I have been provided with a copy of the annual school calendar.
 - I understand that I should call the office to inform staff as soon as possible if my child will be arriving after 9:00 A.M.

Parent/ Guardian Signature

Date

- =====
- I understand and give my consent that photographs and videos may be taken of my child for instructional use or promotional use of the program or agency or for inclusion on the program's website or Facebook page and that any other use must be approved by me.

Please Circle **Yes** or **No**

Parent/ Guardian Signature

Date

Permission to Assess

Program staff from the Little Learning Lab and Emory Valley Center will use screening tools and assessments that track your child's development. By signing below, you agree that staff can screen, assess, and evaluate development. This information will be shared with you, and is available to you at any time.

Parent/ Guardian Signature

Date

You may email this form to the director, Brittany Webb at Brittany.Webb@EVCMail.org