130 Gallup Hill Rd.
Ledyard, CT 06339

ENROLLMENT FORM AND EMERGENCY MEDICAL INFORMATION & CONSENT

CHILD'S NAME _____ **Birth Date** _____

Child's Physical Address: _____ **Enrollment Date** _____

Information to be completed by parent/guardian.

ANY revisions or a change of information requires a revised form. Childcare staff is only responsible for providing information noted on this form to emergency personnel. **PARENTS** (This form requires both parents' information unless child is in the custody of only one parent, copy of custody papers required to be on file at childcare center.)

***Number the order in which to contact in case of emergency**

*_____**Mother** _____ Home Phone #_____

Home Address: _____Town:_____Zip:_____

Employer:_____Work Phone # _____

Employer Address: _____ City:_ _____

Driver License Number: _____Email address: _____

CELL Phone # _____ 4 digit pin for the door: _____

*_____**Father** _____ Home Phone #_____

Home Address:_____Town:_____Zip:_____

Employer: _____Work Phone # _____

Employer Address: _____ City: _____

Driver License Number: _____Email address: _____

CELL Phone # _____ 4 digit pin for the door: _____

*_____**Emergency Contact** _____Relationship: _____

Home Phone # _____Cell:_____Work:_____

ADDITIONAL PEOPLE AUTHORIZED TO TAKE CHILD FROM CENTER (Picture I.D. Required)

Emergency Contact _____Relationship: _____

Home Phone # _____Cell:_____Work:_____

Emergency Contact _____Relationship:_____

Home Phone # _____Cell:_____Work:_____

UNAUTHORIZED PERSONS NOT ALLOWED TO PICK UP CHILDREN

Name:_____ Brief Description:_____

MEDICAL INFORMATION (Parent is responsible for providing an updated form when information changes)
Note any allergies or pertinent health conditions that emergency personnel should know. (Bee Stings, allergies, asthma, medications taking, diabetes, etc.)

_____

LITTLE Learners
CHILDREN'S CENTER

130 Gallup Hill Rd.
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PHYSICIAN INFORMATION

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Preferred Hospital: _____

INSURANCE INFORMATION

Insurance Name: _____ Name Insured Under:_____

Insurance Identification Number: _____ Insurance Telephone number: _____

PERMISSION TO SEEK CARE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention. I understand the teachers in the childcare center are trained in the basics of First Aid and I authorize them to give my child First Aid.

I also hereby authorize Little Learners Children's Center personnel to call an emergency ambulance (at the parent/guardian(s) expense) in event of accident or acute illness, and to arrange for necessary and emergency care such as x-ray, examinations, anesthetic, medical, or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general statute of special supervision, and on the advice of any physician or surgical licensed to practice in the State of Connecticut when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. It is understood that conscientious effort will be made to notify me (us) before such action will be taken. I hereby absolve the Little Learners Childcare Center of any and all liability claims, courses of action, or expenses, including any attorney fees, and any and all medical expenses.

I understand that I am responsible for providing revisions to the information provided on the emergency information form as needed.
Initial_____

PAYMENT

I understand it is my responsibility to pay for services rendered. Payment is due on the Monday of the week child is in attendance. Account is considered delinquent when overdue by one week. A 15% interest charge will be accessed to all accounts overdue.
Initial_____
Failure to pay will result in this account being turn over to collections and the child being dismissed from care. All legal expenses incurred in an attempt to collect payments for this account will also be my responsibility. **Initial**_____

PICTURE RELEASE

I give approval to use the pictures taken of my child for the bulletin boards, special projects, publicity or advertisements including internet based products. **Initial**_____

PARENT HANDBOOK & BEHAVIOR/DISCIPLINE POLICY

I acknowledge receiving the parent handbook and will abide by the policies that are written to help maintain a quality childcare center for my child. **Initial**_____
I also have had discussion and understand Center's Behavior & Discipline Policy **Initial**_____
I have read and understand the sleep arrangements policy **Initial**_____

WALKING PERMISSION SLIP: I give permission for my child to participate in "walking" field trips around the area of Little Learners Center. **Initial**_____

Parent signature:

_____ Date: _____
Parent Signature

DAYS AND TIMES MY CHILD WILL ATTEND Little Learners Children's Center

	Monday	Tuesday	Wednesday	Thursday	Friday
From	**a.m.** **p.m.**	**a.m.** **p.m.**	**a.m.** **p.m.**	**a.m.** **p.m.**	**a.m.** **p.m.**
To	**a.m.** **p.m.**	**a.m.** **p.m.**	**a.m.** **p.m.**	**a.m.** **p.m.**	**a.m.** **p.m.**

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POTASSIUM IODIDE (KI) FACT SHEET AND PERMISSION FORM

The State of Connecticut is making Potassium Iodide tablets (KI) available to child care facilities and youth camps within the 10-mile emergency –planning zone around Millstone Power Station in Waterford, CT. KI is a form of iodine. It helps to protect the thyroid gland when there is a chance that you might be exposed to a harmful amount of radioactive iodine. In the rare event of a nuclear emergency, your child care provider will be directed when to administer KI through the Emergency Alert System (EAS). Children in child care and youth camps are of the age most likely to suffer the effects of radioactive iodine. Your childcare program or youth camp must obtain your written consent in order to administer KI pills to your child/children. Please remember that the administration of KI to your child under these emergency conditions is voluntary.

Contraindications:

*Your child should not take Potassium Iodide if he/she is allergic to iodine.
*Your child should not take Potassium Iodide if he/she has chronic hives.
*Although a single tablet of KI should be tolerated by most people, some (particularly adults), with a number of rare diseases and conditions should discuss this issue with their physicians. These conditions include:
    *Hypocomplementemic vasculitis, possibly as a component of lupus or chronic hives,
    *Autoimmune thyroid disease, such as Graves disease.

Potential side Effects:

Please consult with your pediatrician if your child experiences any of these side effects:

*Minor upset stomach
*Rash

POTASSIUM IODIDE (KI) CHILD MEDICATION AUTHORIZATION FORM

Name of Child:_____ Date of Birth:_____

Street_____

City:_____ State:_____ Zip:_____

Please indicate your **authorization** or **refusal** by marking the appropriate line below:

_____**YES**, I want my above named child to be administered KI by my provider when: The Governor declares a nuclear emergency, **AND** individuals in specified area, that includes this child care facility/youth camp, are advised by the Emergency Alert System (AES) to take the Potassium Iodide (KI) tablets **AND** I understand that the ingestion of Potassium Iodide (KI) under these circumstances is **voluntary**.

_____**NO**, I do **NOT** want my above named child to be given Potassium Iodide (KI) by my provider in the event of a nuclear emergency. I have been advised in writing by the facility about the contraindications and the potential side effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider in writing if I desire to change my authorization as indicated above.

_____ _____
(Parent/Guardian Signature) (Date)