



# Child Enrollment Form

**Little Hands Big Hearts Learning Center**

2026 Branded Edition

This printable HTML form reconstructs the center's prior enrollment form using current Little Hands Big Hearts Learning Center branding and a cleaner layout for browser printing or PDF export.

**Use:** Complete this form for each enrolled child and review it whenever contact, health, transportation, or custody information changes.

Please print clearly. Leave non-applicable items blank only when permitted by center staff.

## Enrollment Details

**ENROLLMENT DATE**

**CHILD'S DATE OF BIRTH**

**COURT ORDERS ON FILE**

Yes  No

**CHILD'S FULL NAME**

**TYPE OF ACCOUNT**

Private  DHS  Tribal  CAP

## Authorized Caregiver 1

**NAME**

**RELATIONSHIP TO CHILD**

Biological  Step-Parent  Foster  Adopted  Other

**ADDRESS**

**CITY / STATE / ZIP**

**CELL NUMBER**

**CELL CARRIER**

**EMAIL**

**PLACE OF EMPLOYMENT**

**WORK NUMBER / EXTENSION**

**DRIVER LICENSE NUMBER / STATE**

## **Authorized Caregiver 2**

**NAME**

**RELATIONSHIP TO CHILD**

Biological  Step-Parent  Foster  Adopted  Other

**ADDRESS**

**CITY / STATE / ZIP**

**CELL NUMBER**

**CELL CARRIER**

**EMAIL**

**PLACE OF EMPLOYMENT**

**WORK NUMBER / EXTENSION**

**DRIVER LICENSE NUMBER / STATE**

## **Emergency Notification and Authorized Pickup**

The following individuals are authorized to be notified in case of emergency and to pick up this child from Little Hands Big Hearts Learning Center.

<b>Name of Person</b>	<b>Relationship to Child</b>	<b>Emergency Contact</b>	<b>Cell Number</b>	<b>Driver License Number</b>
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Yes  No

Yes  No

Yes  No

I authorize **Little Hands Big Hearts Learning Center** to administer CPR and/or first aid to this child and to take the child to a nearby medical facility in case of an emergency. This form also serves as a release for the treating facility to perform necessary procedures for this child if I am unable to be reached or present at the time of initial treatment.

**AUTHORIZED SIGNATURE**

DATE

## Cultural Diversity and Immunization

### FAMILY CULTURES AND TRADITIONS

I would like to share with my child's class our family cultures and/or traditions.

Yes  No

**Immunization Record:** A copy of your child's immunization record is required to be maintained on file. An immunization record or exemption must be obtained by the first day of attendance and updated whenever the child receives additional vaccinations.

Parent or guardian must provide a copy of the current updated immunization record to Little Hands Big Hearts Learning Center.

I authorize Little Hands Big Hearts Learning Center to access my child's immunization record through the state documentation system OSIS.

## Health Record

**CHILD'S PHYSICIAN / CLINIC**

**PHONE**

**STREET ADDRESS**

**CITY / ZIP / STATE**

**INSURANCE CARRIER**

**POLICY NUMBER**

I understand a Medication Permission Record must be signed by a parent or guardian prior to the administration of any medication to my child.

### DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES?

Yes  No

**IF YES, LIST ALLERGIES AND REACTIONS**

**DOES THE KNOWN ALLERGY REQUIRE SPECIAL PRECAUTIONS, ACTIONS, OR MEDICATION?**

Yes  No

**IF YES, PLEASE EXPLAIN**

**ARE THERE SPECIAL CONSIDERATIONS THAT WOULD ASSIST STAFF IN PROVIDING CARE?**

Yes  No

**IF YES, PLEASE DESCRIBE**

**WILL YOUR CHILD RECEIVE SPECIALIZED SERVICES FROM PROFESSIONALS OUTSIDE OF LITTLE HANDS BIG HEARTS?**

Yes  No

If yes, a signed and dated parent or guardian permission is required.

## **Development Screening Permission**

I give permission to **Little Hands Big Hearts Learning Center** to complete health and development screenings for speech development, hearing, vision, and/or physical or occupational therapy. These screenings may be conducted by center personnel or by an outside professional agency.

Yes  No

## **Transportation**

**WHAT SCHOOL DOES YOUR CHILD ATTEND?  
WHEN WILL CARE BE NEEDED?**

Before school only  Before and after school  After school only

### **TRANSPORTATION PERMISSION**

I give Little Hands Big Hearts permission to transport my child under the following circumstances:

To and from above named school  Field trips  In case of an emergency and I cannot be reached  Other

I understand that if my child does not follow transportation rules to and from school, my child may be suspended from riding privileges for a designated period of time. Length of suspension will be determined by management on a case-by-case basis.

## **Annual Review**

Please review this enrollment form for accuracy. If no changes are needed, sign and date below.

**SIGNATURE**

**DATE**