



**LITTLE GIANTS LEARNING CENTER**  
**REGISTRATION INFORMATION**

Admission Date \_\_\_\_\_

Hours in Care: Full Day Part-time

Child

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Sex: M F

Height: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Nickname: \_\_\_\_\_

Weight: \_\_\_\_\_

Street Address \_\_\_\_\_

Hair Color: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Distinctive Marks: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Parents: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single

|  | Father:  | Mother:   |
|--|--|---|
| Name   |  |   |
| Cell Phone   |  |   |
| Work Phone   |  |   |
| Email  |  |   |
| Preferred form of contact                            | Cell Phone Email Other:                                      | Cell Phone Email Other:                                   |
| Home Address (If different from child address above) | Street: _____<br>City: _____<br>State: _____ Zip Code: _____ | Street: _____<br>City: _____ State: _____ Zip Code: _____ |
| Employer   |  |   |
| Work Address   | Street: _____<br>City: _____ State: _____ Zip Code: _____    | Street: _____<br>City: _____ State: _____ Zip Code: _____ |

If parents divorced, child lives with: Both parents, Mother, Father, or Legal Parent/Guardian

If divorce or legal guardian paperwork Decree on file? Yes, No

If parents divorced, legal guardian is: Mother, Father, or Legal Guardian

If legal guardian is not parent, please fill in the following:

Legal Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_



**LITTLE GIANTS LEARNING CENTER**

|  |           |
|--|-----------|
| Child's Doctor (or clinic):            |           |
| Street Address:                        |           |
| City, State, Zip Code:                 |           |
| Telephone Number:                      |           |
|  |           |
| Child's Dentist (or name of clinic):   |           |
| Street Address:                        |           |
| City, State, Zip Code:                 |           |
| Telephone Number:                      |           |
|  |           |
| Hospital:                              |           |
| Address:                               |           |
| Phone:                                 |           |
|  |           |
| Does your child have medical insurance | Yes: ____ |
| Please provide insurance information:  |           |
|  | No: ____  |

**Emergency Contact Information**

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

|  | Emergency Contact 1 | Emergency Contact 2 |
|--|---------------------|---------------------|
| Name   |                     |                     |
| Relationship to child  |                     |                     |
| Home street address  |                     |                     |
| City, State, Zip Code  |                     |                     |
| Home Phone   |                     |                     |
| Is this person authorized to make medical decisions for your child if you cannot be reached? |                     |                     |



**LITTLE GIANTS LEARNING CENTER**

Pick-Up Information

The following people HAVE permission to pick-up my child/children from Little Giants Learning Center. I understand that it is my responsibility to notify Little Giants Learning Center in writing of any changes.

|                       | Person1 | Person 2 | Person 3 |
|-----------------------|---------|----------|----------|
| Name                  |         |          |          |
| Relation              |         |          |          |
| Address               |         |          |          |
| Phone                 |         |          |          |
| Car(Make, Model, Tag) |         |          |          |
| Code Word             |         |          |          |

The following people MAY NOT pick-up my child/children from Little Giants Learning Center

|                        | Person1 | Person 2 |
|------------------------|---------|----------|
| Name                   |         |          |
| Relation               |         |          |
| Address                |         |          |
| Phone                  |         |          |
| Car (Make, Model, Tag) |         |          |

Note: Any person unfamiliar to staff will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of retainer.

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |



**LITTLE GIANTS LEARNING CENTER**

**TRANSPORTATION PERMISSION**

I do hereby authorize my child to participate in field trips or excursions whether walking or riding.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above events.

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |

**ACTIVITY AUTHORIZATION FORM**

I understand that toys, chairs, bikes, sprinklers, sandboxes, and other toys are used on a regular basis (weather permitting). I will not hold Little Giants Learning Center responsible for injuries incurred while my child is using equipment at the childcare, provided the children are supervised and the equipment is in good repair.

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |



**LITTLE GIANTS LEARNING CENTER**

**COT PERMISSION**

I do hereby authorize my child to use a cot/mat for sleeping while in Little Giants Learning Center care.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |

**PERMISSION TO APPLY SUNSCREEN**

I do hereby give permission to Little Giants Learning Center to apply sunscreen to my child. I will provide sunscreen to be applied as needed, labeled with my child's first and last name. I understand that sunscreen cannot be applied on sunburned skin. I understand that if my child is over 4 years old they may apply sunscreen by themselves under the direct supervision of a staff member.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |



**LITTLE GIANTS LEARNING CENTER**

**PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATIONS  
AND EXTERNAL PREPARATIONS**

I hereby give Little Giants Learning Center, permission to apply one or more of the following external preparations to my child,  
\_\_\_\_\_ DOB: \_\_/\_\_/\_\_, in accordance with the directions for use on the container.

|         | Brand | Preparation   |
|---------|-------|---|
| Yes, No |       | Baby wipes  |
| Yes, No |       | Band-Aids   |
| Yes, No |       | *Neosporin or Generic brand antibiotic ointment               |
| Yes, No |       | * Insect Repellent  |
| Yes, No |       | *Non-Prescription ointment (such as A & D, Desitin, Vaseline) |
| Yes, No |       | * Other:  |

\* Must be provided by the parent along with a permission to administer note signed by parent (creams and lotions can only be administered as a preventative measure. Such products cannot be applied to skin that is broken or bleeding.

I hereby request that Little Giants Learning Center administer one or more of the above external preparations in accordance with the directions on the container as needed. I release Little Giants Learning Center from any liability for administering these preparations.

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |



**LITTLE GIANTS LEARNING CENTER**

**PERMISSION TO PHOTOGRAPH**

I do hereby authorize Little Giants Learning Center to photograph my child/children listed below;

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

For the following purposes:

| Type of use:                              | Grant Permission | Deny Permission |
|---|------------------|-----------------|
| Still Photographs                         |                  |                 |
| Give photographs to current clients       |                  |                 |
| Use still photos in promotional materials |                  |                 |
| Classdojo                                 |                  |                 |
| Videos:                                   |                  |                 |
| Use videos in promotional materials       |                  |                 |
| Classdojo                                 |                  |                 |

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |



**LITTLE GIANTS LEARNING CENTER**

**FOOD ALLERGIES**

Child's Name \_\_\_\_\_

My child has the following food allergies \_\_\_\_\_

Does your child require a Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders due to their allergies?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please see the director for a special Diet Statement which must be completed by a physician if your child does have a food allergy or if any modifications/substitutions need to be provided by Little Giants Learning Center.

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |

**PARENT HANDBOOK**

By signing I acknowledge that I have received/downloaded a copy of Little Giants Learning Center parent handbook.

|                               |      |
|-------------------------------|------|
| Father/Guardian's Signature   | Date |
| Mother/Guardian's Signature   | Date |
| Little Giants Learning Center | Date |





**LITTLE GIANTS LEARNING CENTER**  
**DEVELOPMENTAL BACKGROUND**

Child's name: \_\_\_\_\_

Does child dress self? \_\_\_\_\_ Undress \_\_\_\_\_ feed self \_\_\_\_\_

Has your child previously attended a child care center? \_\_\_\_\_

Is child right or left handed? \_\_\_\_\_

Will your child take naps? \_\_\_\_\_

Are there any dietary restrictions? \_\_\_\_\_

Does your child use the restroom independently? \_\_\_\_\_

What words does your child use when he/she needs to go to the bathroom? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child require any special medical care? If so explain \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite indoor activities? \_\_\_\_\_

What are your child's favorite outdoor activities? \_\_\_\_\_

\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_