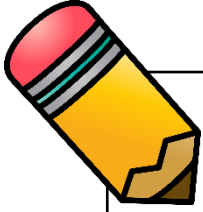


Enrollment Date/Registration Paid: \_\_\_\_\_

Information Update Only: \_\_\_\_\_



# LITTLE BLESSINGS



## Enrollment Form

### General Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: M\_\_\_ F\_\_\_

Child's Address: \_\_\_\_\_

Primary Phone Number: (to be called first) \_\_\_\_\_ cell\_\_\_ home \_\_\_

Primary Email Address: \_\_\_\_\_

**Child's Age as of September 15<sup>th</sup>, 2024** \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address:  same as above

\_\_\_\_\_

Primary-Call First

Father's Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address:  same as above

\_\_\_\_\_

Primary- Call First

How did you hear about Little Blessings? \_\_\_\_\_

If you were referred to us by someone, please mention their name here: \_\_\_\_\_

Does your family belong to a church? If yes, where? \_\_\_\_\_

Name and ages of any of the child's siblings: \_\_\_\_\_

## Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Cell or Work Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Other Person(s) Authorized to pick up child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Child's Health Information and History

Health Plan \_\_\_\_\_ Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your Child's immunizations up to date? Yes ( ) No ( )

- I have provided Little Blessings with a copy of my child's most current immunization record.
- I have provided Little Blessings with a notarized exemption affidavit.

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Does your child get colds/flu often? \_\_\_\_\_

Does your child have any special needs or a family service plan? \_\_\_\_\_

Please list any serious prior injuries: \_\_\_\_\_

Does your child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:

\_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any known speech, hearing or visual problems? Yes ( ) No ( )

Has your child ever been tested for the above? Yes ( ) No ( )

Please comment on any other medical information/or special need Little Blessings should be aware of:

## Medication and Emergency Care Authorization

I authorize the *Little Blessings Staff* to administer the care authorized below as deemed necessary by staff for the comfort and well-being of my child. This authorization is in effect while my child is enrolled, unless revoked by me.

Yes  No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes  No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

\*Prescription medicines will only be administered by the *Little Blessings Staff* in an emergency. Medications such as an Epi-Pen or insulin, need to be discussed with the director prior to the child's first day at Little Blessings. Over the counter medications will not be administered by staff.

Hospital (In case of emergency): \_\_\_\_\_

I authorize *Little Blessings Preschool* to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

# Photo Authorization

Little Blessings Preschool would like your permission to take pictures of your child, both individually and in groups. These pictures are usually displayed in various ways to promote our ministry, on social media platforms as well as in print. Pictures are also shared with our parents to show how we spend the day. Photos which may include your child may be given to families who also attend this program or may appear in the church newsletter unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to Little Blessings Preschool to take photographs/videos of the above named child(ren). Photos used in classroom only or closed private online groups, or in our yearbook.

**In Addition:**

I give permission for photos/videos to be posted on our Little Blessings Facebook page (to promote our school).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

**OR**

I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

## Agreement between Parent(s) and Little Blessings

Little Blessings, at Saginaw United Methodist Church, and the child's parent(s) or guardian(s) understand and agree to the following conditions involved in the care of the child named above. This agreement is binding. The parent or Little Blessings Preschool may terminate this agreement with a **two week written notice**, or at any time with mutual agreement of both parties.

Little Blessings agrees to the following:

- In return for all upfront fees (registration and supply) and monthly tuition, which the parent agrees to pay by the first of each month, Little Blessings will provide preschool education and care of the child named above from 9:00am-2:00pm on the days registered, during the days scheduled and noted in the parent handbook.
- Little Blessings will exercise reasonable care and judgment in all matters related to the welfare and safety of the child.
- If the child experiences an accident or illness, the Little Blessings staff will promptly take reasonable measures according to their judgment, that are in the best interest of the child. Staff will notify the parents as soon as possible.
- Little Blessings will give notice to families when staff has been notified that students are exposed to a contagious condition within the school.
- Little Blessings will not release the child to anyone other than the parent or legal guardian unless the parent or legal guardian has given verbal or written authorization to release the child.

The Parent agrees to the following:

- Tuition will be paid at the 1<sup>st</sup> Tuesday of every month. If tuition is not paid by the 2<sup>nd</sup> Tuesday of the each month, a late fee of \$10.00 may be added to the amount due. If there is a special situation, which causes the parent to be unable to pay tuition on time, the parent will make arrangements before the due date with the director, in order to waive any late fees.
- The parents will pay Little Blessings a \$35 fee for each check that is returned for insufficient funds. If 2 checks are returned, the parent will be required to pay online or with cash for the remainder of the year.
- The parent will not bring the child before drop off time of 8:55am, and will pick up the child at 2:00pm. The parent understands they will be charged a fee for late pick up and that repeated disregard of pick up times is grounds for dismissal from the program.
- The parent will *immediately* pick up their child if the child becomes ill during the day.
- The parent will notify Little Blessings by the start of the next school day if the child contracts a contagious condition or illness.
- The parent will provide one nutritious snack, lunch with a drink, and one change of clothing for their child each day.
- The parent agrees Little Blessings has the right to dismiss any child from the program if the child is unable to participate in a positive manner with group learning and play experiences.
- The parent agrees to give a one month notice if the child must withdraw from the program. If this notice is not given, the full month's tuition will be due.

Signature of Consenting Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Little Blessings Director: \_\_\_\_\_ Date: \_\_\_\_\_



# LITTLE BLESSINGS

## Enrollment Checklist

Welcome to Little Blessings!

Enclosed you will find all required documents needed to register your child into the Little Blessings Program.

### First Steps for enrollment:

- ✓ Tour Little Blessings with your child
- ✓ Complete Enrollment packet
- ✓ Pay \$50 (nonrefundable) yearly registration fee

### The Next steps:

- ✓ Submit immunization forms by the first day of school
- ✓ Pay tuition fee for the first month of class. (\$190/month)
- ✓ Submit half of the supply fee (\$100 yearly fee)

If you have any questions, please contact Kristin at (817) 232-4380, or email [littleblessingspreschool@yahoo.com](mailto:littleblessingspreschool@yahoo.com). We look forward to seeing you and your child soon.

Blessings,

*Kristin Buskey*

Preschool Director