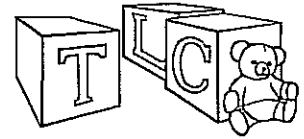


THE
LEARNING
CENTER



Infant/Toddler

Child's Name _____ Date of Birth _____

Mother's Name _____ Mother's Place of Employment _____ Work Phone _____ Hours _____

Father's Name _____ Father's Place of Employment _____ Work Phone _____ Hours _____

Address _____

City _____ State _____ Zip _____

Parent's Home Telephone _____ Mother's Cell Phone _____ Father's Cell Phone _____

email address: _____

EMERGENCY CONTACT if parents cannot be reached: Name _____ Phone No. _____

Child's physician, his address and phone number: _____

OTHER THAN PARENTS WHO MAY TAKE THE CHILD FROM THE LEARNING CENTER:

Name _____	Relationship _____	Name _____	Relationship _____	Name _____	Relationship _____
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Address _____	Address _____	Address _____
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City _____	State _____	Zip _____	City _____	State _____	Zip _____	City _____	State _____	Zip _____
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Telephone _____	Telephone _____	Telephone _____
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THE LEARNING CENTER MUST HAVE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD FROM THE HEALTH DEPARTMENT OR YOUR CHILD'S DOCTOR.

DISEASE HISTORY DATES:

Measles _____	Chicken Pox _____
Mumps _____	Whooping Cough _____
German Measles _____	Ear Infections _____

Other Conditions or comments: _____

Child's special abilities _____

Physical or emotional problems the child might have: _____

Hours child will be in care: _____

Child's special food needs: Diabetes _____ Allergies: _____

Special Problems: Bedwetting _____ Biting _____ Seizures _____

Does child need help in: dressing? _____ Undressing? _____ Eating? _____

Washing Hands? _____ Toileting? _____

Is child toilet trained? _____ What word is used? _____

Favorite Games: _____ Toys _____ Foods _____

Brothers? _____ Sisters? _____ Type of child care before _____

Any other information _____

Date accepted into The Learning Center _____ Date Withdrawn _____

I understand that I may ask for a conference with the caregiver(s) as needed.

Signed: _____
Parent Signature Date

Day Care Provider Signature

DAY CARE CONSENT FOR EMERGENCY MEDICAL CARE

I _____ Father
We _____ Mother of _____, do hereby request and give consent to the Director of The Learning Center or his duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached.

Witness: _____
Dated: _____

Signed: _____
Dated: _____

NOTIFICATION OF INTERVIEWS

According to Arkansas Department of Human Services Minimum Licensing Requirements for Child Care Centers, children may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement officials for the purpose of determining licensing compliance or for investigative purposes. Child interviews do not require parental notice or consent.

I understand that my child may be interviewed as needed.

Signed: _____
Parent Signature Date

Day Care Provider Signature

DISCIPLINE POLICY

The Learning Center's policy with regard to discipline is such that every effort will be made to provide an atmosphere to foster a feeling of security and adequacy for each of our children at TLC. We feel that through the use of positive reinforcement a child's behavior can be molded so that a problem does not arise.

In such cases as there is a need for discipline, a child will not be allowed to participate in the ongoing activity for a period of time relevant for their age. At that time the teacher and/or director will discuss the undesirable behavior and an alternative behavior will be discussed privately. Under no circumstances WHATSOEVER will any physical punishment be used.

I have read and understand the discipline policy of The Learning Center. I have given my permission for TLC to use all methods set out above.

Witness: _____
Dated: _____

Signed: _____
Dated: _____

If parent(s) disagree with any disciplinary method above, please list the method preferred:

Witness: _____
Dated: _____

Signed: _____
Dated: _____