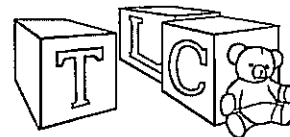


# THE LEARNING CENTER



School Age \_\_\_\_\_

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

_____	_____	_____	_____
Address	Address	Address	

_____	_____	_____	_____	_____	_____	_____	_____	_____
City	State	Zip	City	State	Zip	City	State	Zip

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

## DISEASE HISTORY DATES:

Measles \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_

German Measles \_\_\_\_\_

Ear Infections \_\_\_\_\_

Other Conditions or comments: \_\_\_\_\_

Physical or emotional problems the child might have: \_\_\_\_\_

Hours child will be in care: \_\_\_\_\_

Date accepted into The Learning Center \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Child's special food and/or medical needs:

Diabetic diet: \_\_\_\_\_ Allergies: \_\_\_\_\_

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: \_\_\_\_\_

FIELD TRIP PERMISSION FOR BEFORE AND AFTER SCHOOL TRANSPORTATION

I \_\_\_\_\_ Father  
We \_\_\_\_\_ Mother of \_\_\_\_\_  
Parent/Guardian Name Guardian Child's Name

do hereby request and give my consent for The Learning Center(TLC) to transport my child on a TLC van to and from school.

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:

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Witness: \_\_\_\_\_  
Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Dated: \_\_\_\_\_