

**His Little Lambs Child Care Center**  
437 Border Rd. Kearneysville, WV 25430  
304-724-9335

**Student Enrollment Application**  
(Please complete all blanks in full)

OFFICE USE ONLY

Date of Enrollment: \_\_\_\_\_

Private Pay or Mountain Heart

Date of Termination or Withdrawal: \_\_\_\_\_

Non-Refundable Registration Fee: \_\_\_\_\_

**Child's Information**

Child's First Name: \_\_\_\_\_ MI \_\_\_ Last Name: \_\_\_\_\_

Name Child wishes to be called: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_

Child's Physical Address:

\_\_\_\_\_

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

**Family Information**

Mother/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Physical Address:

\_\_\_\_\_

Mother's Mailing  
Address: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Physical Address:

\_\_\_\_\_

Father's Mailing  
Address: \_\_\_\_\_

Employer/School Name: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_

Who is primarily responsible for the child's enrollment? \_\_\_\_\_

**Emergency Contact Information:** Names, complete physical address (Not PO Box), and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

Full Name	Physical Address (Not PO Box)	Telephone
1. _____	_____	_____
2. _____	_____	_____

**Child Pick-Up Information:** Names, complete physical address (Not PO Box), and telephone numbers of individuals allowed to pick child up from center (Persons not listed cannot pick up child without written or verbal permission from parent)

Full Name	Physical Address (Not PO Box)	Telephone
1. _____	_____	_____
2. _____	_____	_____

**Special Instructions:** Biological/Custodial parents must be given access to their children unless there is a Court Order preventing contact. Individuals with court orders against them preventing child pick up:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other restrictions on child pick up: \_\_\_\_\_

### His Little Lambs Child Care Center Days and Hours of Care Needed

Please mark the necessary days and hours you will need care for your child. It is understood that days and times may vary in the event of an emergency.

Full Days    M    T    W    T    F    Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Before School M    T    W    T    F    Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

After School M    T    W    T    F    Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Before & After School    M    T    W    T    F    Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Summer    M    T    W    T    F    Arrival Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

## Getting To Know Your Child

Does your child attend Public School? Yes or No

Grade Level Attending: \_\_\_\_\_

If yes, name of School \_\_\_\_\_

School Phone Number: \_\_\_\_\_

### Health Information

Does your child have any allergies, illnesses, regular medications? Yes or No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

What are your child's likes and dislikes?

\_\_\_\_\_

\_\_\_\_\_

How does your child interact with family, other children, pets, etc.?

\_\_\_\_\_

\_\_\_\_\_

Are there concerns about your child's development? Yes or No

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Is your child potty trained?

Yes or No

Are there concerns? Yes or No

If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

Has your child been to a dentist? Yes or No

Has your child been to an eye doctor? Yes or No

What form of discipline is used at home?

\_\_\_\_\_

\_\_\_\_\_

Please describe the specific needs, characteristics and personality factors that may influence the child's behavior and well-being at the center or any special family considerations that are relevant to child care.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HHLCCC staff agrees to notify the parent/guardian whenever the student becomes sick or injured and the parent/guardian agrees to pick the student up at the Center within one (1) hour of notification.

Parent/Guardian Signature: \_\_\_\_\_

# His Little Lambs Child Care Center

## Medical Authorization Form

**Medical Authorization for:** \_\_\_\_\_  
**(Name of Child)**

The undersigned, who are the parent(s) or guardian(s) having legal custody of the above-named minor, hereby authorize the above-named child development care center, into whose care the above-named minor has been entrusted, to consent for transport to and from a medical care facility, to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or to consent for transport to and from a dental facility, to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and dental or hospital care to be rendered to said minor under the provisions of the Dental Practice Act.

The undersigned further authorize the above-named child care center to have the above-named minor released into the custody of its representative should hospital care no longer be required.

This form is to be used ONLY in an extreme EMERGENCY, when said parent(s) or guardian(s) cannot be or are unavailable to be contacted.

\_\_\_\_\_  
**Mother's/Guardian's Printed Name & Signature** **Date**

\_\_\_\_\_  
**Father's/Guardian's Printed Name & Signature** **Date**

I, \_\_\_\_\_, give my permission to His Little Lambs Child Care Center to consent for \_\_\_\_\_ to receive emergency medical, dental or surgical treatment if I cannot be reached.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Doctor's Physical Address:** \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_ **Dentist's Phone:** \_\_\_\_\_

**Dentist's Physical Address:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Insurance Address:** \_\_\_\_\_

**Preferred Hospital for Emergency Care:** \_\_\_\_\_

# His Little Lambs Child Care Center

## Video, Audio, and Photo Permission Form

During special occasions (field trips, parties, holidays, etc.) and to also include daily videotape surveillance and security, your child may be videotaped, audio taped, or photographed. These videos/audio tapes, photographs may be used for meetings with parents, arts and crafts projects, presents, bulletin board displays, examples of daily activities during parties or graduation ceremonies.

\_\_\_\_\_I give my permission for my child to be videotaped, audio taped or photographed for the above stated purposes.

\_\_\_\_\_I **do not** give my permission for my child to be videotaped, audio taped or photographed for the above stated purposes.

## Type I Water Play

\_\_\_\_\_I give my permission for my child to participate in water play consisting of 18" of water or less.  
(Water pool or sand/water table).

\_\_\_\_\_I **do not** give my permission for my child to participate in water play consisting of 18" of water or less.  
(Water pool or sand/water table).

# His Little Lambs Child Care Center

## Emergency Transportation Permission Form

Please read and mark the appropriate selection:

\_\_\_\_\_ I give the above-named child center permission to transport my child by emergency services, such as ambulance, police, or school bus for medical or other emergency situations such as fire, flood, bomb threat, earthquake, tornado, or any other condition, which the staff deems as an emergency.

\_\_\_\_\_ I **do not** give the above-named child center permission to transport my child by emergency services, such as ambulance, police, or school bus for medical or other emergency situations such as fire, flood, bomb threat, earthquake, tornado, or any other condition, which the staff deems as an emergency.

**Child's Name (Please Print):** \_\_\_\_\_

**Child's Name (Please Print):** \_\_\_\_\_

\_\_\_\_\_  
**Mother's/Guardian Printed Name & Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's/Guardian Printed Name & Signature**

\_\_\_\_\_  
**Date**

Dear Parent or Guardian:

This center participates in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP). Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. The statement will be filed as confidential information. The names of the participants for which free or reduced price meals may be claimed shall not be published, posted or announced in any manner; this information is necessary to determine the amount of federal funding received by your center for the meals served to children. Higher reimbursement will contribute to the overall quality of care your provider maintains.

If you receive Food Stamps or benefits under the West Virginia Temporary Assistance to Needy Families (TANF) on behalf of your child, then please list either your 10 digit Food Stamp case number or your TANF case number in Section 2 and sign and date the statement in Section 5. This means that your child is "categorically eligible" and will automatically qualify for reimbursement.

If a Food Stamp or TANF case number is not reported, Section 4 must be completed. You must include your total current household income by source and the names of all household members. CACFP defines a household as a group of related or unrelated individuals who are living as once economic unit (i.e. sharing living expenses). The reported income should be what each member received last month. If last month's income does not accurately reflect your circumstances, provide a projection of your income using last year's income as a basis. Please remember to put the name and social security number of the primary wage earner underneath the chart. You must also sign and date Section 5.

If this application is for a foster child, please read carefully the directions found on the "Instructions for Applying" sheet. If you have a foster child and have further questions, please contact our office for additional information before completing the application.

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (Voice). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Thank you for your cooperation.

Connie Popkins, Center Director

Enclosure: Reduced/Free Lunch Application