



Application For Enrollment

Child's Full Name: _____
 First Middle Last
Name Child Is Called: _____ Date Of Birth: ____/____/____
Male _____ Female _____ Allergies _____

Note: Children Enrolled in the 3 & 4 YR. Old Class Must Be Potty Trained

Parent(s) / Guardian(s)

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
City: _____ Zip: _____ City: _____ Zip: _____
Employer: _____ Employer: _____

Phone Information

Home: _____ Home: _____
Cell: _____ Cell: _____
Work: _____ Work: _____
Email : _____ Email: _____

Fellowship United Methodist Church Regular Attendee? _____
If not, do you have a church home? _____

Please Note: Registration Deposits Are Non-Refundable

For Office use only: Registration fee paid \$ _____ Date paid: _____ Cash _____
Check _____ Check No. _____

Class Placement:

One's _____ Two's (A) _____ Two's (B) _____
Three's (A) _____ Three's (B) _____ Three's (C) _____
Four's (A) _____ Four's(B) _____ Four's (C) _____ Four's(D) _____

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Little Lambs Mother's Day Out
Enrollment information sheet

Childs Full Name _____

Emergency Information:

Name of Physician: _____ Office Phone: _____

Name of person authorized to act for parent in emergency: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____ Relationship: _____

I also authorize the director of Little Lambs Mother's Day Out to act in my behalf in authorizing emergency medical care.

Signature of Parent(s) / Guardian(s): _____ Date: _____

_____ Date: _____

Insurance Company: _____ Policy Number: _____

Transportation:

To insure the safety of your child, list other adults to whom your child may be released:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

List any person your child **MAY NOT** be released: _____

Family Information:

Other family members residing with your child:

Name	Birthdates	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who has legal custody? Mother _____ Father _____ Both _____ Other _____

May the non custodial parent pick up the child: Yes _____ No: _____

Specific Information About Your Child:

Does your child play with other children from other families? _____

How? _____

Does your child usually get his/her own way with other children _____

if not, how does he/she react? _____

Previous preschool or childcare experience and where? _____

Eating Habits:

At what time does your child eat breakfast? _____ Lunch? _____

Does your child feed him/her self? _____ Use utensils? _____

What is general attitude toward eating? _____

If your child refuses to eat how is this handled and by whom? _____

Favorite foods: _____

Disliked foods: _____

Food allergies: _____

If the child is an infant, use separate sheet for information about the formula, bottle schedule, ect.

Sleep Habits:

Has own room? _____ Shares with siblings? _____ Rooms with parents? _____

At night, sleeps from _____ to _____ - Average hours _____

Naps from _____ to _____ - Average hours _____

Attitude toward taking a nap? _____

How is difficulty handled? _____

Does your child wet the bed at nap time? _____ At night _____

If so how is this problem handled? _____

Toilet Habits:

Is the child toilet trained? _____

Does he/she tell you when they need to go and willingly? _____

Does child take him/her self? _____ Can they clean themselves? _____

Can he/she manage clothes themselves? _____

What word does you child use for urinating? _____ BM _____

Note: children ages 3 and older must be toilet trained for admission

Speech & Physical Growth:

Does your child talk well? _____ Fairly well? _____ Not very well? _____ Not at all? _____

Does anyone read to your child? _____ How regularly _____

At what age did they learn to crawl? _____ Walk? _____

Describe your child: Active / Quite Friendly / Unfriendly Dependent / Independent

Are there any emotional or physical problems of which we should be aware?(allergies,ect.)

Child's Health Record

Child's Full Name: _____ Date Of Birth: _____

Medical History:

Measles _____ Mumps _____ Chicken Pox _____

Whooping Cough _____ Flu _____ Meningitis _____

Convulsions _____ Allergies (list) _____

Is there any evidence of :

Hearing loss or difficulties? _____

Vision difficulties? _____

Speech disabilities? _____

List any:

Hospitalizations - _____

Operations - _____

Other serious illnesses - _____

List any other medical conditions that the Little Lambs Mothers Day Out staff needs to be aware of in order to take the best care of your child:

**** Please bring in a copy of your child's shot record as soon as possible****



Tuition And Enrollment Agreement

Child's Full Name _____

I have read, understand, and agree to the printed policies in the Little Lambs Mothers Day Out program handbook and will cooperate with the teachers for the development of my child. I will regularly pay the tuition as stipulated in the school policies. I will notify the school one month in advance before withdrawing my child from the school for any reason. I fully understand that I will be responsible for paying the next months tuition if I fail to abide by this regulation. I am aware that in the event any payment is late, Little Lambs Mothers Day Out reserves the right to turn my account over for collection and all collection fees become my reasonability.

Every reasonable precaution will be taken by the school and church to prevent accidents. I will not hold the Little Lambs Mother's Day Out, Fellowship United Methodist Church, or the teaching staff liable for unavoidable accidents.

I understand that the 2015-2016 tuition fees are \$150.00 per month and are due on the first school day of each month.

Parents Or Guardian Signature

Date

Parent Participation Form

Throughout the year we have various activities and welcome parents support. Please check below where you would be willing to help if needed:

_____ Work as a substitute teacher

_____ Work as a teacher's aide

_____ Help during special activities and/or parties

_____ Offer help in other ways (reading stories, share a special talent)list below:

Child's Name: _____

Your Name: _____

Phone Number: _____

Thank you for all your help. We really do appreciate you!!



DHS Licensing Discloser Form

Dear parents:

In response to recent changes in Department Of Human Services regulations governing “Parent’s Day Out” programs, We are required to notify you and obtain your signature showing that you have been notified that parent’s day out programs operated by churches which provide:

- custodial care and services for children of less than school age
- for not more than two days in a calendar week
- for not more than six hours a day

are exempt from the licensure law and regulations of the state of Tennessee.

I understand that Fellowship United Methodist Churches Little Lambs Mothers Day Out program meets the above criteria and thus is not licensed and is not required to be licensed by the state of Tennessee as a child caring agency.

Signature Of Parent Or Guardian

Date