

Enrollment Date: _____

Information Update Only: _____



Little Stem Academy



2975 Kingsley Drive Suite#137 Pearland, TX 77584
1-800-495-STEM

Registration Form

Child: _____ Birthdate: __/__/____ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Occupation: _____ Place of employment : _____

Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Occupation: _____ Place of employment : _____

Contact 1st

What special talents, skills, or business do you have?

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: _____

Another 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

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain: _____

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 developmental/ behavior concerns that require one on one assistance or instruction?

Please list any diagnosis: _____

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

We must have an allergy plan on file signed by their physician to admit your child.

Does your child have a food preference? i.e. (no meat, vegetarian)

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 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 the childcare provider should be aware of:

Medication and Emergency Care Authorization

I authorize _____ to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child’s age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

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.

NOTE: Prescription medications will require separate signed authorizations for each occurrence and must be sent to school in original prescription bottle and checked in with administration. We ask that you do not keep medications in your child's bag.

I authorize **little STEM Academy** 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).

Parents Name : _____ Date : _____

Transportation Authorization

I authorize my child to be transported by **little STEM Academy staff, Rays Transportation and TKP staff** to and from excursions, including but not limited to, school, playground, and field trips.

I do **NOT** give permission for my child to be transported. I understand that I will be responsible for childcare at my own expense on days when children will be transported

Parents Name: _____ Date : _____

Water Play Authorization

Please be informed that water play/swimming is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which includes but is not limited to water table, water balloons/guns and sprinkler. Many precautions are being taken at our facility to help keep children safe when participating in water play.

I authorize my child to participate in ALL water activities offered.

Except: _____

I do NOT authorize my child to participate in ANY water activities.

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear on our social media unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to **little STEM Academy** to take photographs/videos of the above name child(ren). Photos used in classroom only or give to parents as a remembrance of their child's day.

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

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

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

(Date)

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

Referral Sources (Please circle all that applies)

ADVERTISEMENT

Drive-by Sign
Website/Facebook/Other
Flyer
Newspaper
Event

REFERRAL

Parental Referral: _____
Center Referral: _____
Friend/Neighbor: _____