



**LITTLE LEARNING
ACADEMY**

7600 Humboldt Ave. N. Brooklyn Park, MN 55444
(763)231-5119/mylittlelearningacademy@gmail.com
Enrollment Form

Child's Name		Date of Admission	Date of Withdrawal
Child's Home Address		Date of Birth	Child's Home Telephone No.
Hours & days child will be in care	Child lives with...	Gender	Class
Parent #1 Name Address		Person/ Persons responsible for tuition	
Parent #2 Name Address			
List telephone numbers where parents/guardian may be reached while child will be in care:	Parent #1 Telephone No.	Parent #2 Telephone No.	Guardian's Telephone No.

CHECK ALL THAT APPLY:			
1. <input type="checkbox"/> TRANSPORTATION:	I Hereby <input type="checkbox"/> give <input type="checkbox"/> do not give—consent for my child to be transported & supervised by LLA's employees		
	<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS:	I Hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:		
Parent's Comments:			
4. <input type="checkbox"/> PHOTO/VIDEO:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give—consent for the use of photograph or videotape of the above named child by Little Learning Academy in instruction, promotion, advertising, and public relations, with or without reference to said child's name.		
Signature – Parent or Legal Guardian			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Dentist::	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature - Parent or Legal Guardian		

List any special needs that your child may have, such as dietary restrictions, allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:



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SCHOOL AGE CHILDREN:
 My child attends the following school:

 Name of School and Address _____ School Ph.# _____

CHECK ALL THAT APPLY:
 His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.
 My child has permission to ride a bus
 walk to and from school

LITTLE LEARNING NEEDS TO HAVE ON FILE (3) EMERGENCY CONTACTS		AND EMERGENCY PICKUPS	(OTHER THAN YOURSELF)
Emergency Pick up/Contact Name 1.		Telephone#	Relationship
Address	City	State/zip code	County
Emergency Pick up Name 2.		Telephone#	Relationship
Address	City	State/zip code	County
Emergency Pick up/Contact Name 3.		Telephone#	Relationship
Address	City	State/zip code	County
I hereby authorize the childcare operation to allow my child to leave the childcare center ONLY with the following persons named above. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Signature – Parent or Legal Guardian			

1. I agree to help with the physical health of my child by:
 daily outdoor walks & play do not give – consent.

2. I agree to work with my child's teacher on issues as:
 fighting /hitting. use of ugly words cooperation Stubbornness
 spitting Consistent absence Issues that come up at home that affect the classroom:

Parent's Comments:

3. I do understand that our Toddler classroom does work on Potty training. I agree to cooperate with the Toddler teacher on setting up a plan for my child or children. As a result of this plan I agree to do my part at home. I hereby give do not give—consent .

 Signature – Parent or Legal Guardian



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I DO UNDERSTAND THAT SCHOOL CONFERENCES ARE IMPORTANT AND AGREE TO ATTEND SCHOOL CONFERENCES.

Parent/Guardian's Name: _____ Date: _____

I agree to abide by the terms and conditions of the Parent Handbook governing the school policies and enrollment of my child or children.

I understand Little Learning Academy will not accept responsible for personal items brought from home, which may be lost

Staff may use sunscreen, lotions, insect repellents on my child.

Financial Agreement

Parent & Responsible Party _____ Child's Name _____
Address _____ Address _____
County _____ County _____
Zip _____ Phone No. _____ Zip _____ Phone No. _____
DOB _____ DOB _____

Little Learning Academy agrees to give services to (child's name) _____ (circle days) Mon, Tue, Wed, Thu, Fri, from _____am to _____pm for as long as we, and the parent(s)/guardian(s) are willing to have the child continue in our care.

In doing so, we at Little Learning Academy agree to provide childcare services which are adequate to meet the child's needs. Little Learning Academy also agrees to comply with the standards set forth by the Minnesota Child Care Licensing Bureau, as well as any federal standards.

Little Learning Academy agrees to carry out our responsibility for the child(ren) by sharing what we learn about him/her to his/her parent/guardian and allowing the parent/guardian to visit the center freely.

Little Learning Academy agrees to give the child(ren) a fair chance to adjust to the center before asking for removal. In any case that we can not continue to offer care, we agree to give the parent or responsible party fair notice so that alternate arrangements can be made for their child(ren).

Little Learning Academy agrees to notify parents/guardians in writing of a 2 week period if absences occur in the extreme, before removing the child(ren) from the roster.



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Final charges are to include any unpaid balances, as well as the amount for a 2 week period, if absences occur and the school is not notified.

I, _____, agree to pay the tuition at the rate of \$_____ (daily, weekly, monthly, semi-monthly).

In consideration of the above, I/we _____ (responsibly party) agree to pay Little Learning Academy \$_____ (daily, weekly, monthly, semi-monthly) from _____ (start date) until my child(ren) leave the care of the center, with a 2 week signed, written notice. I understand that I/we am/are responsible for this payment, regardless of absences, until the child(ren) is(are) removed from care, with the 2 week notice. I understand that my tuition holds a space in the program for my children.

I agree whenever possible to give Little Learning Academy a practical notice of more than 2 weeks before arrangements are made to remove _____ from its care.

I, the parents/guardians of said child(ren) understand that all tuition and fees are due on Mondays. If any fees are not paid by Tuesday at 5:30am, there will be a late fee of \$5 on Tuesday morning and every day thereafter.

I also agree that Little Learning Academy's hours are more than fair. I understand that any child picked up after their contracted time is subject to a late fee of \$10 for every 10 minutes after their scheduled pick up time.

I understand that there is a \$35 charge on any returned checks given to the center.

I understand that in the event my account becomes delinquent, outstanding charges may be subject to a finance charge of 1.5% per month until paid. I also understand that delinquent accounts may be referred to a collection agency or small claims court and all collection fees assessed will be my responsibility.

I/we have read and fully understand Little Learning Academy policies regarding fees for late payment, late pick up, and returned checks; and do therefore, agree to abide thereby to this and all other policies therein.

HOW PARENT CAN BE REACHED

Signature of Responsible Party: _____

Date: _____ Recommended by: _____

Cell Phone #: _____ Alternate Phone #: _____

Little Learning Academy Staff Interviewing: _____

Director Signature

Date