



**God's Little Treasures**  
**6865 Shingle Creek Parkway**  
**Brooklyn Center, MN 55430**  
**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
Parents' or Guardians' Name		Person responsible for tuition	
Parents' or Guardians' Address			
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
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<b>CHECK ALL THAT APPLY:</b>			
1. <input type="checkbox"/> <b>TRANSPORTATION:</b>	I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation'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"/> <b>FIELD TRIPS:</b>	I hereby <input type="checkbox"/> give	<input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
<b>Parent's Comments:</b>			
4. <input type="checkbox"/> <b>PHOTO/VIDEO:</b>	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 God's Little Treasures Childcare in instruction, promotion, advertising, and public relations, with or without reference to said child's name.	
Signature – Parent or Legal Guardian			

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
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 problems that your child may have, such as dietary restrictions, allergies, existing illness, previous serious illness, injuries tram 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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**WE NEED TO HAVE ON FILE AS MANY DIFFERENT (MINIMUM TWO) EMERGENCY PICK UP CONTACTS AS POSSIBLE, AUTHORIZED TO TAKE THE CHILD FROM THE CENTER IN CASE PARENTS/GUARDIANS CANNOT!**

Emergency Pick up/Contact Name <b>1.</b>		Telephone#	Relationship
Address	City	State/zip code	County
Emergency Pick up Name <b>2.</b>		Telephone#	Relationship
Address	City	State/zip code	County
Emergency Pick up/Contact Name <b>3.</b>		Telephone#	Relationship
Address	City	State/zip code	County

I hereby authorize God's Little Treasures Childcare 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.  To take walks with my class: I hereby  give  do not give – consent.

2. I agree to work with my child 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

**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 God's Little Treasures Childcare will not accept responsible for personal items brought from home, which may be lost.

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