

# Little Raider Child Care Program

**\*Form must be returned with non-refundable first week's payment\***

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
**Billing Email Address** \_\_\_\_\_

Program will be located at:      Nettleton Pre-K Center

**Please Check Only One:**

After School Care \_\_\_\_\_

Summer Day Camp \_\_\_\_\_

Persons authorized to pick up my child: \_\_\_\_\_  
\_\_\_\_\_

\*Please do not allow \_\_\_\_\_ to take my child from program.

If a parent cannot be reached in emergency, contact: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Is this person authorized to pick up your child? \_\_\_\_\_ yes      \_\_\_\_\_ no

**\*IMMUNIZATION RECORD MUST BE ON FILE\***

## MEDICAL & HEALTH INFORMATION

ADD/ADHD \_\_\_\_\_ Neurological Disorder \_\_\_\_\_ Depression \_\_\_\_\_ Digestive Disorder \_\_\_\_\_

Asthma \_\_\_\_\_ Diabetes (Type I or II) \_\_\_\_\_ Hypertension \_\_\_\_\_ Hematologic Disorder \_\_\_\_\_

Seizure Disorder \_\_\_\_\_ Renal Disorder \_\_\_\_\_ Psychiatric Disorder \_\_\_\_\_ Hearing Aids \_\_\_\_\_

Eye Glasses/Contacts \_\_\_\_\_ Speech Pathology \_\_\_\_\_ Physical/Occupational Therapy \_\_\_\_\_

Non-Life Threatening Allergies \_\_\_\_\_ Communication Disorder \_\_\_\_\_

Life Threatening Allergies (Epipen) Please Specify \_\_\_\_\_

Special Needs (Please Specify) \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

## Authorization for Emergency Medical Care

I expect to be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make the necessary arrangements, I hereby authorize the Director of the Little Raider Child Care Program to arrange for emergency transport and to contact the nearest hospital for emergency medical treatment of \_\_\_\_\_  
and/or contact our family physician. (Child's Name)

\_\_\_\_\_  
(Physician's Name)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Address)

I certify that my child \_\_\_\_\_ is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the program.

Date \_\_\_\_\_ Mother's Signature \_\_\_\_\_  
Father's Signature \_\_\_\_\_

## Bus & Field Trip Permission

I give my consent for my child to be bused under proper supervision by the Nettleton School buses driven by certified, regular drivers to the Nettleton Intermediate Center where lunch will be served daily during the summer program or on in-town field trips. I also give my consent for my child to take part in field trips or excursions with the Little Raider Child Care Program under proper supervision. It is my understanding that I will be notified at least one day prior to any field trip requiring additional cost or whenever the field trip will take my child from the Jonesboro area.

## Parent Handbook & Discipline Policy

I have read and understand all policies stated in the Little Raider Parent Handbook. I give my permission for the use of all disciplinary methods stated in the parent handbook.  
(Physical punishment shall not be administered to children.)

Date \_\_\_\_\_ Mother's Signature \_\_\_\_\_  
Father's Signature \_\_\_\_\_

# Interviewing Children

This is a statement of verification that I have been informed that Child Care Licensing/Investigators/Law Enforcement may possibly interview my child. This is in accordance with Minimum Licensing Requirements: DCCEECE/Child Care Licensing Unit: Section 201

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Little Raider Child Care Program Signature Sign-out Sheet

Child's Name \_\_\_\_\_  
Nettleton Pre-K Center

Please return this form when complete for our files. Have all people **sign their name** that you want authorized to pick up your child. Please keep this list current. Remember no person will be allowed to pick up your child unless they have signed this form.

**Signature**

**Contact Number**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_