

LITTLE LIGHTS CHRISTIAN EARLY LEARNING CENTER

15150 Washington St, Thornton, CO 80023, Ph: 720-872-2200 WEB: littleglights-christian.org

REGISTRATION/EMERGENCY INFORMATION - Page 1

(Child's first day of attendance)

Date of enrollment: _____

Child's Name _____ Sex **M** **F**
Last First Middle Nickname

Address _____ Date of Birth _____ Age _____

City _____ State _____ Zip _____ Phone _____

With whom is the child currently living? both Mother and Father
Mother Mother/Step parent Father Father/Step parent Other, please specify: _____

Father/Guardian Info:

Mother/Guardian Info:

Name _____
Address if different from above: _____

Name _____
Address if different from above: _____

EMPLOYER _____

EMPLOYER _____

Address _____

Address _____

Occupation _____

Occupation _____

Hours available at work _____

Hours available at work _____

Work phone _____

Work phone _____

Cell Phone _____

Cell Phone _____

EMAIL: _____

EMAIL: _____

Parent we should contact first for illness or injury: _____

Any special instructions as to how we may reach you while your child is at our center? _____

NAMES AND ADDRESSES OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

NAMES AND ADDRESSES OF PERSONS WHO CAN ASSUME RESPONSIBILITY IN THE EVENT OF AN EMERGENCY IF YOU CANNOT BE REACHED IMMEDIATELY:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

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REGISTRATION/EMERGENCY INFORMATION - Page 2

CHILD'S NAME: _____

PLEASE LIST ANY DIET RESTRICTIONS: _____

PLEASE LIST ANY ALLERGIES (including typical reaction and prescribed medication): _____

PLEASE SHARE ANY CONCERNS, OR DELAYS, YOU MAY HAVE REGARDING YOUR CHILD'S DEVELOPMENT: _____

CHILD'S PHYSICIAN:

HOSPITAL:

Physician's Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Medical Insurance Company: _____ Group or I.D.#: _____

CHILD'S DENTIST: Phone _____

Name and address: _____

Dental Insurance Company: _____ Group or I.D.#: _____

CONSENT TO EMERGENCY MEDICAL CARE:

I, the undersigned, a parent or legal guardian of the above named child, a minor who resides at the address listed, herein authorizes any responsible adult person bearing this written authorization, into whose care the above mentioned minor has been entrusted, to consent to any medical or hospital treatment and/or care. Such care is to be rendered under the supervision and upon the advice of a physician, dentist, and/or surgeon licensed to practice in the State of Colorado. It is understood that this authorization is given to "Little Lights Christian Early Learning Center" for all school sponsored activities. Every effort will be made to locate a parent/guardian. "Little Lights Christian Early Learning Center" is absolved of any or all liability for accidents or injuries received during any or all school sponsored activities.

Parent/Guardian signature: _____ Date _____
(type name if filling out electronically)

REGISTRATION IS FOR: Please check the days that apply.

Preschool - Morning

Preschool - Afternoon

Full Day Child Care w/Preschool

M T W Th F

M T W

M T W Th F