

LITTLE LIGHTS CHRISTIAN EARLY LEARNING CENTER

15150 Washington Street, Thornton, CO 80023 Phone: 720-872-2200

REGISTRATION/EMERGENCY INFORMATION - Page 1

(Child's first day of attendance)

Date of enrollment:

Child's Name					Sex:
	Last	First	Middle	Nickname	M F
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:

Name:

Address if different from above:

Mother/Guardian Info:

Name:

Address if different from above:

EMPLOYER:

Address:

Occupation:

Hours available at work:

Work phone:

Cell Phone:

EMAIL:

EMPLOYER:

Address:

Occupation:

Hours available at work:

Work phone:

Cell Phone:

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:

Address:

Phone:

Name:

Address:

Phone:

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

Name:

Address:

Phone:

Name:

Address:

Phone:

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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:

Physician's Name:

Address:

Phone:

HOSPITAL:

Name:

Address:

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 preferred and choose "PreK" or "Preschool"

Morning

"PreK" or

"Preschool"

Afternoon PreK

Full Day with

"PreK" or

"Preschool"

M T W Th F

M T W

M T W Th F