



LITTLE DREAMERS ACADEMY

Today's Date: _____ Start Date: _____ Withdrawal Date: _____

STUDENT INFORMATION:

Name of Child: _____ DOB: _____

SSN: _____ (this is a state requirement)

Address: _____

Phone Number: _____

PARENT/GUARDIAN INFORMATION: (MUST PROVIDE LEGAL DOCUMENTS IF APPLICABLE)

Father's Name: _____ DOB: _____

Address: _____

Home Ph: _____ Work Ph: _____

Cell Ph: _____

Father's Place of Employment/Address: _____

Email Address: _____

Mother's Name: _____ DOB: _____

Address: _____

Home Ph: _____ Work Ph: _____

Cell Ph: _____

Mother's Place of Employment/Address: _____

Email Address: _____

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardians: Both Guardians Mother Father Other

Total number living in the household: _____

Name of Public Private School Child currently attends or previously attended: _____

EMERGENCY CONTACTS: In the event that Little Dreamers Academy cannot contact me, they have my permission to contact the following:

Name: _____ Relation: _____ DOB: _____

Phone: _____ Cell/Work No.: _____

Name: _____ Relation: _____ DOB: _____

Phone: _____ Cell/Work No.: _____

Name: _____ Relation: _____ DOB: _____

Phone: _____ Cell/Work No.: _____

MEDICAL CONTACTS: In the event of an emergency, Little Dreamers Academy has my permission to contact and/or transport my child to: *(child's primary health source)*

Pediatrician/Family Doctor: _____ of _____

Contact Phone: _____ Office No.: _____

Preferred Hospital: _____

BELOW is a list of those persons who have permission to pick up my child from Little Dreamers Academy:

1. Name: _____ Relation: _____ DOB _____

Address: _____

2. Name: _____ Relation: _____ DOB _____

Address: _____

3. Name: _____ Relation: _____ DOB _____

Address: _____

4. Name: _____ Relation: _____ DOB _____

Address: _____

5. Name: _____ Relation: _____ DOB _____

Address: _____

ALLERGIES: My child has special needs as outlined as following:

(Food and Dairy allergies requires a medical form completed by your dr. Please ask for this form.)

The following special accommodations may be required to most effectively meet my child's needs while at this center: _____

(Please include a copy of all medical documentation including your child's IEP)

My child takes medication prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

(Epi-Pen's require a written prescription)

*the medication taken is _____ and must be administered _____.

My child has been evaluated before for _____ by _____ . (Please include the evaluation)

My child enjoys: _____

My child dislikes: _____

When my child is unhappy, he/she can be comforted by: _____

Parent/Guardian Signature: _____ Date: _____