

General Information

Parent's/ Guardian's Name: _____

Child's Full Name: _____

Child's Age: _____ Date Of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: 1. _____ 2. _____

Home Phone: _____ Beeper/Pager: _____

Email: _____

Parent 1's Place of Business: _____

Parent 1's Work Phone: _____

Parent 2's Place of Business: _____

Parent 2's Work Phone: _____

Allergies to Food: _____

Allergies to Medication: _____

Name the People who will be authorized to pick up your child from daycare when you are not able to:

1. Name: _____ Address: _____

Relation: _____ Phone # : _____

2. Name: _____ Address: _____

Relation: _____ Phone # : _____

3. Name: _____ Address: _____

Relation: _____ Phone # : _____

4. Name: _____ Address: _____

Relation: _____ Phone # : _____

**PARENT AUTHORIZATION FOR EMERGENCY
TREATMENT**

In consideration of admittance, I _____ parent /guardian, hereby authorize Liddle Tots II Teen to arrange for medical examination and / or treatment of my child _____, should an emergency arise at the center or on a field trip. It is understood that a conscientious effort will be made by the center to contact me at the emergency numbers I have provided below, before any medical action is taken. I would prefer to have my child, if the need arises, taken to _____ hospital.

Parent 1/Guardian's signature	HOME phone	CELL Phone	WORK Phone
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Parent 2/Guardian's signature	HOME phone	CELL Phone	WORK Phone
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Home Address: _____

RELATIVES OR OTHER PERSONS TO CONTACT IN AN EMERGENCY SITUATION:

NAME: _____	ADDRESS: _____
PHONE: _____	RELATION: _____

NAME: _____	ADDRESS: _____
PHONE: _____	RELATION: _____

NAME: _____	ADDRESS: _____
PHONE: _____	RELATION: _____

Dear Parent/ Guardian,

In order for any child to attend any daycare center in Rhode Island, it is mandated that a physician's record of immunization and pre-admission examination be provided to daycare center officials. Please have the attached form completed by your physician and return this form to the daycare center prior to your child's start date. In addition, would you respond to the questions listed below concerning your child.

****PLEASE SIGN AND DATE THIS PAGE AND RETURN IT TO THE DAYCARE CENTER.
THANK YOU!**

Child's Name: _____

Has your child had a tuberculin skin test? Yes: _____ No: _____

If yes, indicate: Date: _____ Positive: _____ Negative: _____

Has your child had a lead screening test? Yes: _____ No: _____

If yes, indicate: Date: _____ Positive: _____ Negative: _____

Has your child ever visited a dentist or dental clinic? Yes: _____ No: _____

****Are there any conditions which should be brought to the attention of the director, a teacher
And / or nurse in the center. (Example: allergies, seizures, surgery, etc?) Yes: _____ No: _____**

Please specify: _____

Parent/Guardian's Signature

Date

PERMISSION AND MEDICAL FORM

Child's Name: _____

Parent's Name: _____

PHONE NUMBER:

HOME: _____

WORK: _____

CELL: _____

*****INCASE OF AN EMERGENCY, PLEASE TRANSPORT MY CHILD
TO _____ HOSPITAL. *****

MY CHILD'S PEDIATRICIAN IS: _____

PHONE NUMBER: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

NAME INSURANCE IS UNDER: _____

PARENT/GUARDIAN'S SIGNATURE

DATE

MEDIA AGREEMENT FOR CHILDREN AND PARENTS:

(Media = IPODS, INTERNET, CELL PHONES, DS, DSI, CAMERAS ETC)

I AGREE TO:

- I will be a good digital citizen.
- I will not bully anyone online, on my cell phone, on my ipod, DS, DSI, PSP, game boy or camera by sending pictures, sharing videos, spreading gossip and setting fake profiles or saying cruel things about people.
- I will not take pictures or videos of any person or anything while I am at Liddle Tots II TEEN.
- I agree to tell/report to my camp counselor if I see something that is inappropriate.
- I agree not to download pictures or videos that are inappropriate.
- I will make smart decisions about what I watch, play, listen to on my Ipod, DS, DSI, game boy, camera.
- Even though I love my cell phone, DS, DSI, game boy, Ipod, I promise to set time limits and enjoy other activities here at Liddle Tots II Teen. I will respect my counselor when he/she asks me to put it away for a group activity. I will find the right time and place to play my game boy, Ipod DS, DSI.
- I will take full responsibility for my device and not hold Liddle Tots II Teen responsible for any broken, damaged or lost items.

NO CELL PHONES ARE ALLOWED TO BE USED WHILE SUMMER CAMP IS IN SESSION. WE HAVE A PHONE IF YOU NEED TO USE IT.

Please Sign and Date this agreement and return to Liddle Tots II Teen ASAP!!!

Parent/ Guardian

Date

Student

Date

PHOTO-RELEASE FORM

Child's Name: _____

Age: _____

Parent/Guardian's Name: _____

Address: _____

Photography Release: I hereby give Liddle Tots II Teen the absolute, irrevocable right and permission, under the below terms for use of photographs/video/film taken of my child during any program activities. I hereby forever release and discharge Liddle Tots II Teen, their heirs, affiliated companies, officers, directors, employees, legal representatives, agents, assigns, and party for whom said photographs/video/film were taken, from any and all claims, actions and demands arising out of or in connection with the use of said photography/video/film, including without limitation, any and all claims for invasion of privacy and libel. Consent must be given by parent or guardian as follows: I hereby certify that I am the parent or guardian of said child named above.

Parent/ Guardian's Signature

_____/_____/_____
Date