

# Little Red Academy

## Enrollment Packet Checklist

\_\_\_\_\_ Registration - Part 1

\_\_\_\_\_ Registration - Part 2

\_\_\_\_\_ Child Care Consent

\_\_\_\_\_ In House Visitor/Field Trip Form

\_\_\_\_\_ All About Me

\_\_\_\_\_ Photo Release

\_\_\_\_\_ Welcome Babies

\_\_\_\_\_ Diaper Cream Authorization

\_\_\_\_\_ Copy of Birth Certificate

The following items must be signed by your  
child's primary physician:

\_\_\_\_\_ Physical

\_\_\_\_\_ Immunization Record

\_\_\_\_\_ Infant Feeding Schedule

**Little Red Academy  
Registration Form**

Start Date: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Office Phone # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Office Phone # \_\_\_\_\_

Authorized escorts approved to pick up your child:

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

If your child is in need of emergency care and a parent cannot be reached, who should the school contact?

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Any medical information pertinent to the care of your child:

How did you hear about our school? \_\_\_\_\_

(1) In case of emergency, I authorize the school to obtain medical care for my child.

(2) I have read the school's policy sheet and will comply with the policies of the school.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Registration fee paid \_\_\_\_\_ Start date: \_\_\_\_\_  
Cash \_\_\_\_\_ Full time \_\_\_\_\_  
Check \_\_\_\_\_ Full time \_\_\_\_\_  
Credit Card \_\_\_\_\_

Program selection:

Full Time (includes all meals and two snacks): \_\_\_\_\_ Morning Session Plus Lunch (8:30 - 12:00): \_\_\_\_\_  
Morning Session Only (8:30 - 11:30): \_\_\_\_\_ Afternoon Session Only (1:00 - 5:00): \_\_\_\_\_

Before school \_\_\_\_\_ After school \_\_\_\_\_ Before and after school \_\_\_\_\_

Scheduled days: Monday Tuesday Wednesday Thursday Friday

Estimated time of arrival: \_\_\_\_\_ Estimated time of departure: \_\_\_\_\_

Projected weekly tuition: \_\_\_\_\_ (paid first day of schedule)

# Little Red Academy

## Registration Form

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Mother's work address Work hours

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Father's work address Work hours

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Pediatrician Address Office #

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Dentist Address Office #

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Escort Address Relationship Phone #

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Escort Address Relationship Phone #

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Escort Address Relationship Phone #

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Escort Address Relationship Phone #

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Child's Gender



# LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

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# LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for Little Red Academy to report the name and date of birth  
name of licensed child care program  
of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)

Signature of parent, guardian, or custodian	Date signed (month, day, year)
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# Little Red Academy

## Field Trip & In-House Visitor Consent Form

Little Red Academy takes field trips and has on-site visitors come to the school during the calendar school year and during our summer program.

Little Red Academy transports children ages 4 years through 12 years that are in a pre-K class or school age program. Little Red Academy requires written permission for a child to attend any field trip.

Little Red Academy requires all students participating in field trips to wear a Little Red Academy shirt. All children are supervised by Little Red Academy staff. Staff members carry a binder which includes child information, attendance forms, first aid kit and emergency contact numbers. Little Red Academy staff also wear Little Red Academy shirts for easier identification.

All students in attendance for a field trip are counted during (but not limited to) the following times:

- When leaving the classroom to board the vehicle
- When all children have boarded the vehicle and are in their seats
- When children arrive at the destination and are unloading from the vehicle
- When children are leaving the destination and have re-boarded the vehicle
- When children are unloading the vehicle upon arrival back at school

Permission slips for field trips will be distributed to parents as events are planned.

Little Red Academy requires parents written consent for their child to participate in activities when an on-site visitor comes to the school.

By signing below you are giving written parental consent for your child to participate in in-house or on-site visitors.

I \_\_\_\_\_, give my written permission for my child, \_\_\_\_\_ to participate in on-site activities including in-house visitors that come to Little Red Academy.

Parent Signature

Date

# Little Red Academy

## All About Me

### Tell Me About Your Child

Child's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

1. What qualities would you like me to know about your child? \_\_\_\_\_  
\_\_\_\_\_

2. What would you most like your child to experience this year? \_\_\_\_\_  
\_\_\_\_\_

3. What specific areas of your child's development are most important to you? \_\_\_\_\_  
\_\_\_\_\_

4. What experiences does your child have access to at home?

\_\_\_\_\_ Paper and writing utensils are readily available

\_\_\_\_\_ Children's books (approximate number \_\_\_\_\_)

\_\_\_\_\_ Trips to the Library (how often \_\_\_\_\_)

\_\_\_\_\_ Regular reading with someone special

Who? \_\_\_\_\_

How often? \_\_\_\_\_

5. How interested is your child in the following activities? (1 = Low 5 = High)

\_\_\_\_\_ Drawing pictures

\_\_\_\_\_ Coloring

\_\_\_\_\_ Writing numbers and letters

\_\_\_\_\_ Imaginative play

\_\_\_\_\_ Dressing up for playing

\_\_\_\_\_ Reciting nursery rhymes

\_\_\_\_\_ Singing

\_\_\_\_\_ Sorting and classifying

\_\_\_\_\_ Counting objects

\_\_\_\_\_ Building and constructing

6. What specific interests, talents or hobbies does your child or family have?  
\_\_\_\_\_

7. What specific resources would you be willing to contribute to enrich our curriculum?

\_\_\_\_\_ Share occupation \_\_\_\_\_

\_\_\_\_\_ Special interest, knowledge \_\_\_\_\_

\_\_\_\_\_ Demonstration of skill or knowledge \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

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# Little Red Academy

## Photo Release Form

As the parent of a child(ren) at Little Red Academy, I agree to the following:

- I understand that my child(ren) whose name(s) are listed below may be photographed at Little Red Academy during normal child care hours, field trips or other activities.
- I understand that these photographs may be used in school newsletters, uploaded to the Little Red Academy website, Facebook and/or Twitter page.
- I give permission for my child(ren)'s photographs to be uploaded to Little Red Academy's website, Facebook page, Twitter or newsletters. I understand that when names are used, only first names will be listed.

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The following are the names of my child(ren) attending Little Red Academy:

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( ) Yes, I confirm that I have read and understand the above, and agree to have my child(ren)'s photographs uploaded on the Little Red Academy website, Facebook page, Twitter or school newsletters.

( ) No, I do not wish to have my child(ren)'s photographs published.

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Name (please print)

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Signature

Date

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# Little Red Academy

## Infant Room

Parents,

Welcome to the infant room at Little Red Academy! Below are some of the things that you will need to do when your baby starts:

- Please make sure to label all sheets, blankets, bibs and any other personal items.
  - Pre-made bottles must be labeled each day with the following information:
    - First and last name
    - Date made
    - Time made
    - Ounces made
    - This information must be labeled on the bottle and lid.
  - Baby cereal and baby food items must be labeled with your baby's name.
  - Please send in an extra set of clothes and bedding in case of accident.
  - If your baby uses a sippy cup, the cup must have a lid. Both the cup and lid must be labeled with your baby's first and last name.
  - Little Red Academy is equipped with spoons, bowls and bibs.
  - Once your baby starts on milk, Little Red Academy serves Vitamin D milk.
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# Little Red Academy

## Diaper Cream Form

**Child's Name:** \_\_\_\_\_

**Name of Cream:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

Please apply cream on child's bottom at diaper changing time every two hours or as needed to prevent a diaper rash.

**Parent's signature:** \_\_\_\_\_

**Teacher's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*Please attach a doctor's note if the cream says to treat rash.



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS**  
**CHILD CARE CENTER HEALTH RECORD**  
 State Form 49969 (R3 / 11-11)

BUREAU OF CHILD CARE  
 DIVISION OF FAMILY RESOURCES

Name of child (last, first)		Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)			
Child lives with (relationship)	Name		Telephone number ( )

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other:			

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

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Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)?  Yes  No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

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Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes  No

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**HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)**

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2		
Varicella (Varivax)			or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Pevnar)				

	1	2
HEPA		

	1	2	3
HBV (HEP B)			

\* Recommended yearly.

Name of physician / nurse practitioner completing form (please print)

Telephone number

(       )

Signature of physician / nurse practitioner

**ADDITIONAL NOTES AND INSTRUCTIONS**

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**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE  
CENTERS PROVIDING INFANT-TODDLER CARE  
SUGGESTED FEEDING PLAN**

State Form 49963 (R2 / 11-11)

**BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES**

**INSTRUCTIONS:**

*Prior to admission, a feeding plan shall be established and written for each infant (age 6 weeks - 12 months) in consultation with the parents and based on the written recommendation of the child's pediatrician or family physician. Feeding plans must be continually updated by physician or parent. [470 IAC 3-4.7 (b)]*

The following feeding plan has been recommended for this child.

Name of child	Date of birth (month, day, year)
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Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Physician
Signature of physician / nurse practitioner			Date signed (month, day, year)	