

Health Information:

Physician's Name _____ Phone _____

Hospital Preference: _____ Emergency Medication Required? Yes No

If Yes: Condition: _____

Benadryl Epi-Pen Inhaler Insulin Other: _____

Child's proof of state required immunizations on file with the school. Yes No

Pre-Enrollment Visit

I understand that Maryville's Little Nest is open and available to visit prior to enrolling my child. Yes No

Sunscreen

I give Adventure Club Staff permission to apply sunscreen as necessary. Yes No

Background Information:

Other children in family	Birthdate	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Experiences with others

Has your child been in a day care before? YES NO

What are some of the ways in which your child plays at home?

Does he/she play with children from other families? YES NO

Does he/she have any social issues that we should be aware of?

Eating Habits

What time does your child eat breakfast? _____ Lunch? _____ Dinner? _____

Does he/she feed himself/herself? YES NO

What is his/her general attitude toward eating? _____

If he/she refuses to eat, how is this handled at home?

Favorite foods _____

Disliked foods _____

Food Allergies _____

SLEEP HABITS

Has room alone at home _____ Shares room with siblings _____ Rooms with parents _____

Bedtime is from _____ to _____. Sleeps an average of _____ hours.

Naptime is from _____ to _____. Naps an average of _____ hours.

Does he/she wet the bed at night or at naptime? _____

TOILET HABITS

Is your child potty trained? _____

Does he/she go to the bathroom willingly? _____

Can he/she manage clothing on their own? _____

What word does he use for urination? _____ For bowel movement? _____

SPEECH AND PHYSICAL GROWTH

Does he/she talk well? _____ Fairly well _____ Not very well _____ Not at all _____

Does anyone read to your child? _____ How often? _____

How would you describe your child? (circle all that apply)

Active Quiet Friendly Shy Talkative Reserved

Does your child have any fears (storms, dogs, etc) _____

Please give us any additional info that you think you should share about your child:

*I have received a copy of licensing requirements. I do hereby authorize emergency medical care.

Signature of parent/s _____

PARENT CONTRACT FOR MARYVILLE'S LITTLE NEST

In consideration of enrolling my child in my Maryville's Little Nest, I,
_____ the parent/guardian of _____
, hereby agree to be bound as follows:

1. My child's immunizations will be up-to-date and on file with Maryville's Little Nest
2. My registration form will be updated when any changes in emergency or family information occurs.
3. I will pay the weekly rate each week whether my child attends or not.
4. My child's balance must be paid in full each Monday. A five dollar (\$5.00) late charge will be applied if my payment is not received by Wednesday of the week due. Additional five dollar (\$5.00) per week late fees will be added each week my payment is late. After the account is two (2) weeks past due, in the discretion of Maryville's Little nest, my child will not be allowed to continue unless other arrangements have been made with the Director.
5. I additionally understand that any late accounts are subject to collection by the City of Maryville Schools. If the City of Maryville Schools pursues collection of the amounts due and owing based on my child(ren)'s enrollment in Maryville's Little Nest, I agree to pay the City of Maryville Schools' reasonable attorney fees and court costs in such collection efforts. The fact that my child may not have been removed from the program when the account is two (2) weeks past due would not relieve me of any financial responsibilities to Maryville's Little Nest for services received, late fees, or other fees accrued.
6. If I choose to withdraw my child from Maryville's Little Nest, a written two (2) week notice and two (2) week payment is required.
7. I have received information on the prevention, detection, and reporting of child abuse.
8. I have received a copy of the Department of Education Guideline Summary.
9. I have received, read, and agreed to abide by the Maryville's Little Nest Handbook.
10. I understand that this is a binding contract and not abiding by the policies set forth in this contract and the Maryville's Little Nest Handbook will cause termination of my child's enrollment in the program.
11. Student Privacy is protected by FERPA This Act, as amended, established the requirements governing the privacy of student educational records in regards to the release of those records and access to those records.
12. I verify that the information provided on this form is accurate and current. Submitting false statements or information could result in expulsion from the Maryville's Little Nest program.

Child's' Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

(Both parents must sign in joint custody situations)

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

(Both parents must sign in joint custody situations)

Director Signature: _____ Date: ____ / ____ / ____