

Little Folks



School

**Little Folks School, Inc.  
3247 Q Street, NW  
Washington, DC 20007**

**Little Folks School Background Information 2023-2024**

**\*Please fill out all sections\***

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

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_

**Parent #1**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent #2**

Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Nanny/Babysitter/Other Caregiver**

Name: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Local emergency contacts: (other than parents)**

Name: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

**Family Background Information**

Please tell us about your family (who lives in your home, unique family situations, recent changes in your family):

Other Children in family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Health Record:

Allergies \_\_\_\_\_

Serious illness or accidents \_\_\_\_\_

Health Concerns:

Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Other \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Any other necessary information:

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**LFS EMERGENCY PROCEDURE**

In the event of a life-threatening emergency in the Washington Metropolitan area, the following procedures will be in place for the parents of Little Folks School children:

1. Please pick up your child immediately. Do not wait for telephone or email communication. Assume we may be unable to reach you.
2. If you are unable to personally pick up your child, you must send someone authorized to do so. *Designated individuals authorized to pick up your child are listed on the Registration Record form.*
3. If you are unable to arrange for an authorized pick-up, Little Folks staff will remain with the children in the building for two hours. *(This is based on the time it took to have all children picked up on September 11, 2001)*
4. *In the event that circumstances make staying in the building safer than sending children home, we will act accordingly.*

I have read, understand and agree to the Emergency Procedures stated above.

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

Parent Signature: \_\_\_\_\_

Parent Name Printed: \_\_\_\_\_

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

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**LIMITED WAIVER OF CLAIMS AND MEDICAL CARE  
AUTHORIZATION for SCHOOL YEAR 2023-2024**

The staff of the Little Folks School, Inc. have my permission to take my child \_\_\_\_\_ on all field trips undertaken at their direction during the 2023-2024 School Year program. Should it be necessary for my child to have medical treatment at any time while in the care of the employees of the Little Folks School, Inc., I hereby give such school personnel permission to use their judgment in obtaining needed medical services. I authorize any licensed physician selected by the school personnel to render medical treatment deemed appropriate by the physician.

I understand the Little Folks School, Inc. has insurance covering certain injuries, accidents or death occurring during school hours or during school field trips. I hereby waive all claims against the summer staff of the Little Folks School, Inc., not covered by said insurance.

I have read and understand the foregoing statement and agree to assume the responsibilities stated and waive the claims described therein.

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Parent or Guardian Signature

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Parent or Guardian Name (Please Print)

Date

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**Photo and video release for the 2023-2024:**

Please check below

- I give permission...
- I **do not** give permission...

for my child \_\_\_\_\_ to be photographed or filmed at Little Folks School, Inc. I understand that my child's photograph or likeness may be published in a newspaper, magazine, Little Folks School website, or social media site (including but not limited to Instagram, Facebook, and Twitter). My child's photographs, videos, or likeness may be used for educational, or promotional purposes regarding the program, or curriculum at Little Folks School, Inc. I acknowledge that Little Folks school may not choose to use my student's image at this time but may be used at the school's discretion at a later date. I understand that my child's image or likeness may be used on the internet and agree that I will not hold Little Folks School responsible for any unauthorized reproduction.

**Note: No names of students or families will be used**

- I am comfortable with my family's social media being tagged
- I am not comfortable with my family's social media being tagged

Social Media Tags: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Name Printed