



Enrollment Form

FCA Little Lions Pre-school and Childcare Center
2360 N. Old Bethlehem Pk, Quakertown, PA 18951 | 215-536-6624

BEFORE/AFTER SCHOOL CARE

Parent Information

Name(s) _____

Father's Last _____

Father's First _____

Mother's Last _____

Mother's First _____

Address _____

Street _____

Town _____

Zip _____

Parents are: ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Child lives with father ☐ Child lives with mother

Email #1 _____

Email #2 _____

Father's Employer _____

Work _____

Cell _____

Mother's Employer _____

Work _____

Cell _____

Home _____

Church you attend _____

Student Information

Student #1

Last _____

First _____

Middle _____

Grade Entering _____

Date of Birth _____

Tentative Start Date _____

Any special medication, allergies to medicine or physical impairment _____

Student #2

Last _____

First _____

Middle _____

Grade Entering _____

Date of Birth _____

Tentative Start Date _____

Any special medication, allergies to medicine or physical impairment _____

Student #3

Last _____

First _____

Middle _____

Grade Entering _____

Date of Birth _____

Tentative Start Date _____

Any special medication, allergies to medicine or physical impairment _____

Emergency Information - Other than parent

Please list a local person who can care for your child if we are unable to reach a parent or guardian.

Phone Number _____ Person to ask for _____ Relationship _____

Phone Number _____ Person to ask for _____ Relationship _____

Phone Number _____ Person to ask for _____ Relationship _____

Parent's Signature _____ Date _____

Medical Release Information

Family or Child's Physician _____ Office _____

If I am unavailable, I hereby give permission for emergency care and treatment which could include hospitalization, anesthesia and surgery for my child if deemed necessary.

Parent's Signature

Date

Financial Agreement

Payments can be made weekly, bi/weekly, or monthly. If you do plan to pay monthly, please pay for the month in advance at the beginning of that month. Accounts that carry an outstanding balance for more than one month may result in the child's enrollment in before/after care being discontinued. Any outstanding tuition balance must be paid on or before the student's last day of attendance. Payments can be made in Cash, Check or on Lillio. Please make all checks payable to "Faith Christian Academy- Little Lions Preschool".

Parent's Signature

Date

Dismissal Notice

I understand that Little Lions reserves the right to dismiss my child if deemed necessary.

Parent's Signature

Date

Student Advertisement Permission & Statement of Cooperation

I agree to allow Little Lions the use of my child's picture (likeness) and/or name to appear on the website, Facebook page, and printed advertisements.

Parent's Signature

Date

I understand the school policy on finances is that in the event of graduation, withdrawal, transfer, or expulsion, I am responsible for full payment of tuition and other fees through the end of the week in which such event takes place and that my balance will be at zero. I understand the school may withhold report cards and other records until tuition and other fees have been paid in full. I agree and give my support to these policies.

Parent's Signature

Date

Before/After School Care Schedule

Dear Parents:

Please complete the form below and return it with your registration indicating the times that you will have you will have your child(ren) at school for the year.

Child/Children _____ will be here as follows:

Before School Care

YES _____ NO _____

Approximate Arrival Time _____

Please circle the days your child will be in needing before school care.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

After School Care

YES _____ NO _____

Approximate Pick-Up Time _____

Please circle the days your child will be in needing after school care.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parent's Signature

Date

As stated above, this information will help us in planning for the personnel needed.

It is very important that we receive this information as soon as possible.

Before/After School Care Health Survey and Medication Administration Release

Student Name: _____ Age: _____

Please answer the following questions to help us better care for your child.

Has your child ever, or do they presently:	Yes	No	Additional Information:
1. Have any allergies to foods, medications, insects, etc.,?			
2. Take or are prescribed any medication regularly? (including inhalers or epinephrine).			*If yes, please complete and sign page 2.
3. Have any serious illness or injury that health care personnel would need to know in an emergency?			
4. Being treated for asthma, seizures, or heart conditions?			
5. Have restrictions for exercise or outdoor play?			

I hereby certify that I am the legal parent/guardian of above student and authorize all Faith Christian Academy Little Lions employees to administer the following medication(s) to my child on an as needed basis. I certify that my child has received the following medications previously and that no allergic reactions or adverse effects have occurred. I agree that Little Lions offers this as a service to children and families and I will in no way hold Little Lions or it's employee's liable for any adverse effects or injury resulting from administration. (Please check all appropriate boxes.)

☐ Tylenol (acetaminophen)	☐ Bismuth tablets (Pepto-Bismol)
☐ Motrin (ibuprofen)	☐ Kid's After Bite (insect stings)
☐ Cough drops	☐ Triple Antibiotic Ointment (Neosporin)
☐ Benadryl (allergic reactions)	☐ Other:

Parent/Guardian Name: _____ Phone Number: _____

Signature: _____ Date: _____

Emergency Medication Administration

Student Name: _____ DOB: _____

Medication Name: _____ Dosage: _____

Administration Instructions (route) _____

Please explain, in detail, **when** your child should receive this medication (ie., difficulty breathing, prolonged coughing, exact signs or symptoms of allergic reaction, exposure to specific trigger, etc.):

**If your physician has provided you with an Asthma Action Plan or an Anaphylaxis Action Plan, please provide us with copies.*

Prescribing Physician: _____ Telephone: _____

Emergency Contacts: 1. _____ Telephone: _____

2. _____ Telephone: _____

3. _____ Telephone: _____

I hereby certify that I am the legal parent/guardian of above student and authorize all Faith Christian Academy Little Lions employees to administer the following medication(s) to my child on an as needed basis. I certify that my child has received the following medications previously and that no allergic reactions or adverse effects have occurred. I agree that Little Lions offers this as a service to children and families and I will in no way hold Little Lions or it's employee's liable for any adverse effects or injury resulting from administration.

Parent/Guardian Name: _____ Phone Number: _____

Signature: _____ Date: _____