LITTLE CASTLE

CHILDREN'S ENROLLMENT FORM

Entrance Date _____ Withdrawal Date_____

Child's Name_____ Sex ____Age _____Date of birth _____

Home Address _____

City_____ State_____ Zip _____

Home Phone Number _____ E-mail _____

Father's Name _____ Phone Number _____

Father's Home Address (if different from child's) Street _____

City_____ State_____ Zip _____

Father's Place of Employment_____ Work Phone _____

Employer's Street Address_____ City_____ State ____ Zip_____

Mother's Name _____ Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____State _____Zip_____

Mother's Place of Employment _____ Work Phone_____

Employer's Street Address _____City_____ __ ___State _____Zip_____

Child's Living Arrangements: (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) other

Child's Legal Guardian(s): (check one) ( ) Both Parents ( ) Mother ( ) Father ( ) other

The child may be released to the person(s) signing this agreement or to the following:

Name _____Address _____
Telephone Number Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Name _____ Address _____

Telephone Number Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____Telephone Number _____

Name _____Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone #_____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my Child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should _____ Date of birth _____
suffer an injury or illness while in the care of Little Castle and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____Date:_____
Facility Administrator/Person-In-Charge _____Date:_____

PARENTAL AGREEMENT WITH LITTLE CASTLE

Little Castle agrees to provide child care for _____ on (days of week) _____ from _____ AM to _____ PM from (month) _____ to (month) _____. My child will participate in the following meal plan (circle applicable meals and snacks): breakfast, morning snack, lunch, afternoon snack.

Before any medication is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's full name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel.

I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

Little Castle agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Little Castle agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize Little Castle to obtain emergency medical care for my child when I am not available.
I have received a copy and agree to abide by the policies and procedures for Little Castle.
I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child special needs. I understand that my participation is encouraged in facility activities.

Parent/Guardian: _____ Date: _____

Facility Director/Person-In-Charge: _____Date: _____

Photo Release Form

I, _____ of _____ being the child
(Parent/Caregiver) (Address)

Children's parent/caregiver hereby given permission to
Little Castle
220 Baston Road. Martinez, GA 30907

To take and use photo/films of _____age_____ for the use in
(Child's Name)

(Please circle the following ways we may use photo/ film of your child during the course of the school year):

- Little Castle Newsletter
- Classroom Display
- School Display
- School's Website (www.littlecastlechildcare.com)
- Publicity, marketing and advertising for the center

I agree that the photos/ film may be combined with other images, text and graphics, cropping, altered or modified in any way in which Little Castle deems appropriate.

I understand that the child's/children's name will not be given to press or public without my consent. I also understand that I may cancel this permission in writing, and that Little Castle will take all reasonable steps to ensure that the photograph/film is withdrawn from future use. I further understand that I shall receive no remuneration for this assistance.

Signed: _____ Date: _____

Revised 06/24/2026