Enrollment Date: _____

Information Update Only: _____

The Learning Studio

17320 Woodgate Road, Montrose, CO 81403
Learningstudiomontrose@gmail.com | 970-765-5068

Registration Form

Child:_____ Birthdate: __/__/__ Sex: M__ F__
Child's Address: _____
Full name of Parent 1:_____ Email _____
Parent 1 Address: ☐ Same _____
Home Phone:_____ Work Phone:_____ ext. ____ Cell Phone:_____
Place of work:_____ Hours:_____ Contact 1st ☐
Full name of Parent 2:_____ Email _____
Parent 2 Address: ☐ Same _____
Home Phone:_____ Work Phone:_____ ext. _____ Cell Phone:_____
Place of work:_____ Hours:_____ Contact 1st ☐

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name:_____
   Relationship to child:_____
   Home Phone:_____
   Cell or Work Phone:_____

2. Name:_____
   Relationship to child:_____
   Home Phone:_____
   Cell or Work Phone:_____

Other Person(s) Authorized to pick up child:

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Child's Health Information and History

Health Plan _____Group#:_____ ID#:_____

Child's Doctor:_____ Phone:_____

Are your Child's immunizations up to date? Yes ( ) No ( )

Note: attach a copy of immunization record

If not up to date, please explain: _____

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan?_____

Please list any serious prior injuries:_____

Check (√) any of the following illnesses the child has had:

☐Asthma ☐Earaches ☐Mumps ☐Whooping Cough ☐Bronchitis

☐Eczema ☐Pneumonia ☐Polio ☐Chicken Pox ☐Frequent Colds

☐Croup ☐Convulsions ☐Measles ☐Influenza ☐Rheumatic Fever

☐Diphtheria ☐Tonsillitis ☐Other:_____

Does your child have any known allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

_____

Does your child have any speech, hearing or visual problems? Yes ( ) No ( )

_____

Has your child ever been tested for the above? Yes ( ) No ( )

_____

Please comment on any other medical information/or special need the child care provider should be aware of:

_____

_____

Medication and Emergency Care Authorization

I authorize Ashley Lopez of the Learning Studio to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

☐Yes ☐No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

☐Yes ☐No I authorize use of preventative supplies, such as sun block, bug repellant, hand lotion, diaper rash cream, etc.

A Leaning Studio staff member will assist with applying sunscreen to bare surfaces including the face, tops of ears and bare shoulders, arms, legs, and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum SPF of 30.

NOTE: All medication must be provided by parents with the proper medication administration paperwork. Medications must be labeled with your child's name and will be kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to childcare in the original prescription bottle.

Special Instructions

[ ] In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school **Coppertone Water Babies SPF 50**

[ ] I do not want my child to use any other sunscreen other than the one he or she brings.

[ ] NO, For Medical Reasons, Do not apply sunscreen to my child under any circumstances.

☐ I authorize Ashley Lopez of The Learning Studio to obtain the following services for my child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions:

_____

Walking Field Trip Authorization

☐ I authorize my child to leave The Learning Studio premises for walking field trips that may or may not be scheduled. I understand that I will be notified in advance if the field trip is scheduled or that a note will be placed on the door for unscheduled trips.

☐ I do **NOT** give permission for my child to leave the licensed premises. I understand that I will be responsible for child care at my own expense on days when scheduled trips will take place.

Water Play Authorization

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in water activities. We participate in many water activities throughout the year which include but are not limited to water table, water balloons/guns, sprinkler, and wading pool. Water play precautions take place at our home to help keep children safe when participating in water play, including water safety rules.

☐ I authorize my child to participate in ALL water activities offered.

Except: _____

☐ I do NOT authorize my child to participate in ANY water activities.

Photo Authorization

Photographs and videos are taken on special occasions such as birthdays, holidays, and outings, as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, and various other things. Photos which may include your child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

☐ I give permission to Ashley Lopez of The Learning Studio to take photographs/videos of the above named child(ren). Photos used in classroom only or given to parents as a remembrance of their child's year (including other families in the program).

In Addition:

I give permission for my child's picture to be used under the following: *Please initial under Yes to grant permission or No to deny permission*

	YES	*NO*
Craft Activities and Projects	____	____
Monthly Newsletter	____	____
Learning Studio Website	____	____
Learning Studio Facebook/Instagram Page	____	____
Learning Studio Printed Advertising (brochure's etc,) Local Newspaper	____	____

OR ☐ I do NOT want any photos/videos taken of my child.

MEDIA USE PERMISSION FORM

Must Be Updated Annually

Child's Name _____ Date of Birth _____/_____/ _____

I understand the policy of The Learning Studios and I give permission for my child to use or view the following:

Please initial under Yes to grant permission or No to deny permission

	YES	NO
Television Viewing	____	____
Movie Viewing (G or PG RATED)	____	____
Music	____	____
Computer/Ipad Use	____	____

My child may engage in the approved activities for no more than 30 minutes per day. I understand and acknowledge that most days, my child will not be exposed to more than 30 minutes of media if any at all.

Regulations require that Licensed Child Care Homes have permission from parents for children to participate in the above activities. These activities MUST NOT contain violence, profanity, nudity, sexual or inappropriate content. All children must be provided with an alternative developmentally appropriate activity.

Additional information, notes or agreements made between this program and parents or guardians:

_____
_____
_____
_____
_____

_____ _____

(Date) (Signature of parent/guardian)

_____ _____

(Date) (Signature of parent/guardian)

Annual Updates

_____ _____

(Date) (Signature of parent/guardian)

_____ _____

(Date) (Signature of parent/guardian)

_____ _____

(Date) (Signature of parent/guardian)

_____ _____

(Date) (Signature of parent/guardian)