

Ledyard Learners Program at Gallup Hill Elementary 169 Gallup Hill Rd, Ledyard, CT 06339

ENROLLMENT FORM CHILD'S NAME _____ Home Address: Town_____ DOB: _____ Grade ____ School ____ Enrollment Date ____ Information to be completed by parent/guardian. **ANY** revisions or a change of information requires a revised form. Childcare staff is only responsible for providing information noted on this form to emergency personnel. **PARENTS** (This form requires both parents' information unless child is in the custody of only one parent, copy of custody papers required to be on file at childcare center.) Put in order in which to be contacted. Home Phone number: Guardian: _____ Town_____ Zip_____ Home Address: Work name & Address: ____ Ext Cell Work Phone Number: Driver License Number: Email address: Guardian: Home Phone # Town____Zip____ Home Address: Work name & Address: Work Phone Number: _____ Ext ____ Cell____ Driver License Number: _____ Email address: _____ Emergency Contact ______ Relationship _____ Home Phone # _____ Cell _____ Work _____ ADDITIONAL PEOPLE AUTHORIZED TO TAKE CHILD FROM Program (Picture I.D. Required) Contact ______Relationship _____ Home Phone # ______Cell______Work____ _____Relationship _____ Contact _____ Home Phone # _____Cell_____Work____ UNAUTHORIZED PERSONS NOT ALLOWED TO PICK UP CHILDREN Name______ Brief Description_____ **MEDICAL INFORMATION** (Parent is responsible for providing an updated form when information changes) Note any allergies or pertinent health conditions that emergency personnel should know. (Bee Stings, allergies, asthma, medications taking, diabetes, etc.) If None, please list NONE. A care plan will be need for all allergies. Child's Physician: Phone: Child's Dentist: ___ Phone: Preferred Hospital: INSURANCE INFORMATION Person Insured Under_____ Insurance Name _____ Insurance Identification Number Insurance Telephone number

PERMISSION TO SEEK CARE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention. I understand the
teachers at the program are trained in the basics of First Aid and I authorize them to give my child First Aid. I also hereby authorize
Ledyard Learners at Gallup Hill personnel to call an emergency ambulance (at the parent/guardian(s) expense) in event of accident or
acute illness, and to arrange for necessary and emergency care such as x-ray, examinations, anesthetic, medical, or surgical diagnosis or
treatment, and hospital care, to be rendered to the minor under the general statute of special supervision, and on the advice of any
physician or surgical licensed to practice in the State of Connecticut when the need for such treatment is immediate, and when efforts
to contact me (us) are unsuccessful. It is understood that conscientious effort will be made to notify me (us) before such action will be
taken. I hereby absolve the Ledyard Learners of any and all liability claims, courses of action, or expenses, including any attorney fees,
and any and all medical expenses. I understand that I am responsible for providing revisions to the information provided on the
emergency information form as needed. Initial

PAYMENT

I understa	and it is my	responsibility	to pay for se	rvices rendered	 Payment is d 	ue on the	Monday of the	week child i	s in attend	ance. A
delinquen	t account is	one overdue b	y one week.	In case of laps	e in payments,	a 15% in	terest charge	will be access	sed to all a	accounts
overdue.	Initial		•	1			O			

Failure to pay will result in this account b	being turn over to collections and the	child being dismissed from care.	All legal expenses
occurred in an attempt to collect payments:	for this account will also be my respon	sibility. Initial	

PICTURE RELEASE

I give approval for photographs taken to be used for all Ledyard Learners promotional media, bulletin boards and special projects. Initial

PARENT HANDBOOK

I acknowledge reviewing the parent handbook and will abide the policies that are written to help maintain quality childcare for my child. I have also read and discussed the discipline policy with a staff member. Initial______

WALKING FIELD TRIPS I give permission for my child to go on walking field trips within 1 mile of the Gallup Hill Schoo Initial
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Guardian signatures: _		Date	;
-	Guardian		

DAYS AND TIMES MY CHILD WILL ATTEND THE LEDYARD LEARNERS AFTER SCHOOL PROGRAM

	Monday	Tuesday	Wednesday	Thursday	Friday
From	a.m.	a.m.	a.m.	a.m.	a.m.
School	a.m.	a.m.	a.m.	a.m.	a.m.
School	p.m.	p.m.	p.m.	p.m.	p.m.
То	p.m.	p.m.	p.m.	p.m.	p.m.

02-18 For more information contact Little Learners CC at 860-572-4411