



## Enrollment File Checklist

**Child's Name** \_\_\_\_\_

1. \_\_\_\_\_ Application for Enrollment
2. \_\_\_\_\_ Authorization of Release
3. \_\_\_\_\_ Know Your Child Care Center Brochure (DCF ISSUED)
4. \_\_\_\_\_ Influenza Virus Brochure (DCF ISSUED)
5. \_\_\_\_\_ Discipline Policy
6. \_\_\_\_\_ Permission to Photograph and Video/ Permission to participate in Celebrations
7. \_\_\_\_\_ Medicine Policy
8. \_\_\_\_\_ Allergy/ Medical Information Sheet
9. \_\_\_\_\_ Transportation Information
10. \_\_\_\_\_ Verification Receipt of Parent Handbook
11. \_\_\_\_\_ Florida Certification of Immunization (PARENT PROVIDED)
12. \_\_\_\_\_ Physical Examination (PARENT PROVIDED)
13. \_\_\_\_\_ Parent's I.D.
14. \_\_\_\_\_ Birth Certificate
15. \_\_\_\_\_ Parent Contract and Rate Agreement

# ENROLLMENT APPLICATION

26 Willow Dr. Orlando Fl. 32807 Phone/Fax 407-482-8279 [littlestepsllc@gmail.com](mailto:littlestepsllc@gmail.com)

**STUDENT INFORMATION**

DATE: \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED NAMED
STUDENT SSN#	CHILD'S BIRTH DATE	BIRTH PLACE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
RESIDENTIAL ADDRESS			
CITY	ZIP CODE	HOME PHONE	
APPLYING FOR: _____ Grade	COUNTRY OF CITIZENSHIP	STUDENT'S NATIVE LANGUAGE English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>	
STUDENT LIVES WITH		SIBBLINGS: NAMES/AGE/GRADES	
IS A LANGUAGE, OTHER THAN ENGLISH USED AT HOME		HAS STUDENT BEEN IDENTIFIED AS EXCEPTIONAL EDUCATION? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IEP <input type="checkbox"/> AIP	
HAS STUDENT REPEATED GRADE? <input type="checkbox"/> Yes <input type="checkbox"/> No    WHICH ONE?		HAS STUDENT BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**PARENTS/LEGAL GUARDIANS**

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE
PARENT SSN#	DRIVER LICENSE#	RELATIONSHIP	CELL PHONE
RESIDENTIAL ADDRESS			
CITY		ZIP CODE	
MAILING ADDRESS			
CITY	ZIP CODE	E-MAIL ADDRESS	
PLACE OF EMPLOYMENT		ADDRESS	
CITY	ZIP CODE	OCCUPATION TITLE	WORK PHONE

**PARENTS/LEGAL GUARDIANS**

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE
PARENT SSN#	DRIVER LICENSE#	RELATIONSHIP	CELL PHONE
RESIDENTIAL ADDRESS			
CITY		ZIP CODE	
MAILING ADDRESS			
CITY	ZIP CODE	E-MAIL ADDRESS	
PLACE OF EMPLOYMENT		ADDRESS	
CITY	ZIP CODE	OCCUPATION TITLE	WORK PHONE

Parents please make sure that all phone numbers, e-mail and all contact information is kept current

**ACADEMIC INFORMACION: LIST LAST THREE SCHOOLS ATTENDED**

<b>CURRENT SCHOOL NAME</b>	<b>ADDRESS</b>	<b>GRADE</b>
<b>PREVIOUS SCHOOL</b>	<b>ADDRESS</b>	<b>GRADE</b>
<b>PREVIOUS SCHOOL</b>	<b>ADDRESS</b>	<b>GRADE</b>

**ADDITIONAL INFORMATION**

<b><u>MEDICAL HISTORY</u></b>			
<b><u>ALLERGIES</u></b>			
<b><u>MEDICINE CURRENTLY TAKING</u></b>			
<b><u>DENTIST'S NAME</u></b>	<b><u>DOCTOR'S NAME</u></b>	<b><u>PREFERRED HOSPITAL</u></b>	
<b><u>PHONE NUMBER</u></b>	<b><u>PHONE NUMBER</u></b>		
<b><u>INSURANCE</u></b>	<b><u>INSURANCE PHONE</u></b>	<b><u>POLICY #</u></b>	<b><u>GROUP #</u></b>

**EMERGENCY CONTACT**

NAME	PHONE	RELATIONSHIP	PICK UP Y ( ) or N ( )

**LITTLE STEPS ACADEMY**

I hereby give my consent for this child to participate in the LITTLE STEPS ACADEMY Health **Services** Program. My Child will receive emergency care in LITTLE STEPS ACADEMY and health appraisals including vision, hearing, growth and development.

In the event of a serious accident of illness and I cannot be reached, I hereby authorized LITTLE STEPS ACADEMY to contact the physician or dentist and for those professional to provide protected health information.

In case of emergency, I understand that LITTLE STEPS ACADEMY will access 911 emergency medical systems immediately. The expedite care I give my permission to LITTLE STEPS ACADEMY personnel to provide medical information to the responding emergency team to initiate treatment, and transport to an appropriate facility. I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I request to be notified of my child's condition and admission as soon as possible. If cannot be reached, I request that the admitting facility notify one of the other persons listed above of my child's condition and admission. I agree to be financially responsible for my child's total treatment, and transport.

I have received the above information and have made corrections as needed.

Permission to: \_\_\_\_\_ Call Doctor \_\_\_\_\_ Call Ambulance \_\_\_\_\_ Treat \_\_\_\_\_

**LITTLE STEPS ACADEMY maintains an open admission policy and does not discriminate based on race, gender, religion, nationality, origin or disability in its application process.**

I certified that the information in this application is complete and accurate, I read the **LITTLE STEPS ACADEMY Health Services matters**, and I understand that false statements within this application may result in delayed entry or withdrawal of admission. Enclosed is my non-refundable \_\_\_\_\_ application fee.

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

\_\_\_\_\_  
Date



## Authorization of Release

\_\_\_\_\_ parent/ legal guardian of \_\_\_\_\_ authorize Little Steps LLC the release of the file of my child to any administration staff and in case of emergency to all first responder personnel.

\_\_\_\_\_

*Signature of Parent/Guardian*

\_\_\_\_\_

*Date*



## Disciplinary Procedures

**We believe in positive reinforcement for the children:**

Praise for work well done and rewards for work well done

**If a child becomes unruly:**

Child will be directed to the classroom “safe place” where they can take a moment to calm down, relax, and then rejoin the group or miss a special activity or miss allotted play-time. Discuss behavior with teacher or director and/or call for a parent conference.

**There will be no corporal punishment (spanking) by any teacher or employee at any time.**

---

*Signature of Parent/Guardian*

---

*Date*



## Permission to Photograph and Video

I give permission to Little Steps Learning Center to use any photographs and /or video of my child that they may have in their possession. I understand any photographs and/or video will NOT be sold for any reason and will be used for the sole purpose of in house use only.

---

*Signature of Parent/Guardian*

---

*Date*

## Permission to participate in Celebrations

I \_\_\_\_\_ give permission for my  
Child \_\_\_\_\_ to participate in any celebration of  
the School or any birthday of their classmates and allowed they consume all type of food  
that has been brought to the School or the School may buy.

---

*Signature of Parent/Guardian*

---

*Date*



## Medicine Policy

Little Steps Learning Center staff is not authorized to administer medication to children;  
**If your child needs any medication you need to come to the School and administer the medicine.**

---

*Signature of Parent/Guardian*

---

*Date*





# Allergy/ Medical Information Sheet

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Type of Allergy: Check all that apply and list Specifics.**

- Medication: \_\_\_\_\_
- Food: \_\_\_\_\_
- Insect Bites/Stings: \_\_\_\_\_

**Symptoms of Allergy: Check all that apply**

- Hives
- Swelling of Eyes
- Difficulty breathing/ swallowing
- Other \_\_\_\_\_

**Medical Conditions: Check all that apply**

- Asthma
- Diabetes
- Other \_\_\_\_\_

I attest that these statements are true to my knowledge.

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

Parent phone number \_\_\_\_\_



# Transportation Information

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

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

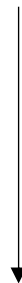
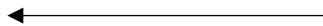
Phone # \_\_\_\_\_

Preferred mode of transportation:

- Student will walk home (Dismissal 2:30pm)
- Bike Riders (Dismissal 2:30pm)
- Family Provides Transportation (Dismissal 2:30pm)
- Bus Riders (Dismissal 2:15 pm)

- Parents please contact the **office and your child's teacher** immediately if there is a change in mode of transportation.

## Pick up route



**Parking**



## Verification of Receipt

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ do hereby acknowledge that I have read and agree to follow the Rules and Regulations as outlined in my Parent Handbook. I have reviewed and discussed these Rules and Regulations in an orientation with the Director and fully understand what is expected from the center, my child and myself. I further acknowledge that I have received a copy of the parent handbook for my own reference, and may ask question at any time.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Director Signature*

\_\_\_\_\_  
*Date*

