

Little Nations Academic Center

Toddler Application for Enrollment

(1 year- 3 years)

In order to provide good quality care for your child, and to insure LNAC is meeting all needs, it is necessary all questions are completed.

Childs Name:		Sex: Male Female	Date of Birth:	
Address:		City:	State:	Zip:
Home Telephone:		Cell Phone Number:		Tribe:
Mother's name:		Place of employment and telephone number:		
Father's name:		Place of employment and telephone number:		

Developmental Milestones: (please list the age)

Sat Alone:	Pulled Up:	One word:	Two words:
Crawled:	Walked:	Toilet trained: (circle one) YES NO	

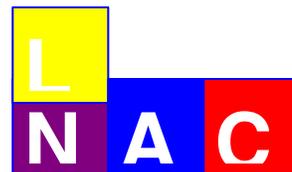
HEALTH RECORD:

Accidents / Injuries or birth / childhood illness:		Current Health:
Child's physician or clinic:		Telephone:
Address:		
Does your child have individual special needs?	Yes No	Describe:
Is you child allergic to any foods, medication, etc?	Yes No	List:
Describe any special precautions for diet, medication, or activity, if applicable:		

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In case of emergency, if parent/guardian listed cannot be reached, list in order of preference person(s) to notify. We must have someone available to reach.

Name	Relationship	Address	Telephone

Persons having permission to pick up child:

Name	Relationship	Address	Telephone

Photography/Video Permission:

I do not give permission for my child to be photographed.

I give my permission for my child's photograph or videotape to be used in association
 Advertisements, promotions, and/or displays associated with the Little Nations Academic
 Center.

PLEASE READ AND INITIAL

Attach a copy of immunization record, _____

For students, attach copy of current Haskell schedule. _____

In the event my payment falls two weeks Past Due, I understand my child will not be allowed in the
 classroom until payment arrangements are made at the office. _____

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Parent/Guardian Signature

Date

Staff Signature

Date

