

# Little Nations Academic Center

## Infant Application for Enrollment

(6 weeks- 12 months)

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 History:

Length of pregnancy:		Problem s:	
Length of labor:		Problem s:	
Weight at birth:		Length at birth:	

### Developmental Milestones: (please list the age)

Sat Alone:	Pulled Up:	One word:	Two words:
Crawled:	Walked:		

### HEALTH RECORD:

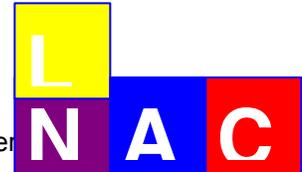
Accidents / Injuries or birth / childhood illness:	Current Health:
Child's physician or clinic:  Address:	Telephone:

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Does your child have individual special needs?	Yes No	Describe:
Is your child allergic to any foods, medication, etc?	Yes No	List:
Describe any special precautions for diet, medication, or activity, if applicable:		

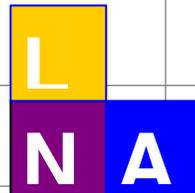


**In case of emergency**, if parent/guardian listed cannot be reached, list in order person(s) to notify. We must have someone available to reach.

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.

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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. \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

