



Little Prince & Princess Academy

INFORMATION AND FEES CHECKLIST

I understand that I am responsible for the following information and fees before admittance of my child.

The following must be submitted with your child's application. Please check () to verify that you have the following information:

- () Master Card
- () Admission Agreement
- () Photo/Video Permission Form
- () Arrival/Departure Agreement
- () Needs Assessment and Volunteer Service Form
- () Reporting Suspected Child Abuse
- () Emergency Information and Medical History
- () Emergency Contacts
- () Parental Consent for Child to Receive Emergency Medical/Dental Treatment
- () Emergency Transportation Form
- () Physician Form
- () All About Me

Copy of the following needed for the application

- () Current Immunization Records
- () Birth Certificate
- () Social Security Card
- () I have received Little Prince & Princess Handbook

Parent's Signature _____ Staffs Signature _____



Little Prince & Princess Academy

35647 Liberty Drive Slidell La 70460

985-707-1492

Photo/Video Permission Form

Dear Parents/Guardians,

On occasion, we have visitors, donors and friends who tour our Center that may have an interest in taking photos or video taping of our children. We cannot permit the children to be photographed or videotaped without your consent. Please indicate whether your child can have his/her picture taken.

_____ My child is permitted to be photographed or videotaped.

_____ My child is not permitted to be photographed or videotaped.

Signature of Parent/Guardian _____

Date _____

Parental Awareness of Recordings _____

I am aware that Little Prince & Princess Academy utilizes recordings and/or taping of my child such as digital recording and web cam while in the center for observation/security purposes.

Signature of Parent/Guardian _____

Date _____



Arrival/ Departure Agreement

I understand Little Prince & Princess hours are 6:30 A.M. to 6:00 P.M.

I understand there is ten (10) Hours per Maximum length of time my child is allowed by law to remain on the provider's home and this can be reduced at the discretion of the Director.

I agree to have my child picked up no later than 6:00 P.M. regardless of what time he/she is signed in. IF I FAIL TO DO SO, I UNDERSTAND THE PROVIDER IS OBLIGATED BY LAW TO REPORT TO CHILD PROTECTIVE SERVICES.

I understand that the provider is no longer responsible for what happens once Child Protection Services has become involved.

I agree to adhere to the specific hour established by administration with respect to my child in the event it is deemed necessary.

I understand that if I am not the person who will routinely sign my child in and out, the individual I select must be 18 years of age or older and that I am responsible for making them aware of the details of this agreement.

Persons I authorize to sign my child out of the provider's center:

<u>Name</u>	<u>Phone</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Transportation Agreement (Van Service, etc)

Parent Signature

Program Representative

Date



Little Prince & Princess Academy

Needs Assessment and Volunteer Service Form

Name of Parent _____

Child's Name _____

Address _____

Telephone _____

I can volunteer the following times:

Morning

Afternoon

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Please check the items that you prefer to do:

_____ Assist Provider _____ Help with special projects

_____ Read stories to children _____ Assist on field trips

_____ Other (Specify)

I commit to at least 2 hours of volunteer services to my child's center per month during the school year.

Parent/Guardian's Signature _____ Date _____

Staff Signature _____ Date _____



Little Prince & Princess Academy
Emergency Information and Medical History

Child's Name _____

Last First Middle

Date of Birth _____ Age _____ Gender: Male Female

Address _____

City State Zip Code

Mother/Guardian's Information

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father/Guardian's Information

Father's Name _____ Home Phone _____

Work Phone _____ Home Phone _____

Person to notify if unable to reach parent/guardian:

Name	Daytime Phone	Relationship to student
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Child's Physician _____ Phone _____

Physician's Address _____ Hospital used by Physician _____

Child's Dentist _____ Phone _____

Dentist Address _____



Parental Consent for Child to Receive Emergency Treatment

I _____, the undersigned parent/guardian, authorized the representative of Little Prince & Princess Academy, to obtain medical, surgical, or dental care for my child in the event of accident, injury or illness. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any medical, dental, and/or surgical procedures that are deemed essential to the treatment of my child. I also agree to be responsible for payment of such care.

This may include examination and any test(s) which in the opinion of the physician or dentist, are deemed necessary or advisable.

This consent does not include permission to perform surgical procedures without my further consent, except in the case of an emergency and when, after efforts have been made to locate me, I am found to be unavailable.

This consent covers the period from: _____ to _____

Parent/Guardian Signature

Date

Staff Witness

Date

The purpose of this consent has been explained to me. I understand the information stated above and I sign this consent form voluntarily.

Parent/Guardian Signature

Date



Little Princess Academy Emergency Transportation Form

Child's Name _____ I understand that no emergency treatment may be given without parental consent except in left threatening situations. Because informed consent must be given at the time of the incident, I agree to leave numbers where I (or my spouse or a responsible adult designated by me) can be reached. In case of a medical emergency while my child is attending Little Prince & Princess Academy.

I understand that the following procedures will be followed:

1. The program will contact parent(s):

Mother can be telephoned at _____ during _____
(Phone Number) (hours/days)

_____ during _____

(Phone Number) (hours/days) Father can be telephoned at

_____ during _____

(Phone Number) (hours/days)

_____ during _____

(Phone Number) (hours/days)

2. 2. If neither parent is available in an emergency, Little Prince & Princess Academy will contact these people: Name _____ can be reached at _____

_____ Relationship to

child _____

Name _____ can be reached at _____

Relationship to child _____

Name _____ can be reached at _____

Relationship to child _____

3. Little Prince & Princess Academy will provide first aid and take appropriate measures including contacting Emergency Medical Services (EMS) system.

4. Little Prince & Princess Academy will arrange for emergency transportation to _____ or the nearest emergency medical facility, if necessary. At no time will a staff member drive with my child unless accompanied by another adult. My child will be transported by an ambulance or other such vehicle when necessary.

5. Little Prince & Princess Academy may contact my child's medical care provider _____ who can be telephoned at _____. I hereby authorize the program to follow this procedure.

Parent's Signature _____ Date _____



**Little Prince & Princess Academy
Special Nutrition Needs or Food Allergies
Consent to Post Information**

Child Name: _____ Date of Birth: _____

Special Nutrition Needs or Food Allergies: _____

I hereby give consent for my child's name and special nutrition needs/food allergies to be posted in the kitchen, classroom, and other areas of the Center that my child uses. I understand that this personal information will be seen by other parents and visitors to the Center. I also understand that this personal information about my child will be posted so it is a visual reminder to all those who interact with my child during his or her time at the Center.

I know that I can revoke or change this consent at any time.

Signature Date _____ Parent

Signature Date _____ Teacher

