

Little Knights Learning Center Enrollment Packet

411 Lincoln St
PO Box 672
Dysart, IA
Phone: 476-2226



Child Information

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

☐ Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out(4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status:☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

☐ Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status:☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dentist's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) ____ _

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) ____ _

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) ____ _

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) ____ _

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

PARENTAL EMERGENCY MEDICAL CONSENT

This form must be presented upon admission for treatment

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.
In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent. _____

HOSPITAL PREFERENCE	
KNOWN ALLERGIES	DATE OF LAST TETANUS
PRESENT MEDICATION	
INSURANCE COMPANY	POLICY HOLDER ID

Parent Signature/Date: _____

Parent's/Guardian's Permission to Apply Sunscreen

Name of Child _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at: Little Knights Learning Center to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the times of 10 am and 4 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I will provide sunscreen for my child labeled with his or her name to the center upon enrollment of my child.

Parent Signature/Date: _____

Picture Release

Child's name: _____

As you know our center has Facebook pages dedicated to our center. This site only has parents of the children in our center. We will never label the children by name in any photographs. We will only post pictures of students if parent permission is obtained. We will also take photographs for our year books that are available for purchase in the early spring.

As the parent or guardian of the above child, I give my permission for my child to be photographed.

Parent signature/Date: _____

As the parent or guardian of the above child, I do not give my permission for my child to be photographed.

Parent Signature/Date: _____

Transportation/Walking Release and Request

Child's name: _____

As the parent or guardian of the above child, I give my permission for my child to attend field trips taken by LKLC.

I authorize my child to be taken on:

_____ Field trips or other extra-curricular activities by LKLC

_____ Bus only

_____ Walking excursions

Parent Signature/Date: _____

Water Play

Please circle either yes or no

My child may participate in water activities other than swimming (ie. sprinklers, etc.) under required supervision

Yes No

My child may participate in swimming and other water activities under required supervision at the Center only ages 5 and up

Yes No

My child may participate in swimming and other water activities under required supervision at the Center and off-site.

Yes No

Parent Signature/Date: _____

Approximate times your Child will be attending

Monday	Tuesday	Wednesday	Thursday	Friday

How would you prefer to receive information regarding the center, such as newsletters, calendars, and menus?

Text	Email	Bloomz