

FOR STAFF USE ONLY DATE OF PRE-ADMISSION CONFERENCE _____ GIVEN BY _____

Leave no blanks or form will be returned to you, delaying registration.

TINY TOTS AND LITTLE TYKES, INC., PRESCHOOL AND CHILD CARE CENTER
LONG REGISTRATION FORM

Updated: 8/5/20

START DATE _____ CHILD'S NAME _____

PROGRAM _____ DAYS AND HOURS _____

BIRTH DATE _____ AGE _____ ADDRESS _____

MOTHER'S NAME _____ MOTHER'S CELL PHONE _____

MOTHER'S ADDRESS _____ CITY _____ ZIP _____ e-mail _____

MOTHER'S PLACE OF EMPLOYMENT _____ WORK PHONE _____

FATHER'S NAME _____ FATHER'S CELL PHONE _____

FATHER'S ADDRESS _____ CITY _____ ZIP _____ e-mail _____

FATHER'S PLACE OF EMPLOYMENT _____ WORK PHONE _____

MARITAL STATUS OF PARENTS (CHOOSE ALL THAT APPLY):

MARRIED _____ DIVORCED _____ SEPARATED _____ SINGLE PARENT _____ LIVING TOGETHER _____

NAME OF FAMILY DOCTOR _____ PHONE _____

STREET ADDRESS _____ CITY _____ ZIP _____

NAME OF FAMILY DENTIST _____ PHONE _____

STREET ADDRESS _____ CITY _____ ZIP _____

(IF YOU DO NOT ALREADY HAVE A DENTIST, YOU NEED TO SELECT ONE BEFORE YOUR CHILD MAY BE ENROLLED IN ANY STATE LICENSED PROGRAM. YOU MAY CHOOSE TO USE OUR EMERGENCY DENTAL SERVICES, CHILDREN'S HOSPITAL, BY LETTING US KNOW)

LIST 2 NAMES OF PERSONS THAT ARE EMERGENCY CONTACTS AND ARE AUTHORIZED TO PICK UP YOUR CHILD. THEY MUST BE DIFFERENT FROM PARENT/GUARDIAN, AND YOU MUST LIST 2. PLEASE MAKE SURE THEY KNOW THEY NEED TO SHOW US A DRIVER'S LICENSE.

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

IN THE EVENT OF A MEDICAL EMERGENCY AND I CANNOT BE REACHED, I HEREBY AUTHORIZE THE STAFF TO OBTAIN EMERGENCY TRANSPORTATION TO CHILDREN'S HOSPITAL IN ST. PAUL. IF NECESSARY, I AUTHORIZE A CERTIFIED STAFF PERSON TO PERFORM CPR AND/OR FIRST AID PRIOR TO THE ARRIVAL OF AN EMT. I HAVE BEEN MADE AWARE OF AND UNDERSTAND THE POLICIES OF TINY TOTS AND LITTLE TYKES, INC. PRESCHOOL AND CHILD CARE PROGRAMS, AND I AGREE TO ABIDE BY THEM. I UNDERSTAND THERE IS A 2 WEEK NOTICE BEFORE WITHDRAWING MY CHILD AND THAT TUITION FOR THE TWO WEEKS IS DUE , REGARDLESS OF WHETHER MY CHILD WILL BE IN ATTENDANCE OR NOT.

PARENT/GUARDIAN _____ DATE _____

UNDER NO CIRCUMSTANCE WILL A CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE STAFF WITHOUT PRIOR AUTHORIZATION FROM PARENT/GUARDIAN.

IS THERE ANYONE WHO UNDER NO CIRCUMSTANCES SHOULD PICK UP YOUR CHILD? YES ___ NO ___ IF SO, PLEASE LIST THE NAME: _____

***BEFORE TURNING THIS FORM OVER TO FILL OUT OTHER SIDE, PLEASE CHECK TO SEE THAT YOU HAVE FILLED IN ALL THE BLANKS AS REQUIRED BY OUR STATE LICENSING OR THIS FORM WILL BE RETURNED TO YOU, DELAYING YOUR CHILD'S REGISTRATION.

PLEASE TELL US ABOUT YOUR CHILD.....

1. WHAT WOULD YOU LIKE YOUR CHILD TO GAIN FROM THIS PRESCHOOL/CHILD CARE EXPERIENCE?
2. PLEASE DESCRIBE ANY FACET OF YOUR CHILD'S PERSONALITY AND DEVELOPMENT THAT WOULD HELP US TO KNOW HIM/HER BETTER. LIST SPECIAL APTITUDES, INTERESTS, ETC.
3. HAS YOUR CHILD EVER PARTICIPATED IN ANY CHILD CARE/PRESCHOOL SETTING IN THE PAST? _____ IF YES, PLEASE EXPLAIN.
4. IS YOUR CHILD'S BEHAVIOR A PROBLEM FOR YOU AT HOME? _____ IF YES, PLEASE EXPLAIN.
5. DOES YOUR CHILD HAVE AN INDIVIDUALIZED CARE PLAN? YES OR NO (CIRCLE)
LIST IF YOUR CHILD HAS EVER RECEIVED ANY SPECIAL SERVICES IN THE PAST.
6. PLEASE LIST ANY KNOWN ALLERGIES (TO FOOD, MEDICINES, ETC.) OR LIST ANY FOODS YOUR CHILD CANNOT EAT DUE TO RELIGION OR CULTURAL PRACTICES?

PLEASE LIST ANY OTHER HEALTH PROBLEMS YOUR CHILD HAS OR INFORMATION ABOUT YOUR FAMILY'S HEALTH THAT MIGHT AFFECT THE CHILD'S HEALTH (SUCH AS CHRONIC DISEASES). ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

7. PLEASE LIST THE NAME OF SIBLINGS AND THEIR AGES.

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

8. PLEASE LIST ANY CULTURAL NORMS, TRADITIONS, NEEDS, AND LANGUAGES THAT WILL HELP US IN COMMUNICATING, EVALUATING, AND ASSESSING YOUR CHILD IN ORDER TO BEST MEET YOUR CHILD'S DEVELOPMENTAL GOALS.

PARENT VOLUNTEER---"TIME IS LOVE"

PLEASE FILL OUT ANY AREAS IN WHICH YOU MAY WISH TO ENRICH THE LIVES OF THE CHILDREN IN YOUR CHILD'S PROGRAM. THIS IS STRICTLY VOLUNTEER AND WOULD BE ACCORDING TO YOUR SCHEDULE. WE REALLY APPRECIATE ANY HELP YOU CAN GIVE US! THANK YOU IN ADVANCE!

WOULD LIKE TO VOLUNTEER IN CLASSROOM _____

LIST ANY OTHER SPECIAL OR UNIQUE GIFTS/TALENTS, FAMILY TRADITIONS OR CULTURE THAT YOU WOULD BE WILLING TO SHARE (eg. TEACH A SONG OR GAME, PLAY PIANO, GUITAR, ROCK OR SEASHELL COLLECTIONS, ETC.)