



**Learning Lane LLC
Registration Forms**

Childs Name _____ Orig Enroll Date (M/Yr) _____

Home address _____

Home Phone _____ Birthday _____

Guardian's name _____ Relation to child _____

Home address (if different from child) _____

Home phone _____ Cell Phone _____

Employer _____ Work phone _____

Business Address _____

Email Address _____

Guardian's name _____ Relation to child _____

Home address (if different from child) _____

Home phone _____ Cell Phone _____

Employer _____ Work phone _____

Business Address _____

EmailAddress _____

Siblings/Age _____

Other people permitted to pick up your child:

Name _____ Relation _____

Name _____ Relation _____



Emergency Contact:

Name _____

Home address _____

Home phone _____ Cell phone _____

Special Instructions to Contact Guardians:

Child's Doctor: _____

Telephone: _____

Address: _____

Hospital Preference in an Emergency: _____

Address: _____

Child's Dentist:

_____ Telephone _____

Address _____

Health Ins. _____ Group/Policy# _____ Ins Ph# _____

Person Insured _____ Employer _____



Any vital medical history (allergies, health-related illnesses, etc.) _____

Registration Form Learning Lane

About Your Child:

Play habits _____

Eating behavior _____

Sleeping pattern _____

Fears _____

Likes & dislikes _____

Other helpful information _____

Authorization for Emergency Medical Care:

I _____ hereby give my permission to anyone at Learning Lane to call for medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me before emergency action will be taken, but if this is not possible, the expenses of emergency medical treatment or care will be accepted by me. _____

Family/Guardian

Date

Permission for Sunblock Use: I give permission for my child to have sunblock (that I provided) re-applied when needed.



Families/Guardian

Date

Permission for Bug Spray: I give permission for my child to have bug spray (that I provided) re-applied when needed.

Families/Guardian

Date

Permission for Transportation: I give permission for my child to go on trips away from the premises of Learning Lane, in the company of a responsible care provider on foot, to previously discussed locations. This includes Village Green Park.

Family/Guardian

Date

Permission for Pictures:

I give my permission to Learning Lane to take pictures of my child, which can be used for advertising & promotional material, including the website (Thank you)

Families/Guardian

Date

Permission for the use of Media: (Please initial & sign)



I give permission for my child to participate in the following:

- Watch G-rated shows or clips
- Watch visuals of scenes to go along with the weekly theme (pictures of a garden)
- Participate in age-appropriate computer software programs (age 4 and up)
- Listen to music throughout the day.

*All children are limited to only 30 minutes of TV and/or computer time every 3 hours in care.

Families/Guardian

Date

At the time of admission, the undersigned families)/guardian(s) have read and understood Learning Lane's policy & procedure handout.

The family must provide a physician-signed form of the child's immunization records as well as a statement of health status from the physician within 30 days of admission.

The undersigned families or guardians have read and understand the policy/tuition handout and agree to provide prompt payment on the first day of the month of the amount provided in the fee handout.

Families/Guardian

Date