



Enrollment Registration



Laker Prep Early Childhood Center Use Only:
Date and Initial

_____	Deposit Received	_____	Enrollment Forms Complete
_____	Immunization Attached	_____	Infant/Toddler Needs Complete
_____	Physician Health Summary		

Date of Desired Enrollment: _____ Today's Date: _____

Name of Child: _____ Birthday ____/____/____

Child's Primary Address: _____

Parent #1 Full Name: _____

Parent #1 Address: _____

Primary Phone: _____ Home/Work/Cell

Secondary Phone: _____ Home/Work/Cell

Email Address: _____

Place of Work: _____

Address of Work: _____

Parent #2 Full Name: _____

Parent #2 Address: _____

Primary Phone: _____ Home/Work/Cell

Secondary Phone: _____ Home/Work/Cell

Email Address: _____

Place of Work: _____

Address of Work: _____

Persons to contact in case of emergency (if parents are not available) and/or authorized to pick up child.

Name: _____ Relationship to Child: _____ Home Phone: _____ Work/Cell: _____ Address: _____ _____ Emergency Contact: Y or N Authorized Pick Up: Y or N	Name: _____ Relationship to Child: _____ Home Phone: _____ Work/Cell: _____ Address: _____ _____ Emergency Contact: Y or N Authorized Pick Up: Y or N
Name: _____ Relationship to Child: _____ Home Phone: _____ Work/Cell: _____ Address: _____ _____ Emergency Contact: Y or N Authorized Pick Up: Y or N	Name: _____ Relationship to Child: _____ Home Phone: _____ Work/Cell: _____ Address: _____ _____ Emergency Contact: Y or N Authorized Pick Up: Y or N

**Authorizations may be added/deleted at any time in written form.*

If emergency contact, an address **MUST be listed.*

***To confirm enrollment process, a non-refundable deposit, equivalent to one week's rate is required, and will be applied to **last** week of enrollment.

Deposit Received by: _____ Cash or Check
 (Laker Prep Staff) (Date)

How did you hear about Laker Prep?

Word of Mouth Newspaper Radio Internet Other _____



Health Care Summary



Child's Physician: _____ Phone: _____

Preferred Clinic: _____

Address: _____

Child's Dentist: _____ Phone: _____

Dentist Address: _____

*(If a preferred dentist is not determined, we will default to Lakeridge Dental
701 Corbett Road Detroit Lakes, MN 56501 218-847-9214).*

Insurance Company: _____ Policy #: _____

Are your child's immunizations up to date? Yes () No () If no, please explain:

Note: Please attach copy of immunization record.

Does your child have any known health problems? Yes () No () If yes, please attach documentation.

Please check below of any of the following illnesses your child has had:

Child has had: <ul style="list-style-type: none"><input type="radio"/> Measles<input type="radio"/> German Measles<input type="radio"/> Chicken Pox<input type="radio"/> Mumps<input type="radio"/> Whooping Cough<input type="radio"/> Other _____	Child suffers from frequent: <ul style="list-style-type: none"><input type="radio"/> Headaches<input type="radio"/> Earaches<input type="radio"/> Sore Throat<input type="radio"/> Stomach Aches<input type="radio"/> Flu/Colds<input type="radio"/> Bloody Noses<input type="radio"/> _____
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Please list any injuries your child has had:

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes, please list the name of the medication(s) and the medical condition for which is taken: _____

Do you have any concerns about your child's development? Yes () No () If yes, please comment: _____

I authorize Laker Prep Preschool and Early Childhood Centers staff to obtain the following services for my child if necessary: public health nurse, physician, and/or ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the family).

(Date)

(Signature of Parent/Guardian)

(Laker Prep Staff)

(Signature of Parent/Guardian)



Child Care Program Needs



Name of Child: _____

Date of Birth: _____

In order to best serve our families, it is required that section A be filled out for every child enrolled in our centers. Section B is required for children ages six weeks through 33 months; recommended for children older than 33 months. Section C is recommended for all children.

A) Please comment on any additional medical information or special need you would like Laker Prep Preschool and Early Childhood Center to be aware of, concerning this child:

B) Please note childcare program needs for your child in regards to:

eating _____

sleeping _____

toileting _____

communicating _____

calming methods _____

C) Anticipated Weekly Schedule (as typical as you think your week would go!)

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					