

Enrollment Form Red Sneakers Of Lebanon, LLC.

**Parent Information**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mother's Home address: \_\_\_\_\_

Father's Home address: \_\_\_\_\_

Mother's Work Name & Address & Phone: \_\_\_\_\_

Father's Work Name & Address & Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

E-Mail : Mother: \_\_\_\_\_ Father: \_\_\_\_\_

**Child's Information**

First & Last Name: \_\_\_\_\_ M/F DOB: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Parent restriction: \_\_\_\_ Yes \_\_\_\_ No Comment: \_\_\_\_\_

(Where restriction is requested you must provide documentation showing legal rights)

Allergies: \_\_\_\_ Yes \_\_\_\_ No Comment: \_\_\_\_\_

Pediatric Doctor Name & Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Dentist Name & Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

I understand that I am responsible for any expense for medical care or transportation incurred on my child's behalf.

The Connecticut State Department of Health require that all children with a fever, diarrhea or vomiting be kept out of school for the duration of 24 hours. The Red Sneakers staff will be notified of the illness and any other communicable disease as soon as possible.

No child will be sent to school following the first dose of medications. I will notify Red Sneakers on any day that my child has been given medication and inform them of expected reactions prior coming to school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print name: \_\_\_\_\_

Program Info:

Application Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Program :   Preschool   All Day Childcare   Before and After School

Weekly schedule be sure to write correct times. Weekly tuition is based on scheduled hours.

Daily schedule over 9 hours - weekly tuition will need to be adjusted.

Monday	Tuesday	Wed.	Thurs.	Friday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Office Use:

Program:	Tuition:	Registration:	Start:
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