

# LI Z-NEY-LAND LEARNING CENTER

6010 S. Pulaski Chicago IL. 60629

Phone #773-582-8355

## DAYCARE APPLICATION

Name of Child \_\_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Date Child Received \_\_\_\_\_ Date Child Left \_\_\_\_\_

### Parent or Guardian Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Marital Statues \_\_\_\_\_ Marital Statues \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Working Hours \_\_\_\_\_ Working Hours \_\_\_\_\_

### Other Persons to Notify If Parent/ Guardian Cannot Be Reached (MUST FILL IN AT LEAST 3 CONTACTS)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**LIZ-NEY-LAND LEARNING CENTER**

6010 S. Pulaski Chicago IL. 60629

Phone #773-582-8355

**Physician to call if child becomes ill or injured**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Hospital or Clinic \_\_\_\_\_

**Full-Time Infants@\$235--Toddlers@\$235--2Yr olds@\$200 / --3'S & up@\$170**

Days Child Will Be Attending Daycare \_\_\_\_\_

Hours of Care \_\_\_\_\_

*\*It is not recommended for a child to be in daycare no more than ten hours\**

**Persons Authorized to pick up child other than parents**

Please be advice that only these people will have access to pick-up your child. Make sure they bring some sort of I.D. with them. Otherwise, child will not be released.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Work Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Work Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Work Number \_\_\_\_\_

\*I have read the Liz-Ney-Land Learning Center Parent Handbook and agree to all policies including tuition, fee's, disciplinary and time-out procedures. I also understand and agree to the procedures outline in the Parent Handbook for trips to and from the park.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Signature of Caregiver

\_\_\_\_\_  
Date

**LIZ-NEY-LAND LEARNING CENTER**

6010 S. Pulaski Chicago IL. 60629

Phone #773-582-8355

If the child has any of the following, please explain:

Medical Problems \_\_\_\_\_  
\_\_\_\_\_

Physical Handicaps \_\_\_\_\_  
\_\_\_\_\_

Restriction for play  
outdoor/indoor \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Food likes/dislikes \_\_\_\_\_  
\_\_\_\_\_

Fears \_\_\_\_\_  
\_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child have special names for objects? (potty, food, drinks) \_\_\_\_\_

Does the child regular take medication? \_\_\_\_\_ If so, what kind and directions  
\_\_\_\_\_

Other information that will help in caring for the child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL INFORMATION WILL BE REGARDED AND HANDLED CONFIDENTIALLY.**

**LIZ-NEY-LAND LEARNING CENTER**

6010 S. Pulaski Chicago IL. 60629

Phone #773-582-8355

**Basic Consent Form**

Name of child \_\_\_\_\_

**Emergency Medical Care**

This authorizes Liz-Ney-Land Learning Center to secure medical care or basic first aid for my child when I cannot be immediately reached in a time of emergency. I will be responsible for the emergency medical expenses.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Relationship to child \_\_\_\_\_  
-----

**Trips, Excursions, and Public Park Facilities**

I authorized Liz-Ney-Land Learning Center to take my child on trips, special excursions, and daily walking trips to a nearby public park facility. I also authorize my child to ride as a passenger in the vehicle rented by the center. I also understand all such trips are under the supervision of Liz-Ney-Land Learning Center and all health and safety precaution will be taken in compliance with DCFS standards.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Relationship to child \_\_\_\_\_  
-----

**Consent to Video Record or Take Pictures**

Occasionally the Center will take photographic pictures or video recording of the children doing everyday normal activities. The photos or video may be displayed inside the daycare or for advertising purposes. I give permission to Liz-Ney-Land Learning Center to either film and take pictures of my child while at the center.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Relationship to child \_\_\_\_\_

**LIZ-NEY-LAND LEARNING CENTER**

6010 S. Pulaski Chicago IL. 60629

Phone #773-582-8355

**Medicine Consent Form**

**Administer Prescription Medicine**

I authorize Liz-Ney-Land Learning Center to administer prescribed medication to my child as specified in the prescription direction for administration.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Relationship to child \_\_\_\_\_

-----

**Administer Patent Medicine**

I authorize Liz-Ney-Land Learning Center to administer patent medicine to my child as specified in written instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Relationship to child \_\_\_\_\_

-----