Little Keepers
DROP-IN PLAY CENTER

Account #: _____

Mother/Grandmother/Guardian (CircleOne): Name: _____

Cell Phone Number: _____

Workplace Number: _____

Father/Grandfather/Guardian (Circle One): Name: _____

Cell Phone Number: _____

Workplace Number: _____

Address: _____

City:_____ **Zip Code:** _____

Child's First Name	Child's Last Name	Child's Date of Birth	Age
1.			
2.			
3.			
4.			
5.			

Account Password: _____

I hereby authorize the Early Childhood Program to secure emergency medical treatment for my child under the following conditions:

1. An emergency of unanticipated condition necessitates immediate action for the preservation of life or health of the child.
2. Reasonable attempts to contact me have failed.

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Parent Signature: _____ Date: _____

Parent's Statement of Health of Child (ren)

Family Doctor: _____

Hospital: _____

Does the child have any food, medication or environmental allergies: _____ Yes _____ No

If **Yes**, List Allergies:	Describe Allergy Reaction:	Usual Treatment:

Please check if any of the Following Conditions Exist:

▢Asthma	▢Heart Condition	▢ Hearing Impairment
▢Diabetes	▢Seizure Disorder	▢ Frequent Earaches
▢Vision Impairment	▢ Behavioral Disorder	▢ Other Conditions: _____

Please explain all checked items:

Is the child under any current medical treatment: ▢ Yes ▢ No If **Yes**, please list:

Are there any medications that the child takes daily? ▢ Yes ▢ No If **Yes**, please list:

Behavioral Issues:
Comfort Items:

** **MUST** have two emergency contacts other than parents.

Emergency Contact Name:	**Phone Number:**	**Relationship to Child:**
Emergency Contact Name:	**Phone Number:**	**Relationship to Child:**

Authorization to RELEASE Child (ren):		
Name:	Phone Number:	Relationship to Child:
Name:	Phone Number:	Relationship to Child:

These people are **NOT** allowed to pick up my child (ren):

Name:	Relationship to Child:

Little Keepers
DROP-IN PLAY CENTER

Name:	Relationship to Child:

How did you hear about us?? _____

In our efforts to keep Little Keepers a fun and safe experience for all our friends, we have a couple important Policies we would like you to acknowledge.

_____

1.) Little Keepers is a NUT FREE ZONE. We ask if you bring food into the center, please read the labels to ensure they are nut free. Any items found containing nut ingredients will be removed from the facility.

2.) There are NO electronics of any kind are allowed in the Little Keepers play area. This includes all phones, tablets, watches, iPods, iPads, cameras, ect.

3.) There are NO outside toys allowed in the Little Keepers Play area, However, blankets and pacifiers are acceptable.

4.) If your child runs a fever of 100.4 F or above while in our care, he or she will be needed to be picked up from the center immediately.

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Your understanding and acknowledgement of these policies are much appreciated

Parent Signature_____Date_____

I _____ give Little Keepers permission to take/use pictures of my child/children for our Website and FB Page.

Parents Name:	Signature:

Childs Name:→	
Childs Name:→	
Childs Name:→	
Childs Name:→	
Childs Name:→	

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