



CHILD INFORMATION

Full Name:		Birthdate:	
Brothers/Sisters (living at home & their birthdates):			
Date of Enrollment:		Desired Start Date:	
Attendance: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Preferred Days M T W TH F	
	Est. Daily Attendance Times	Drop-Off	Pick-Up
	___ Monday	_____	_____
	___ Tuesday	_____	_____
	___ Wednesday	_____	_____
	___ Thursday	_____	_____
	___ Friday	_____	_____

CHILD MEDICAL INFORMATION

Insurance Carrier:		Policy Number:	
Family Doctor:		Telephone	
Doctor Address:			
Family Hospital:		Telephone	
Hospital Address:			
Family Dentist:		Telephone	
Dentist Address:			
Food/Medical Allergies:		Special Diet:	
Medically Diagnosed Illnesses/Health Problems:		Other Information/Special Needs:	



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CHILD'S MOTHER/GUARDIAN

Full Name:	Home Phone:
Home Address:	
Date of Birth:	Cell Phone:
Employer:	Work Phone:
Work Address:	
Driver License #:	Email:

CHILD'S FATHER/GUARDIAN

Full Name:	Home Phone:
Home Address:	
Date of Birth:	Cell Phone:
Employer:	Work Phone:
Work Address:	
Driver License #:	Email:

EMERGENCY CONTACTS (Other than parents/guardians. Required)

Please note that by listing the individuals below, you are authorizing them to provide transportation for your child.

1st Person to Contact:	
Driver License #:	Home/Cell Phone:
Home Address:	
2nd Person to Contact:	
Driver License #:	Home/Cell Phone:
Home Address:	



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Additional Authorized Contacts - (Other than parents/guardians. Required) —Please note that by listing the individuals below, you are authorizing them to provide transportation for your child.

Individuals, other than the parents, to whom Looking Glass CDC, is authorized to release the child and who are authorized to provide transportation for the child:

Name: _____

Driver License #: _____ Home/Cell #: _____

Name: _____

Driver License #: _____ Home/Cell #: _____

CHILD’S INTERESTS & BEHAVIORS INFORMATION

Does your child enjoy outdoor play?

What are some of your child’s favorite activities?

Sleeping/Nap Habits:

Eating Habits:

Has your child attended other pre-school or daycare program? If so, please give name, address, and dates

Special instructions for your child:

I (do) (do not) give permission for my child to be photographed and the photographs to be displayed.

TRANSPORTATION PLAN

_____ will be dropping off each morning to _____ by _____
(Child’s Name) (Center Name) (Parent/Friend’s Name)

_____ will be picked up each afternoon at _____ and taken to _____
(Child’s Name) (Center Name) (Home/Childcare Name)

by _____
(Parent/Friend’s Name)

Parent Signature _____



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I will complete and return the following on or before my child attends Looking Glass Child Development Center, LTD.

____ Child's Health History Checklist

____ Current Immunization Record

_____ has my permission to participate in all field trips sponsored by Looking Glass Child Development Center, LTD. It is my understanding that a prior notice will be given and that transportation will be handled by a licensed driver employed by the center, I also understand that my child will ride in a vehicle which is fully insured by Looking Glass Child Development Center, LTD . Permission is also given for Before/After school transportation.

(Signature of Parent/Guardian)

I have read and understand the above information and agree to abide by the terms. I hereby authorize Looking Glass Child Development Center, LTD to obtain medical treatment for my child.

Signature: _____ Date: _____

Signature: _____ Date: _____

Accepted by: _____ Title: _____ Enrollment Date: _____

Based upon management discretion:

I understand that no child will be released to any adult showing risky behavior.

Signature: _____ Date: _____

HOW DID YOU HEAR ABOUT US?

Brochure Drove By Flyer

Online: Where _____ Relative/Friend: _____ Referral Agency: _____ Other: _____



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**LOOKING GLASS CHILD DEVELOPMENT CENTER, LTD
Acknowledgement and Receipt of Policies and Procedures**

I/we have read and been informed of the policies and procedures of Looking Glass Child Development Center, LTD and agree to their use of my/our child(ren).

I/we agree to the adherence of these policies and will pay the tuition on the 1st of each month. Payments received after this are subject to a 10% late fee.

In the event your child is left at Looking Glass Child Development Center, LTD past closing time, a late pick-up fee will be required to be paid in cash to the employee and is due immediately when you pick up your child.

In the event that a child is to be removed from enrollment, **A MANDATORY WRITTEN TWO WEEK NOTICE IS REQUIRED. THERE ARE NO EXCEPTIONS!** If a child is unprepared for group experience, Looking GlassChild Development Center, LTD reserves the right to dismiss.

Inappropriate behavior from any adult or child (cursing, shouting, throwing things, physical altercation, etc.) in or around the center will result in dismissal.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Director's Signature _____ Date: _____