

**LASALLE CATHOLIC EARLY LEARNING CENTER ENROLLMENT 2025-2026**

CHILD INFORMATION										**ALL SECTIONS MUST BE COMPLETED**																											
First:				Middle:				Last:				Gender:		Birthdate:																							
Street address:						Home:				Parish Affiliation:																											
										Catholic Parish:																											
City:						State:		Zip Code:		Age/Grade:		Other (Please list)																									
PARENT/GUARDIAN INFORMATION																																					
Primary Parent / Guardian Name:				First:				Last:				Marital Status:																									
Street address:				City:				State:		ZIP Code:		Primary:																									
Email Address:				Employer:																Secondary:																	
Relationship to Child				Position:				Work Hours:		Work Location:		Other:																									
Other Parent / Guardian Name:				First:				Last:				Primary:																									
Street address:				City:				State:		ZIP Code:		Secondary:																									
Email Address:				Employer:																Other:																	
Relationship to Child:				Position:				Work Hours:		Work location:																											
MEDICAL INFORMATION																																					
Physician:				Address :		City:		<b>Allergies / Food Exemptions:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>DAIRY</td><td>FISH</td><td>LATEX</td></tr> <tr><td>MILK</td><td>SHELLFISH</td><td>JUICE</td></tr> <tr><td>EGGS</td><td>PEANUTS</td><td>BEEF</td></tr> <tr><td>SOY</td><td>TREE NUTS</td><td>PORK</td></tr> <tr><td>GLUTEN</td><td>PENICILLIN</td><td></td></tr> <tr><td>WHEAT</td><td>SEASONAL</td><td>NONE</td></tr> </table>												DAIRY	FISH	LATEX	MILK	SHELLFISH	JUICE	EGGS	PEANUTS	BEEF	SOY	TREE NUTS	PORK	GLUTEN	PENICILLIN		WHEAT	SEASONAL	NONE
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Dentist:				Address :		City:																															
Hospital Preference:				Medical Insurance Company:				Medical Insurance Policy #:																													
Names of Persons the Center is authorized to call in case of an emergency (in addition to Parents) who have blanket authority to bring or pick up my child from the Center with Parents written or verbal permission: (At least one local contact person is required)																																					
Emergency Contact Name:				Primary:				Secondary:				Other:																									
Relationship:				Where Located:				Can Provide Transport:																													
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Relationship:				Where Located:				Can Provide Transport:																													
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Relationship:				Where Located:				Can Provide Transport:																													
OTHER INFORMATION																																					
Ethnicity:				Custody Details																																	
Required				Names of Persons <b>NOT</b> authorized to pick up the child (Legal Documentation required in some cases)								Is there a separation or Divorce custody problem of which we should be aware of? (Please provide explanation)																									
PARENTAL EMERGENCY MEDICAL CONSENT																																					
<p>In the event that my child (listed above) may require <b>medical &amp; / or surgical care</b> while I am out of the city or unable to be reached, and reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the <b>doctor/hospital or dentist</b> listed above, or if unavailable, another licensed physician or dentist.</p> <p>I agree to pay all the costs &amp; fees contingent on any emergency medical care &amp; / or treatment for my child as secured or authorized under this consent.</p> <p><small>COMMENT: Every effort will be made to notify parents / guardians immediately in case of emergency. This form will be presented upon admission for treatment.</small></p>																																					
To the best of my knowledge this information is true & correct. I will keep the Center updated with any changes to the above information as soon as possible.										Signed: _____					Date: _____																						

**STATEMENT OF HEALTH**

To my knowledge, my child is free of any communicable disease		YES	NO
Current Medications: <small>(PLEASE LIST)</small>			
Medical Condition(s): <small>(PLEASE LIST)</small>			
Known Allergies / Food Exemptions: <small>(PLEASE LIST)</small>			
(If food allergies, see office to get a food exemption form, which will need a Health Care Practitioner's signature – MD / DO / PA / ARNP)			

**MEDIA RELEASE**

<ul style="list-style-type: none"> <li>I understand that newspaper, television, radio stations and other media resources may contact and visit the LaSalle Catholic Early Learning Center.</li> <li>I give permission for my child to be photographed and / or interviewed for such media resources &amp; to be distributed &amp; / or broadcast to the general public.</li> <li>In addition, I grant permission for photographs of my child to be used in any brochures, center website/social media, and information publication describing LaSalle Catholic Early Learning Center, which is distributed to the public.</li> </ul>	AGREE  DISAGREE
If <b>DISAGREE</b> , are pictures and video for classroom and in-center use OK? (ie- SeeSaw, Observations displayed in classroom/center, etc)	YES NO
Comments:	

**SUNSCREEN & LOTION PERMISSION**

<ul style="list-style-type: none"> <li>I give permission for the daycare to use Sunscreen / Lip Balm on my child (when child is age 6 months or older) as needed.</li> <li>I give permission for teachers to apply: Diaper Cream / Petroleum Jelly / Teething Gel / Lotions or Sunscreen / Lip Balm / Insect Repellent as &amp; when required.</li> <li>I will provide and label my child's name on all Creams / Lotions / Balms / Spray or Gels in the <b>original container</b> and advise teachers if they are no longer necessary.</li> </ul>	AGREE  DISAGREE
Please provide BRAND NAME / or Comments:	

**TRAVEL & ACTIVITY**

<ul style="list-style-type: none"> <li>I give permission for my child to be transported in the event of mandatory emergency evacuation from the center.</li> <li>I understand that I will be notified before each travel activity, with the exception of walks outside to playground or around the Early Learning Center.</li> <li>I give permission for my Preschool / Enrichment / School Age child to leave the LaSalle Catholic Early Learning Center on public transportation for field trips.</li> </ul>	AGREE  DISAGREE
Parent comments / restrictions	

**ATTENDANCE AGREEMENT**

To properly staff our center within State guidelines for staff / adult ratios, we need to know what days and times your child will be attending the center.	
<ul style="list-style-type: none"> <li>I understand that I will use the check in / out procedure each day when dropping off / picking up my child.</li> <li>I will notify the LaSalle Catholic Early Learning Center of any changes to my child's schedule as soon as possible.</li> <li>Children attending more than 10 hours per day or picked up after the Program closing time- An additional fee will be charged at the rate of \$15.00 for the first 10 minutes and \$1.00 for each additional minute following.</li> <li><b>DROP-IN</b> families are required to give <b>24 HR NOTICE</b> to cancel your reservation, failure to notify us will result in your account being charged accordingly.</li> <li>If you decide to terminate services with the LaSalle Catholic Early Learning Center, we require 2 week notice in writing-- regular payment will be expected if proper notice is not given.</li> </ul>	AGREE  DISAGREE

**SCHEDULED HOURS**

	MON	TUE	WED	THU	FRI	TOTAL HOURS
Start Time						
Pick-Up Time						

Please note that you child can only attend the center for a max 10 hours per day.

I agree that all the above statement responses are true and correct.	AGREE
	DISAGREE

Signed: .....

Print Name: .....

Date: .....