



## NURSERY ENROLMENT APPLICATION FORM FOR AGES 5 MONTHS- 24 MONTHS OLD

**FEES: PLEASE NOTE THAT FEES PAID FOR REGISTRATION, UNIFORM, BOOKS, TUITION, OR ANY RECREATIONAL FEES ARE NON- NON-NON-REFUNDABLE. \*Depending on the extreme demands and needs of a child the school's tuition will be increased.**

Dated this \_\_\_\_\_ of \_\_\_\_\_ 2024

Our phone numbers are 422-6211 or 392-6216. Our Business hours are from 7:00 am to 5:30 pm Mondays to Fridays

Child's Full Name: \_\_\_\_\_ Middle name \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Last school attended: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### PARENTAL INFORMATION SECTION

Father's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ /Cell \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

Home Address: \_\_\_\_\_ House Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address of  
employment \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cellphone: \_\_\_\_\_

Work \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILD'S DEVELOPMENT HISTORY

Please select by circling the child's method of birth:

Full Term      premature      complications

Please indicate by which age the child's gross motor skills began:

Turning over \_\_\_\_\_ sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

### Child's Developmental Stage

Is the child a good climber? Yes \_\_\_ No \_\_\_ Does the child fall easily? Y \_\_\_ N \_\_\_ physically able to  
turn ownself, Yes \_\_\_ No \_\_\_ Roll-over easily Yes \_\_\_ No \_\_\_ stand up independently Y \_\_\_ No \_\_\_  
making steps Y \_\_\_ N \_\_\_

Does the child say words? Yes \_\_\_ No \_\_\_ Does the child speak in sentences? Y \_\_\_ N \_\_\_

Kindly indicate if we should be aware of any Special Learning Styles the child may have that may interfere with typical performance in regular class settings.

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**TOILETING**

Is the child able to indicate when they wish to use the bathroom? Y\_\_\_\_N\_\_\_\_

Is there a special word used for urination? \_\_\_\_\_

Is there a special word used for bowel movement? \_\_\_\_\_

Does the child have regular accidents Y\_\_\_\_N\_\_\_\_

Does the child need assistance with toileting? Y\_\_\_\_N\_\_\_\_

Does the child wet their bed at night or at nap time? Y\_\_\_\_N\_\_\_\_

**MEDICAL SECTION I**

Name of child's physician? \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Cell \_\_\_\_\_

Please indicate or (list) by circling any infectious disease the child may have had or currently have:

Ringworm, Pink eye chicken pocks, measles, Covid

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Are there any health issues that the Lullabies and Laughter Day Care Center or Staff should be aware of that may interfere with normal performance in regular class sessions? \_\_\_\_\_

Are there any Physical Disabilities? \_\_\_\_\_

Are there any allergies:

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Is the child currently on medication? \_\_\_\_\_, if yes, please indicate the name of the medication and purpose for usage \_\_\_\_\_

Is there any other important information you would like to share regarding your child? \_\_\_\_\_

## PARENT ACKNOWLEDGEMENT

**All new students must provide a medical certificate from his/her pediatrician to verify that they are in good health and are physically fit to attend preschool.**

I, \_\_\_\_\_ and \_\_\_\_\_ the, **(Parents/Father/Mother/Guardian)**, of \_\_\_\_\_ authorize the following adults listed below, to pick-up **(my/our)** child during the end of each day as instructed by **(me/us)**. Further, I confirm that the people listed below are at least sixteen years of age or above. As a result of this, **(I/we)** give Lullabies and Laughter Day Care Center the right to deny any person who appears to be too young (below the age of sixteen) except if **( I, we)** send our instructions via a telephone call or WhatsApp message to release **(my/our)** child to an under the age of fourteen-year-old who an adult must accompany) in addition, we further permit LLDCC to deny departure if the arriving guest appears. Moreover, I hereby give Lullabies and Laughter’s Day Care Center the right to deny visitation to anyone listed below; if my child is resting, eating, or involved in class activities, visitation will be denied during that time to a family or friend unless they are collecting my child for earlier than scheduled pick-up for that day. Below, **(I/we)** have listed their names, numbers, and relationship to **(my/our)** child(ren) along with their addresses which may be used as one of the school’s security questions which may be asked upon arrival if our family or friend and the school are not able to reach **(me/us)**. **I further authorize that LLDCC may reject allowing my child to leave with anyone that is not listed below and I understand that any additional fees incurred as per the Parent Handbook we will be responsible to pay.**

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER	ADDRESS

Consequently, I agree that if any person(s) of my family or my associates are found using libelous dialogues on social media, the parking lot, or anywhere else, obscene language, or any verbal or physical abuse towards the Administration or Staff at Lullabies and Laughter’s Day Care Centre is grounds for immediate dismissal of my child from LLDCC and legal actions may be taken with no refund of any payments made in full to the school.

### **FINANCIAL OBLIGATIONS BY PARENT OR GUARDIAN**

I further agree that I, **(Mr./ Mrs./Ms.)**, \_\_\_\_\_, **(is/are)** fully responsible for the tuition or any other payments that the school requires at each scheduled time it is due. I understand that it is **(my/our)** obligation(s) to ensure that the fees are paid whether my child attends school or not. I further understand that the fees paid each week or every four (4) weeks are firstly non-refundable or non-transferable to another week, month, or child. Secondly, I also understand that the fees paid are also to reserve my child’s space as well as my Financial Contractual Agreement (FCA) with the school Lullabies and Laughter Day Care Center d/b/a LLDCC. I understand that fees paid in advance will not be waived or transferred due to vacation in the active school’s term, illness, absenteeism, withdrawal, or for any other reasons.

Lastly, **(I, we)** the Parent(s)/ Guardians of \_\_\_\_\_ further agree, should there be any medical emergencies, **(I /we)** give full authorization to Lullabies and Laughter’s Day Care Center, to call the ambulance or carry my child/ren) to the nearest Government Clinic, Princess Margret Hospital, or Doctor’s


hospital (please circle one) for emergency care, while making efforts to contact, (us/me), the parent(s) if to no avail; as the (parent/ guardian) of \_\_\_\_\_ I fully acknowledge that it is (my/our) sole responsibility(ies) to pay for any medical bills, transport fees or added fees for bills which may incurred in this ordeal and the school is not to be held liable for any expenses therein.

**PARENT PERMISSION**

Upon your child's enrolment, we will occasionally post photos on our website, flyers, or on our social media pages. This keeps our parents and guests updated with events and constructive activities that our Centre offers for educational purposes only. By signing below, you are giving your permission for our school to photograph your child and take your child off campus to engage in safe, fun activities with or without written notice given to you before departure. This form gives us the rights and permission to override any future documents that may not be signed by you for your child to participate in events on or off campus should written permission be obtained. Further, you are relinquishing any rights towards receiving monetary compensation from LLDC for any accidental events and advertisements, and so on. Moreover, you are also permitting your child(ren) to participate in our field trips and any educational events with photos and videos being displayed on the television or our social media accounts.

Lastly, thank you for considering our Centre for providing a firm foundation for your child's educational journey in the future. We look forward to working closely with you and your child(ren) and know that you and your child(ren) (is/are) now a part of our school's family.

I Mr. & Mrs. \_\_\_\_\_/Ms. \_\_\_\_\_, have read this application form and the student's policy handbook, and I have asked questions and received answers to clarify any concerns or doubts therein. Below, I have signed and dated this application form on behalf of my child to attend Lullabies and Laughter Day Care Center to complete his/her early childhood education.

**Name:** \_\_\_\_\_  **Please print here**

Signature  \_\_\_\_\_

Date: \_\_\_\_\_