

Application for Enrollment

Child's Name _____



Date of Enrollment: _____

*The forms in this packet must be filled out entirely.
If you have any questions, please call 303-377-3231 or email info@hh-learning.com*

Family Details

Child's Full Name: _____ Nickname: _____

Sex: Male Female Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Special Instructions for Contacting Parent/Guardian: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Employer: _____

Employer Address: _____

Employer Phone: _____

Special Instructions for Contacting Parent/Guardian: _____

Health History

Child's Full Name: _____

Health History (Chronic or Recurring)

Ear Infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Disease/Defect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convulsions/Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nosebleeds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flu or Flu Shots	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Allergies

Hay Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plant Poisoning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insect Stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Penicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	_____	
Other	_____	
Other	_____	

Operations or serious injuries? No. If yes, please describe and include dates: _____

Is your child on any medications? No. If yes, please describe: _____

Does your child have any:

Physical limitations? No. If yes, please describe: _____

Dietary Restrictions? No. If yes, please describe: _____

Hearing Impairments? No. If yes, please describe: _____

Vision Impairments? No. If yes, please describe: _____

Emergency Information & Authorization for Treatment and Transportation

Child's Full Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Allergies/Reactions: _____

Chronic Illnesses/Special Needs: _____

Medications: _____

Insurance Information: _____

Emergency Contacts (other than parents/guardians listed above):

Full Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Full Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Emergency Information & Authorization for Treatment and Transportation (cont.)

The following hospitals are nearest to H & H Early Learning Center. Please select your preference or provide an alternate hospital in the event of an emergency:

- | | | |
|---|--|-------|
| <input type="checkbox"/> Children's Hospital Colorado | <input type="checkbox"/> SCL Health Community Hospital | _____ |
| 1811 Plaza Drive | 8515 W Coal Mine Drive | _____ |
| Highlands Ranch, CO 80129 | Littleton, CO 80123 | _____ |
| (720) 478-1234 | (720) 573-5020 | _____ |

Authorization for emergency medical care and transportation:

I, _____ certify that I am the parent/legal guardian of, _____.

Parent/Guardian Child's Name

As such, I hereby give my consent to any normal and/or emergency medical and/or surgical treatment of the above child, if I cannot be located through the information set out above when the child is brought in for treatment. The medical and/or surgical treatment must be considered necessary in the situation as in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved. I impose no specific limitations or prohibitions regarding treatment. I also give my consent for my child to be transported by car or ambulance to an emergency room for treatment.

I/we will accept the expense of any emergency transportation, medical, or surgical treatment.

Parent/Guardian Signature: _____ Date: _____

Child's Physician

Name: _____ Practice/Hospital Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Child's Dentist

Name: _____ Practice/Hospital Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Authorizations

Persons Authorized to Pick-Up Your Child

Full Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Full Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Persons NOT Authorized to Pick-Up Your Child

Full Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Full Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Crib and Cot Permission

I hereby give my permission for the staff at H & H Learning to place my child, _____,
in a crib or on a cot during their naptime.

Parent/Guardian Signature: _____ Date: _____

Authorizations (cont.)

Media Use

Per the Rules Regulating Child Care Centers, H & H Early Learning Center, LLC will abide by the following rules regarding Screen Time and Media use:

1. Television and video viewing is prohibited for children less than two (2) years of age.
2. All television, recorded media, computer, tablet, and media devices are prohibited during meal and snack times.
3. All media that children are exposed to must not contain explicit language or topics. This includes violence, profanity, nudity, sexual, or inappropriate content.
4. For children two (2) years of age and older, television, recorded media, and video time must be limited to thirty (30) minutes per week.
5. For children two (2) years of age and older, computer and tablet time must be limited to non-consecutive fifteen (15) minute increments not to exceed thirty (30) minutes per day.
6. For children two (2) years of age and older, television, recorded media, computer, and media device time may only exceed thirty (30) minutes per week for a special occasion.

Note: There is no restriction for children using personal adaptive equipment.

I hereby grant/deny my permission for _____ to participate in the following activities:
(child's name)

Media Type	Yes	No
Television Viewing		
Music		
Tablet Use		

When television viewing is used in our program, the staff at H & H Early Learning Center, LLC will provide the title of the program, date and time the activity will take place, and will obtain written authorization from the parent/guardian for your child to participate in the activity.

Parent/Guardian Signature: _____ Date: _____

Topical Preparations

SUNSCREEN

I give my permission for the staff at H & H Early Learning Center to apply sunscreen to my child's exposed skin including the face, tops of ears, and bare shoulders, arm, legs, and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide the sunscreen in its original container labeled with my child's name and within the noted expiration date. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it and it is PABA free. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent(s)/guardian(s).

Authorizations (cont.)

MOISTURIZING LOTION, CREAM, and/or BALM

I give my permission for the staff at H & H Early Learning Center, to apply lotion/cream/balm to my child. It is my responsibility to provide the lotion/cream/balm. I understand I must provide the lotion/cream/balm original over the counter container labeled with my child's name and within the noted expiration date. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent(s)/guardian(s).

DIAPER RASH AND OINTMENT/CREAM

I give my permission for the staff at H & H Early Learning Center, to apply over the counter diaper rash ointment or cream to my child. I understand that I may only provide diaper rash ointment or cream, free of antibiotic, anti-fungal, or anti-inflammatory components, unless it is provided with a written prescription by a doctor. I understand that I must provide the diaper rash ointment or cream in the original over the counter container labeled with my child's name and within the noted expiration date. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Diaper rash ointment or cream will not be applied to any broken skin or if a skin reaction has been observed by staff will be reported promptly to the parent(s)/guardian(s).

Parent/Guardian Signature: _____ Date: _____

Camera Usage Agreement

H & H Early Learning Center utilizes cameras in the hallways, classrooms, and outside perimeter of the building to ensure the safety of our families, students, and staff at all times. Only administrative staff has access to these cameras.

Should a situation arise where a parent feels that they need to review any footage, please give the administrative staff at H & H Early Learning Center 24-hour advanced notice as soon as possible. A meeting will be arranged between the parent(s)/guardian(s) and the Director and/or Assistant Director to review the cameras. H & H Early Learning Center makes no guarantees that all footage will be available. New files are created each day that the cameras are recording, and the system automatically deletes the oldest files to make room for the new ones.

Parent/Guardian Signature: _____ Date: _____

Authorizations (cont.)

Photo/Video Release Agreement

The staff at H & H Early Learning Center takes photos/videos of the children at our center on a daily basis during normal business hours to capture activities and field trips. Please grant or deny permission for your child's photos/videos to be used for the following reasons:

Type of Use	Grant	Deny
General Permission: My child's photo/video can be taken during normal business hours, field trips, or activities by a staff member at H & H Early Learning Center.		
Classroom/Building: My child's photo can be displayed either in the classrooms or around the center to share center activities, events, and/or field trips. (Only first name and last initial will be used to identify the child).		
Social Media: My child's photos/videos may be used on social media sites such as, but not limited to, Facebook and Instagram (business sites only) for the purpose of marketing and sharing events, field trips, and activities that will be viewable by the general public. (Names of the children in the photo/video will not be posted on social media site).		
Website: My child's photo/video may be used on the website, www.hh-learning.com to showcase the events, field trips, and activities.		
EZCare: My child's photo/video may be used in conjunction with the EZSmiles application to showcase activities, field trips, and events. I understand that in some cases, more than one child will be featured in a photo/video which allows the parents/guardians of each child to view the photo/video.		
Print Media: My child's photo may be used in print media such as, but not limited to, newsletter and flyers.		

Parent/Guardian Signature: _____ Date: _____

School Information and Authorization to Transport

The following information is only needed if your child will be transported to and/or from H & H Early Learning Center and another school as part of our School-Age Program.

We need authorization to transport you child to and from school. We have proper insurance and you are welcome to check our insurance and driving records at any time. Only staff members who are over the age of twenty-one will be allowed to transport your child. H & H Early Learning Center promises to keep our vehicles well maintained by scheduling routine service checks. We will not be able to pick your child up from school if it is closed due to the weather.

Child's Name: _____ Date of Birth: _____

Name of School: _____

School's Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____

Name(s) of Teacher(s): _____

Type of Transportation

- Before School – From H & H Early Learning Center to school provided above
- After School – From school provided above to H & H Early Learning Center

Authorization of Transportation

I, _____, authorize the staff at H & H Early Learning Center to transport my child to and from the school provided above.