

# Little Legends School



## Registration Form

### **For office use only:**

**Date of enrollment:** \_\_\_\_\_

**Date of Registration:** \_\_\_\_\_

### **Personal information**

**Full Name of Child:** \_\_\_\_\_

**Name child responds to:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

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

**Work Number:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address :( Physical address)

\_\_\_\_\_

\_\_\_\_\_

**Father's Name:** \_\_\_\_\_

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

Work Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Address: (Physical address)

\_\_\_\_\_

\_\_\_\_\_

**Persons Authorized to Pick up Child (other than parents listed above)**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship : \_\_\_\_\_

**Emergency contact (other than parents listed above)**

Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Persons Not Authorized to pick up your child**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Please note: If there is a Custody Agreement, please give details below .A copy of the custody order must be left with the school.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Health Information :**

Doctor's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Consent for Emergency care**

I \_\_\_\_\_ authorize Little legends School to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Parent Signature:

\_\_\_\_\_

I also give my consent to the school to administer paracetamol syrup in case of a high temperature.

Parent Signature:

\_\_\_\_\_

**Health Information**

**1. Regular medication (s) and reasons for**

**(Please list):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Allergies /Reactions and treatment (please list)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Any concerns /issues regarding your child's health (seizures, asthma, vision, hearing etc. (Please list and describe)**

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**4. Any concerns regarding your child's development (behavior, speech, language, mobility etc. (please list and describe)**

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**5. Please list any specific care instructions regarding #1-4**

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**6. Other health care professionals involved in your child's life (Occupational therapist /physical treatment)**\_\_\_\_\_

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## **Group Experiences**

**1. Has your child had previous School experience? If yes, how did he/she adapt?**

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**2. What is/are your child's favorite activities?**

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**3. What suggestions do you have that would help ease your child's transition into the school program?**

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## **Family Information:**

**1. Primary language spoken at home:**

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**2. Other languages spoken at home:**

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Any other Comments :

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Signature of Parent providing Information:

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Little legends Employee Signature:

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## **Photo documentation consent**

Documenting the school's activities is a part of our program. From time to time your child's picture may be taken .Pictures taken will be used as displays in the classroom.

I, \_\_\_\_\_  
understand that photos may be taken of my child as they take part in daily activities at the school. I give consent permission to take photos and display in the classroom.

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(Parent Signature)

## **Facebook and Website Photo Documentation Consent**

Little Legends School has its own Facebook page .The page is a place to communicate, see updates on the school, view pictures of the school, and for people to see a firsthand what Little legends School is all about. To post any photos, Little legends School needs your written consent to do so. Please fill out the appropriate section below.

I, \_\_\_\_\_  
**give Little legends School permission to post photos of my child**

\_\_\_\_\_,on  
**their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.**



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**Parent Signature**

OR

I, \_\_\_\_\_  
do not give Little legends School permission to post photos of  
my child \_\_\_\_\_, on their  
Facebook page.

Parent Signature

Date

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